

Personal Records Division.

1. Noted in Records

2. Index Card

3. Noted in Card

4. Stamp on Card

5. Record Card

6. Permanent Card

7. _____

8. _____

DATE 27/3/40 L.H.



N. V. 5
5M-10-39 (2305)
N.S. 815-11-5

DEFENSE
MAR 2 1940
N.S. 113 18722
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BUCHESKI OFFICIAL NO. 19035 11082

CHRISTIAN NAMES WILLIAM MARRIED, SINGLE or WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
<u>1224 LILLIAN ST. WINDSOR</u>	<u>PROTESTANT</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>JAN. 7. 1922</u>	Town <u>WINDSOR</u> County <u>ESSEX</u> Province <u>ONTARIO</u>	<u>GEORGE BUCHESKI</u> <u>1224 LILLIAN ST.</u> <u>WINDSOR, ONT.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36 1/2</u> "	<u>DARK</u>	<u>GREY</u>	<u>MEDIUM</u>	-
Inches <u>9 3/4</u>	Deflated <u>33 1/2</u> "				
	Mean <u>35</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>March 8th</u> <u>1940</u>	<u>O. S.</u>	<u>DECORATOR</u> <u>Wm Battery</u> <u>686 Jct. East Windsor</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in.....for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Windsor Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 29th day of February 1940

Signature of applicant William B. Bucheski

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 29th day of February 1940

J. H. Marshall R.C.N.V.R.
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, William B. Bucheski, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant William B. Bucheski

Witness Seaman

Date Feb. 29th 1940 Rank Petty Officer Instructor

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

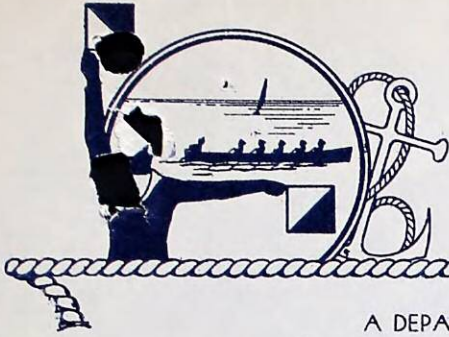
WILLIAM BUCHESKI having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Windsor Division of the R.C.N.V.R.

J. H. Marshall R.C.N.V.R.
Commanding Officer.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



"AGAMEMNON"

V 13653

DEFENCE
MAY 22 1939
62-214 B
CANADA

Sea Cadet Corps

A DEPARTMENT OF THE NAVY LEAGUE OF CANADA (Ontario Division)

Windsor, Ontario

May 18 / 39.

Naval Secretary.
Dept. of National Defence
Ottawa Ontario.

Dear Sir:-

This is to certify that Wm. Bucheski, who is making application for Entry into the R.C. N., has been a member of Windsor Sea Cadet Corps for the past two years and is a smart, and competent cadet. I believe him to be very good material for enrollment as Boy Seaman.

any further details on this matter, I would only be too glad to furnish you.

Respectfully yours.

S.C. Lieut. Com. L. Bernhardt
Commanding Officer,
Windsor Sea Cadet Corps.

W

1084 Marentette, Ave.,
Windsor, Ontario,

June 19, 1939.

JUN 21 1939
62-214
CANADA

B
FD 414

Dear Sir:

Will you please take
consideration to my application.
I have passed my entrance
examinations and will be waiting
to serve in the "Royal Canadian
Navy." I hope to hear from you
in the near future.

Yours truly,
William Bucheski

16503

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
10M-9-38
N.S. 815-9-2417

413654

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Windsor, Ontario
(Place)
1939
62-21-4B
(Date)
CANADA

SIR:— I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy Seaman.

I certify that the following particulars are in my own handwriting and are true in every respect: "Masile Buczeski" 3

- 1. Name (to be given in full in Block Letters) H. H. C. H. E. S. K. I - W I L L I A M
- 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) January 7, 1923
- 3. Place of Birth. Town Windsor, Province Ontario January 27, 1922
- 4. Permanent Place of Residence. No. 1024 Street Marentette Ave.
Town Windsor, Province Ontario Cert.
- 5. Are you a British Subject? yes sir 27/9/39
- 6. How long have you resided in Canada? 1.6 years MUS
- 7. What is your Mother Tongue? English
- 8. What other language do you speak? Rumanian
- 9. Are you of the White Race? yes sir
- 10. Are you Single, Married or a Widower? Single
- 11. How far advanced educationally are you? Grade 8. P.S.

- (Certificates of School Authorities must be attached)
- 12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
- 13. Do you belong to any Naval, Military, Air or Police Force?
- 14. If so, give details.
- 15. Have you ever served in such forces?
- 16. If so, give dates and details.
- 17. Have you ever been discharged from His Majesty's Forces as medically unfit? no sir
- 18. Have you ever offered to serve in His Majesty's Forces and been rejected?
Why?
- 19. Have you ever been convicted of a criminal offence? No sir
(Enclose two character references, one of which must confirm your answer to Question 19)
- 20. What is your weight? 169 lbs. Height 5' 10 1/2" Chest Measurement (Not inflated) 36"
- 21. Have you ever had fits? No sir
- 22. Do you suffer from any deformity? No sir
- 23. Have you suffered the loss of any fingers, toes, etc.? No sir
- 24. Do you suffer from any disease? No sir
- 25. Do you wear glasses? No sir
- 26. Are you subject to any disability which might cause your rejection?
- 27. Give details.
- 28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes sir

Mrs. Wm. Battery Signature of Witness
William Buczeski Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of
Mrs. Wm. Battery Signature of Witness
D. Buczeski Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.
Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of _____
Signature of Witness Signature of Candidate

R.C.N.V.R.

