

FALKLAND ISLANDS.

Governor's Office.

No.

95a/15.

Date of Receipt.

15/5/15.

WAR/WW1/1#4

From		SUBJECT.
Secretary of State for the Colonies.		PRISONERS OF WAR.  Forms of information
No.	Date.	
Misc.	6th Apr., 1915.	

Colonial Secretary's Record No.

202/15

MINUTES.

Registered Number of last Despatch

No. next Despatch

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262/15

142

Reference to previous correspondence:—

Secretary of State's  
Governor's

Despatch No. 15 of 21st  
January, 1915.

Falkland Islands.

Miscellaneous.

Downing Street,

6 April, 1915.

Sir,



I have the honour to transmit to you copies

of the papers noted below on the subject of *Reservists of War.*

I have the honour to be,

Sir,

Your most obedient, humble servant,

L. HARCOURT.

The Officer Administering

the Government of *the*  
Falkland Islands.

Date.	Description.
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Forms  $\frac{I.B.}{1}$ ,  $\frac{I.B.}{2}$ ,  $\frac{I.B.}{3}$ ,  $\frac{I.B.}{11}$  &  $\frac{I.B.}{33}$

Referred to O.C. Volunteers  
20.5.15 and recovered from  
him today. 27.  
28.2.17.

PRISONERS OF WAR INFORMATION BUREAU.

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Officer Commanding

Prisoners of War

*Falkland Isles.*

Your kind attention is drawn to the enclosed forms which differ in some respects from those originally issued by the Bureau.

In the event of your reprinting any forms, would you be so good as to reprint from the enclosed specimens.

The registered telegraphic address of the Prisoners of  
War Information Bureau, 49 Wellington Street, Strand, W.C., is  
"Attraction", London.

FOR PRISONERS OF WAR CAMPS.

INSTRUCTIONS regarding Forms to be rendered to  
the Prisoners of War Information Bureau.

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A copy of Form P.W. A.G.3, as rendered to the War Office, should be sent daily to the Information Bureau.

I.B.<sub>1</sub> is an individual Return to be filled up in respect of each Prisoner if it has not already been sent in from a previous place of internment (as indicated on Form I.B.<sub>3</sub>.)

If the Prisoner is not himself able to fill up Part II of the Form it should be filled up at his dictation, or if he has died or been released before its completion, from such information as may be available.

Form I.B.<sub>2</sub> is a Nominal Roll of Prisoners of War admitted to the Camp. In the first column should be entered the Serial No. given to the Prisoner in the Register of the Camp, for purposes of identification in case of correspondence.

Form I.B.<sub>3</sub> is a Nominal Roll of Prisoners transferred to another place of internment, released or deceased. As in Form I.B.<sub>2</sub> the No. of the Prisoner in the Register of the Camp should be entered in the first column.

In the case of a prisoner transferred from the Camp to another place of internment, or to a Military Hospital not attached to the Camp, Form I.B.<sub>3</sub> in duplicate should be made out and sent with the Prisoner to the new

place of internment. One copy of the form I.B.<sub>3</sub> will be returned to the Camp by the Commandant of the new place of internment in acknowledgement of the prisoner's receipt. (See instructions relative to the Internment and Treatment of Enemy Subjects No. 2. VII, VIII and IX).

In the case of any Prisoners transferred to the Camp from another place of internment, Form I.B.<sub>3</sub> made out at the previous place of internment and containing the particulars about them, should accompany them on their arrival. In such cases Form I.B.<sub>2</sub> should not be sent to the Information Bureau but instead Form I.B.<sub>3</sub> should be completed (by the addition of the Prisoners' Nos. in the Register of the Camp) and should be transmitted to the Prisoners of War Information Bureau.

Form I.B.<sub>2</sub> or Form I.B.<sub>3</sub> should be rendered to the Bureau as soon as possible after the admission of a Prisoner or his release or decease. In the case of admissions, the form should be accompanied if possible by the relative Forms I.B.<sub>1</sub> (unless Form I.B.<sub>3</sub> indicates that I.B.<sub>1</sub> has already been rendered). If the relative Forms I.B.<sub>1</sub> cannot accompany the Form I.B.<sub>2</sub> or I.B.<sub>3</sub>, they should follow the Nominal Roll with as little delay as possible.

Form I.B.<sub>11</sub> should be rendered, as occasion arises, in respect of any Prisoners admitted for serious illness to a Hospital attached to the Camp or to a Civil Hospital, or discharged therefrom. If a Prisoner is transferred to a Military Hospital which does not form part of the Camp, Form I.B.<sub>3</sub> should be used.

