V10506 CAREY

PERCIVAL

GEORG

MEDALS PERSON	
ENTITLED TO Mrs. Elsie F. Carey - Mother	MEMORIAL B R
ADDRESS: 5312 Dewdney Ave., REGINA, Sask.	DATE DESP
MEMORIAL CROSS	REGN. NO 81
WIDOW	REGN. NO
	(2)
ADDRESS:	3
MEMORIAL CROSS	1
Mother Mrs. G.B. Carey	
5312 Dewdney Avenue, Regina, Sask.	(3) 22-9-44
	PERSON ENTITLED TO Mrs. Elsiè F. Carey - Mother  ADDRESS: 5312 Dewdney Ave., REGINA, Sask.  MEMORIAL CROSS WIDOW  ADDRESS:  MEMORIAL CROSS MOTHER Mrs. G.B. Carey  5312 Dewdney Avenue, Regina, Sask.  ADDRESS:

D OF D	of veterans aff	AV	WAR SERVICE RECORDS		
CAREY	Percival	George	V-10506	A.B.	FILE No.
SURNAME (IN	BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS)	No. Nil	DATE DES	PATCHED:		
ADDRESS:	,			- +-	

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED						
1939-45 Star		1367	23/11/49				
C.V.S.M. & Clasp War Medal							
		,					

( THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLAMPAIGN STARS, DEFENCE MEDAL (1915). NAME IN FULL C. AREY. Gercival George...RANK/RATING .... A. B................OFF. NO.

	SI	ERVICE				QUALIFYING PERIODS IN I					
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VERIFICATION FORM
RS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915). QUALIFYING PERIODS IN DAYS 1939-45 ATLANTIC DEFENCE C.V.S.M. MEDAL AREA ELIGIBLE STARS FROM TO FOR AWARDS OF MEDALS 1939-45 Star tlantic ATLANTIC FRANCE G. AFRICA PACIFIC BURMA ITALY DEFENCE 2 @ lo large C.V.S.M. " CLASP WAR 1945 M. edal WAR 1915 VERIFIED BY Lachet...

DIR. OF PERSONNEL RECORDS.

IFIED BY ...

Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:-

- (a) To serve from the date thereof for the duration of hostilities, 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.
- (d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 12th day of November, 1940. Signature of applicant

#### CERTIFICATE OF ATTESTING OFFICER (C)

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 12th day of November, 1940. Lieut., RCNVR.
Signature of and rank of Attesting Officer.

### OATH OF ALLEGIANCE

I, Percival George Carey, 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

Date Nov. 12th, 1940.....

(D)

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

#### CERTIFICATE OF ATTESTING OFFICER (E)

Percival George Carey, 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 Regina Division of the R.C.N.V.R. or in the appropriate official documents.

12th November, 194 0

R.C.N.V.R. Division (or other establishment) Regina

rm 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.





N. V. 5 25M—9-40 (6793) N.S. 815-11-5

пеномар093294

NS 113 - C-1.883

### ATTESTATION FORM

(HOSTILITIES FORM)

### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

The second secon	MANENT ADDRESS	RRIED,	SINGLE OR WIDOWER Single
5312 Dewdney Ave.,	Regina, Saskatchewan.		United
DATE OF BIRTH	*PLACE OF BIRTH	NAM	E AND ADDRESS OF NEXT OF KIN
*Original Nationality of: Father Irish Mother English	County Province  Regina,  Saskatchewan.	533	orge B. Carey, (father 12 Dewdney Ave., gina, Saskatchewan.

### PERSONAL DESCRIPTION ON ENROLMENT

	HEIGHT	CHEST ME	ASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS		
	Feet. 5	Inflated 38"			1		Birth mark on centre		
	Inches 5	Deflated	331111	Light Brown	Blue	Fair	of back.		
		Mean	35½"	4.6	A Traba	r manhald			
	DATE OF EN	ROLMENT	RATING ENR	OLLING FOR	TRA	TRADE OR CALLING AND IN WHOSE EMP			
12th	November,	1940.	Ord.Se	a	Service Station Attendant,				
	R.C.N.V.R. Division establishment) a	(or other t which enrolled	REGINA		British American Oil, c REGINA, Sask.				

### DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:-

(B)

- (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 That the reserver and any more serving a range Naval, Whiltary, Reserve, of Territorial minimum
    - \* (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	Personnel (TO to C.5
N.P.A.M (Regina Rifles)	Private	18th July,	Division  1940 12th Sept 13 1940  1. Noted in Residual 13 1940  2. Index Card
(c) I have a	never been rejected for ount of unfitness.	or discharged from a	ny of His Majesty's Forces on

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

<sup>\*</sup>If not the son of natural born British parents, particulars to be given at foot of next page.