V-19035

~~3-20-51~~

TRUE COPY OF THE CERTIFICATE of the Service of

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

Bucheski, William

IN THE ROYAL CANADIAN NAVY V. R.

<i>Windsor, Ont.</i>	Official Number <i>V-19035</i>
----------------------	--------------------------------

Date of birth <i>Jan 7th, 1922</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province <i>Windsor, Ontario</i> Town or county <i>1224 Lillian St, Windsor, Ont.</i>	Name: <i>Marie Bucheski</i> Relationship: <i>Mother</i> Address: <i>1224 Lillian St, Windsor, Ont.</i>
Trade brought up to <i>Decorator</i>	
Religious denomination <i>Protestant</i>	
Date passed swimming test	
Man's signature on discharge to pension }	

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>Sept 28-1939</i>	<i>Mar 8 '40</i>	<i>Hostilities</i>	5.		
2.	<i>At Sea</i>		6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>10</i>	<i>35</i>	<i>Dark</i>	<i>Grey</i>	<i>Med</i>	<i>None</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 GENERAL SERVICE MEDAL (1915).

NAMING *P.B.* OFF. NO. *V19035* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *Dh. Polvin*

Y DIR. OF PERSONNEL RECORDS.

- 5 -
DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

28 September, 1942.

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
BUCHESKI, William	Able Seaman,	V.19035, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> - 8th March, 1940. Active Service: 9th July, 1940.		
<u>DATE OF DISCHARGE</u> - 13th September, 1942.		
<u>HOSPITAL</u> - _____ (If discharged in hospital under jurisdiction of D.P. & N.H.)		
<u>SERVICE</u> - Canada & High Seas. (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		
Reason for discharge and, - when and where any disability was incurred; or where death occurred.		"DEAD" - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Doris Bucheski,
ADDRESS 1824 Lillian St., WINDSOR, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

\$ Nil. PAID TO Nil.

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO - Nil.

DEPENDENTS ALLOWANCE AT \$ Nil. PAID TO Nil.

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil.

Computed by h.k. DEPENDENTS \$ Nil.
Checked by h.k.

The Secretary,
The Canadian Pension Commission.

Copy to: The Sec., D.P. & N.H.

Rosen
SECRETARY,
NAVAL BOARD.

(See reverse side for further instructions.)

V19035

OFFICIAL NUMBER

FILE NUMBER

113-B-722

OFFICIAL NUMBER V19035

NAME BUCHESKI William DATE OF BIRTH 7th January, 1922
(Surname) (Given Names)

PLACE OF BIRTH Windsor, Ont. OCCUPATION Decorator

RELIGION Protestant EDUCATION _____

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1224 Lillian St. Town Windsor Province, etc. Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
8	3	40	H.O.	5' 9 ³ / ₄	Dark	Grey	Med.					

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) James Bucheski
 ADDRESS (in pencil): Street and No. 1224 Lillian St. Town Windsor Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES									
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT		
Day	Month	Year					Day	Month	Year				

FILM
 NO. W.A. 5436-4
DATE

Date (in figures)			DAYS FORFEITED						Last Will & Test.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT
 From _____ To _____



V19035

OFFICIAL NUMBER

NAME BUCHESKI
(Surname)

William
(Given Names)

OFFICIAL NUMBER V19035

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Windsor Div. Str.	Ord. Smn.	8	3	40		V.G.		13	9	42							
Duty Div. Hdqs.	" "	9	7	40		V.G.	Sat.	31	12	41							
Stadacona	" "	11	7	40		V.G.	Sat.	31	12	40							
Assiniboine	" "	28	9	40													
"	A.B.	8	1	41													
Stadacona	" "	17	7	41													
Ottawa	" "	22	8	41													
DISCHARGED	" "	13	9	42	"Missing believed killed in action" (Casualty List)												

GENERAL REMARKS

To Camp Hill Hosp. 19/9/40
 From " " " 25/9/40
 Memorial Cross sent 9-11-42 to:
 Mother: Mrs. Doris Bucheski
 1224 Lillian St.
 Windsor, Ont.

DATE OF BIRTH	07/12/11	CIVIL	450	030	X1	12/12	0	11	0	0895
ENLIST. DATE	08/03/40	ACT. SERV. DATE	09/07/40							0350 0 0894
SENIORITY	08/01/41	STR.	NON-SUB	M						20 13.09.42

D OF D 13-9-42

AWARDS NAVY

D.D.

BUCHESKI	William	V-19035	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	3036
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 43 "OTTAWA"

(1) MEDALS
PERSON

ENTITLED TO Mrs. Doris Bucheski - Mother

ADDRESS: 1224 Lillian St.,
WINDSOR, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Doris Bucheski

ADDRESS: 1224 Lillian St., Windsor, Ont.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO.

2775

(2)

(3)

9-11-42