See  
Amendments

In order to secure reciprocal information in respect of sick and wounded British Prisoners of War interned in Germany or Austria-Hungary a weekly Return should be sent to the Prisoners of War Information Bureau shewing the condition of sick and wounded Prisoners in the Camp Hospital with a view to its transmission to the Enemy Governments.

In order to give the minimum of work the Report should take the following form:-

"Places of Internment. Date.

All sick and wounded Prisoners are doing well except the following:-

General No.	Surname	Christian Names.	Condition.

In order to be included in the Weekly List transmitted to the Enemy Governments the above Return should be despatched every Thursday so as to reach the Bureau every Friday morning by the first post.

Prisoners of War Information Bureau,  
49, Wellington Street,  
Strand, W.C.

November, 1914.

A M E N D M E N T

to Instructions regarding Forms to be  
rendered to the Prisoners of War  
Information Bureau.

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The last paragraph on the second page of the Instructions of November, 1914, regarding the Forms to be rendered to the Information Bureau on the subject of the procedure regarding Prisoners transferred to Hospitals, should be cancelled and the following substituted.

"Form I.B.<sub>I</sub> should be rendered as occasion arises in respect of any Prisoners admitted for serious illness to a Hospital attached to the Camp, or discharged therefrom. If a Prisoner is transferred to a Military Hospital which does not form part of the Camp, or to a Civil Hospital, the Prisoner should be struck off the register of the Camp.

In the case of a transfer to a Military Hospital Form I.B.<sub>3</sub> should be used in the ordinary way.

In the case of a transfer to a Civil Hospital, Form I.B.<sub>3</sub> should be sent direct to the Bureau, the cause of transfer being entered on it.

In the case of a Prisoner's re-internment after discharge from a Civil Hospital, Form I.B.<sub>2</sub> should be rendered in respect of him by the places of internment, with a note explaining the circumstances."

2 FEB 1915



PLACE OF INTERNMENT \_\_\_\_\_

Date \_\_\_\_\_ 191 .

**RETURN of Prisoners admitted into or discharged from HOSPITAL.**

[To include only cases of grave illness and to be forwarded to the Prisoners of War Information Bureau, 49, Wellington Street, London, W.C.]

**A.—ADMISSIONS.**

General No.*	Surname and Initials	Rank	Date of admission	Cause of admission

**B.—DISCHARGES.**

General No.*	Surname and Initials	Rank	Date of discharge	Remarks

\*This is the serial number given to each prisoner on the Register of the Place of Internment.

**A.—ADMISSIONS** (continued).

General No.*	Surname and Initials	Rank	Date of admission	Cause of admission

**B.—DISCHARGES** (continued).

General No.*	Surname and Initials	Rank	Date of discharge	Remarks

Signed \_\_\_\_\_  
 Officer Commanding \_\_\_\_\_

\*This is the serial number given to each prisoner on the Register of the Place of Internment

PRISONERS OF WAR.

Place of Internment. \_\_\_\_\_

Date \_\_\_\_\_ 1915.

MEDICAL REPORT for Week ending Thursday, \_\_\_\_\_ 1915.

~~This Report should be despatched as to reach the Prisoners of War Information Bureau, 49, Wellington Street, W.C., by the first post on Friday morning.~~

*To be forwarded to*

All sick and wounded prisoners are doing well except the following :—

Column for use of Bureau	General No. <sup>7</sup>	Surname	Christian Names	Disease	Condition

Signed \_\_\_\_\_

Medical Officer.

Officer Commanding \_\_\_\_\_

\* This is the serial number given to each prisoner on the Register of the place of Internment.

Column for use of Bureau	General No.*	Surname	Christian Names	Disease	Condition

Signed \_\_\_\_\_

Medical Officer

Officer Commanding \_\_\_\_\_

\* This is the serial number given to each Prisoner on the Register of the place of Internment.

# PRISONERS OF WAR.

Form  $\frac{I.B.}{1}$  (Revised).

[Form to be completed in respect of each Prisoner of War immediately on his arrival at his first place of Internment. When completed it should be transmitted in original to the "Prisoners of War Information Bureau," 49, Wellington Street, Strand, London, W.C. The entries on the back of the form (Part II) should be completed by the Prisoner of War himself.]

## PART I.

(Portion of the Form to be filled up by O.C. Place of Internment.)

Place of Internment \_\_\_\_\_

Date \_\_\_\_\_

General No.	Surname of Prisoner.	Christian Names in full

[This is the serial No. given to the Prisoner in the Register of the Place of Internment.]

Place of Capture \_\_\_\_\_

Date of Capture \_\_\_\_\_

Date of Internment \_\_\_\_\_

From whom received \_\_\_\_\_

Height, ft. in.	Weight, lbs.	Complexion	Hair	Eyes	Marks (if any).

Nature of wounds (if any):

Special observations:

Personal effects (if any) to be enumerated:


For use of P.W.I.B.