# CERTIFICATE of the SERVICE of

				100	
Webers	14/ma/	Percival	George	CAREY	J. C. 83 H.
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# in the Royal Canadian Naval Volunteer Reserve

Tra	Training Headquarters R.C.N.V.R. Division		Officia	al Number	V/050	26						
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.15/40	12th Nov. 1940.	3 yr dura		ORD	.SEA		257	Reb'44	Service	Noben Medal-1		wa.
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						L DESCRIPT						
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On re-enrolment—	12 years' Service									<u></u>		
Further Description	n if necessary											•••••
	TRANSFER BET	WEEN DIV	VISIONS					TRANSFEI	R—LISTS A	AND B		
From	From				Date	List	Da	te		Authority		
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# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ES	STABLISHMENT	LED	GER No.	RATING	FROM	то	CAUSE OF DISCHARGE
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GOOD COND	R.C.N.V	.R. od Servic	E BA	DGES						
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V-10506

### NON-PERMANENT ACTIVE MILITIA OF CANADA

### CERTIFICATE OF DISCHARGE

This Certifies that Rfn. Percin	val George Carey, No. 3107 (Rank and Name)
of Regina	
Province of Saskatchewan	served continuously in the
2nd Bn. Regina Rifle Regiment	of the Non-Permanent Active Militia of
Canada, from the 18th	day of July 19.40, to
the 16th day of	September 19 40, and is now discharged
therefrom, and xthatxha anticaded ax	tuck completed Annual Training for the years
to join the R.C.N.V.R.	
(Each y	year separately, in figures)
Seravel Long Roccy (Signature of Soldier)	For Officer  Commanding A Company  Sqn., Bty. or Coy.)
Place Regina, Sask.	Albook Major
Date September 16 19 40	†Commanding 2nd Bn. Regina Rifle Regiment (Regt. or Corps)

† Note-Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350 5M-4-40 (4532) H.Q. 1772-39-62 To Whom It May Concern:

This is to certify that the bearer, Percy George Carey, of the city of Regina, served with the undersigned for a period of two years ending December 15, 1940, as service station attendent, doing mechanical work. I have always found him trustworthy, his services entirely satisfactory at all times and have no hesitation in recommending him for service in any capacity in which he may wish to become employed.

My best wishes go with the said P. G. Carey in his duties in His Majesty's Services.

Signed,

W. D. Miller,

B. A. Service Station #11, Fifth Ave. & Albert St., Regina, Saskatchewan.

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V10506	OFFICIAL NUMBER	NAME	(Surn	ame)	CAREY	Perci	val Geo	rge				OFFICIAL	L NUI	B.	710	506			
Ship or Establishment	Rating	Day	From		Remarks		Character	Efficiency	Day	Date   Month	Year	Non-Sub. Ra	ting		Qualifie			-Qu Month	Vegr
Div. Str. Regina	Ord. Smn.	12	11	40	***************************************							a/S.D.	_	25		-	Day	WZOIICII	Tear
Duty Div. Hdqrs.	11 11	28	1	41		ì	V.G.	Sat.	31	7.0	/1	0/D.J.			······································	41			
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11	A/A.B.	28	1	42	A.B. 1-4-42 Confirmed		•••••••••••••••••••••••••••••••••••••••						••••••						
Stadacona	11	27	10	43	DRD 1763														***********
Hochelaga (Frigate 8)	- 11	26	11.		DRD H-33/2														
Chaleur II (CN 3/7)	- 11	6	12	43	DRD 69														
Valleyfield	"	8	12	43	WRD 69														
DISCHARGED	11	7	5	44	MISSING (Casualty List	<u>t.)</u>													
					Presumed "Dead" (Memo 2	0-9-44	)					{			l				
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ν	10506	FFICIAL NUMBER	FILE NUMBE	R	113-C-	-1083		OFFICIAL	NUMBER	V1050	5
NAME	CAREY (Surname)		(Given Names	George				15 October 1915			
PLACE OF BIRTH	Regina, Sask.				OCCUPATION	Service Sta	ation Attenda	ant			
RELIGION Uni	ted	E	DUCATION					Go al			
RESIDENCE AT 1	FIME OF ENLISTMENT: Street and N ENGAGEMENTS	o SSIZ Deduiney	AVO.		DESCRIPTION	повтиа	1	Province, etc	us Service		
Date (in figures)  Day   Month   Year	Period	Heig	ht Hair	Eyes	Complexion		s or Scars	Served in	Rank or Rating	From	то
12 11 40	н.о.	5 † 5	" L.Brown	Blue	Fair	Birthman of back		N.P.A.M. Regina Rifles	Pte.	18-7-	12-9- 40
NEXT OF KIN R ADDRESS (in penc	ELATIONSHIP (in pencil)	Howard Consul	iker El	ose Tem	NAME (in pend	cil) Afficient		Province, etc.	à de Side	, sto de	
Medals, C	LASPS, HURT CERTIFICATES, PRIZE MONE	Y		1		Examinations, C	Date (in figur	-	- 1	1008 1	4/20/4
Date (in figures)  Day  Month  Year	Particulars		te (in figures)   Month   Year		Particulars		Day   Month	P	ARTICULARS		
28 2 44	C.V.S.M.(R.&C.)/////	19 30 15	5 41	Qual. Tr	Prov. Swim T						
В	adges, G.C. or G.S.			Brief	PARTICULARS OF W	ARRANT OR C.M. I	PUNISHMENTS AND C.F	P. CHARGES			_
Date (in figures)  Day  Month  Year	1st, 2nd or 3rd G.C. Granted Deprived Restored	Ship or Establ	ISHMENT	Wt. I	(in figures) Month   Year	BRIEF	PARTICULARS OF OFFE	ENCE	PUNISH	IMENT	
28 1 94 1	SCB (13870) Granted									-	
FILM NO. [17]	2-5 248-5										
DATE		Date (in figures)			ORFEITED	L IV I'm Chan	O.H.F.R				
N.P.A.M. towar	ods award of G.S.B.		Prison Det'n	Cells	C. Power W. Tris	al In diff. Char.	Last Will a	and Testament Dat	ed:-11-3	-41 / <b>I</b>	5. G.
2.01										APPLI	CATION
H.Q. 35—30M- N.S. 815—7-35	—5-41 (337)									Acc.	The state of the s