Entered \_\_\_\_\_

Checked \_\_\_\_\_

Signature \_\_\_\_\_

O.C. \_\_\_\_\_

**NOTE.**— In the event of the release or death of a Prisoner of War before this form has been completed, Part I. should be filled up by the Officer Commanding in the usual way, and Part II. should be completed on behalf of the Prisoner of War from such information as is available. The form should, if possible, accompany the notification of the release or death.

[P.T.O.]

PART II.

*Portion of the form to be filled up by the Prisoner himself, if possible, otherwise at his dictation.*

Dieser Teil des Formulars ist wo möglich von dem Kriegsgefangenen selbst auszufüllen. Im Falle seiner Unfähigkeit soll das Ausfüllen nach seinem Diktat erfolgen.

Bitte, recht deutlich schreiben!

Please write distinctly.

1.	Familienname. Surname.	Vornamen. (Bloße Initialbuchstaben sind nicht genügend.) Christian Name (in full).	Alter. Age.

2.	Dienstgrad (Rangstufe). Rank.	(1) Regiment, (bezw. Bataillon) oder sonstige Abteilung. (2) Schiff, (bezw. Boot) oder Division. Unit.	Regimentsnummer. No. of Regt.	Bataillonnummer. No. of Battalion.	Kompanie, (bezw. Eskadron, Batterie) nummer. No. of Company, Squadr'n, Batty.	Legitimationsnummer. (Erfennungs-)nummer. Identification No.

3. Gehören Sie zum Aktiv, zur Reserve, zur Ersatzreserve, zur Landwehr, (Seewehr,) oder zum Landsturm?

State whether with the Colours or in the Reserve.

4. Beruf:

Occupation:

5.	Geburtsort. Place of Birth.	Es wird nach möglichst genauen Angaben verlangt. Full particulars are required.		
	Drischaft. City, Township, Village.	Staat. Kingdom, Duchy, etc.	Provinz, Regierungsbezirk oder Kreis. Administrative Divisions.	

6. Staatsangehörigkeit:

Nationality:

7. Genane Privatadresse:

Home address:

8. Unterschrift des Kriegsgefangenen:

Signature of the Prisoner of War:

9. Datum:

Date:

**PRISONERS OF WAR.**

PLACE OF INTERNMENT \_\_\_\_\_

Date \_\_\_\_\_

191 \_\_\_\_\_

**RETURN OF PRISONERS TRANSFERRED, RELEASED OR DECEASED.**

In the case of prisoners transferred to another place of internment, three copies of this form should be prepared. Two of these copies will accompany the draft.

The Commandant at the prisoners' destination will enter on both these copies the new general numbers assigned to the transferred prisoners; he will forward one copy at once to the Prisoners of War Information Bureau, 49, Wellington Street, W.C., and keep the other.

If a transfer is known to have been made with a view to an early release (or repatriation), this fact should be entered on the form beneath the destination.

In the case of prisoners released or deceased, one copy only of this form should be prepared and transmitted at once to the Prisoners of War Information Bureau.

Deaths and Releases should not be notified on the same form.

General No. *	General No. * assigned to a <u>transferred</u> prisoner at <u>new</u> place of internment	Surname	Christian Names	Rank (Military or Naval) of Combatants only	Transferred, released, or deceased †	Date †	If Form I. B. 1 has been rendered write "Yes" ‡

\* This is the serial number given to each prisoner on the register of the place of internment. Serial numbers should be assigned to transferred prisoners in the order in which the names appear on the form.

† In the case of *Transfers*, the place of transfer should be entered in this column with the date of transfer. In the case of *Releases*, if unconditional, the word "Unconditional" need alone be entered in this column; if on parole, the words "On parole." The date of release should be added. In the case of *Decease*, the word "Died" with the date of death should be entered. The cause of death should be stated beneath this entry.

‡ With regard to prisoners about to be released, it is essential that Form I. B./1 should be furnished immediately, unless it has already been rendered.

General No.	General No. assigned to a transferred prisoner at new place of internment	Surname	Christian Names	Rank (Military or Naval) of Combatants <u>only</u>	Transferred, released, or deceased	Date	If Form 1. B. 1 has been rendered write "Yes"

Form prepared and forwarded with the draft. (Transfers only.)

Signed \_\_\_\_\_

Officer Commanding \_\_\_\_\_

(Place of Departure.)

Form completed and transmitted to the P. W. I. B.

Signed\* \_\_\_\_\_

Officer Commanding \_\_\_\_\_

NOTE.—The receipt given to the Escort accompanying prisoners should not be given on this form, but on a simple numerical state.  
 \* In the case of deaths or releases the Officer Commanding place of internment at which the prisoner has died or from which he is released will sign here.