# STATEMENT OF ACCOUNT

44

When entered F.B.	k	Date	of appearar	nce F.B.		Whither discharged	DEAD	
			Control of the Contro			X	\$	c.
CREDIT from form	ner account						36	31
Pay as A.B.	fro	m 1 Apl	to 31	L May	(.61 days	at \$ 1.85 a day)	112	85
" A/S.D.		1 Apl	"31	Мау	(61 "	15 " )	9	1.5.
" 1,GCB		28 Ja	n " 31	Lмау	(125 "		6	25.
"			"		.(	")		
"			66		.(	" )		
Kit Upkeep Allowar	aceA	djustme	nt March ril - 7	1, 1944 May		")	4	33
*						Total credits	169	36
				*			NI	L
DEBT from former	account				1			
PAYMENTS:—	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ с.	\$ c.		1.4	0.4
st month	36.00	8.94			-	Total		9.4
and month						Total		
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Hospital stoppages								
Mulcts							67	(0
OTHER CHARGE	S: U.R. 1	10. 271	or bayar		ent War)	states	1.2	.02.
				(Free	eno war)			
LEDGER: SON			. 18			Total debits	169	36
AUDIT:				1 4	Balance Cr.	or Dr.	N	IL
ev.				(	Balance Dr.	to be shown in red)		
Number of days act	ually victual	lled during	period ment	tioned abov	e 37			
NOT			ISIVE DATE				,	
VICTUALLED LEN	T, SICK OR LEAVE	FROM	TO	No. OI DAYS	SHIE	P, HOSPITAL, etc., WHICH BORNE	- 100 *	
**								

C.N.S. 2426 25M-5-42 (4545) N.S. 815-9-2426

# ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name CAREY. Percival G. Rating A.B.	,,	
Official No.V. 10506 H.M.C. SAVAION "VALLEYFIELD" Li	st. 122	1.39
Who* DISCHARGED DEAD on the 7 May	19	44
Net sum due on ledger on account of Wages	\$ NI	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
Cash— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §	Es.	
Cash deposited by official Receipt No 25181 Adm. Naval Estates  (Present War)  Cash debited in the Accountant Officer's Cash Acct.	73	62
If in debt in ledger, amount to be stated (in red ink)  FIFTEEN DOLLARS  Rate of allotment (in words)TWO DOLLARS		
Total†CREDITOR	73	62
We hereby certify that we have every reason to believe that the above accou	int conta	ins a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of  "VALLEYFIELD" amounting to a net balance; CREDITOR.	AVALO	M for
of SEVENTY-THREE dollars SIXTY-TWO -	c	ents.
Dated on board H.M.C.S. AVAION at ST.	JOHN !	3
NFLD. this FIFTH day of JUNE	19	44
Approved PAY LIEUT. GDR., R.C.N.V.R. Accou	untant O	fficer
Survis (Initial Ad	als of the Assi ecountant Offi	istant cer
A/CAPTAIN. RCN. Commanding Officer.		· ·
For Use at Headquarters. \$ctscredited on Inspector	or's certif	icate
Noto		
Signature  Date		
*State whether discharged on shore D.D. or Run		

\*State whether discharged on shore, D.D. or Run.

†State whether ''debtor'' or ''creditor''.

Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944.

5M-2-42 (3601) H.Q. N.S. 815-9-45 LEDGER: LOT AUDIT:



## ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD				
No. Ship's Book in onsecutive order	NAME  (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash	
		• 1 2 2 2 2	* 12 70	1	
	(E. 33)	TILL VV SEXERVE SOE			
	1 5000	7	- 4 - 4 - 5 - 5 - 7		
	99 303 (	4.043 G.E.S	· · · · · · · · · · · · · · · · · · ·		
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	1.36.4	EFMERICIPY . 2018			
	\$3 (3)				
••••••					
ric	T MARTY				
April 1	A STANCE TO	- 2			
	Constant		Children Subsection		
•••••					
	* 1 272 75	***************************************			
	M This	t where the	- 10 Trans		
		Total proceeds of sale carried to account on the other side			

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

## REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

I.M.C.S. at	
Jame (Christian names in full)	
Cank of Rating Official No. (If unknown, date of first entry)	IVI
lace of Birth	
umber of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.	
(Temporary) or Reserve ratings)	
Pate of Death Place of Death	
ause of Death	
Jather Jeorge B. Relationship	- *
relative or friend.  Name Relationship Address	
Pate on which the above was informed by Ship	
Date on which death was registered with local Officials	
n the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the	
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-	
ing to Nationality	*
lace of Burial Date of Burial (if known)	
ocation, Number, etc., of grave (if known)	
ndertaker employed(if any)	
f borne for discipline only, date D.S.Q. or invalided	
Commanding Officer,	) m

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121 15M—6-41 (831) N.S. 815-9-1121 ail the reletives that the decreased ever

Any further communication on this subject should be addressed to:-Mr. George B. Carey, THE DIRECTOR OF ESTATES, DEPARTMENT OF NATIONAL DEFENCE. 5312 Dewdney Ave., OTTAWA, ONTARIO. Regina, Sask. and the following number quoted:-H.O. V- 10506 FD. 569

### DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

September 12 1944 For the purpose of record and in the event of there being any Service estate RANCH available for distribution (according to law) on account of the late SEP 25

CAREY, Percival George, Able Seaman, Off. No.

V-10506, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Director of Estates.

GC/

### ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

egrees of	and the second	ATIVES	INFORMANT'S STATEMENT								
Rela- tion- ship	required to be accounted for		NAME IN FULL  of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative						
1	Widow of the I	Deceased	NIL								
		MONE CONTRACTOR	ART HENTON TO TRAINER ESTATES TRAINER COTATES TO THE SECOND TO THE SECON	DE							
	ALU ALU		aldusi								
2	Children of the Deceased and dates of their Births		of record and in the property of the land on the countries to have been as the countries to have	e grug deradi	For the available to						
			ECT, Porgayal George, Acie Los		74-2						
3	Father of the I	Deceased	George Bredford Caree Offoster Father) Elsie Flarence Carey (Foster Wirther)	50	5312 Deceducy Repea task						
4	Mother of the Deceased		Elsie Flarence Carey (Foster worther)	48	same.						
	eweda e	dici binata	the Combinet, This form should then b	a le bu	molqueon ee						
5	Brothers of the Deceased	Full Blood	NIC		no soiteaup						
		Half Blood	NIC								
		Full	NIL								
6	Sisters of the Deceased	Blood									
		Half Blood	NIC.								
7	Names of brother of the full or to Deceased, who death of each.	rs or sisters (whether he half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children						
			ATA .		M.F.W. 77 644 (4870)						

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	FARTICULARS AS TO	) IDENTITI
8	Full names of the deceased.	Burey Perceval
9	Date of his birth.	October 5th 1915
0	Place and date of his marriage.	
1	Place and date of his parents' marriage.	
	PARTICULARS OF D	OMICILE
2	Place where deceased was born.	Regua tosh.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Sach. all les lef (b) (c) (d)
4	Nature of employment before enlistment.	Casual Labor
.5	State whether he owned the premises in which he lived, and, if so, where situated.	NO TO
16	Name place where deceased stated he intended to make his permanent home.	Regue Fash
	PARTICULARS OF	ESTATE
.7	Did he leave a Will? If in your custody, please forward.	not to my Knowledge
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
Ð	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NO
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	200 fayable heart
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	25. Elsis Carry
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	some
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NIC
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NIC
_	(Note:-The government pays funeral expenses within th	e amounts authorized in the Regulations, where death occur burial is made in Canada or elsewhere in the North America

*Insert degree		DECLARATION		
	by declare that all the part of all the relatives that the			
* forter	father	of the decease	sed.	eason diele
N.B.—To be signed in full presence of a Clergyman, Priest Magistrate, Commissioner or Public or Commissioned Officer of His Majesty's Forces.	, Local Notary	e & Care	re. Repus 1	Signature of Informant Address
	- 10 N	CERTIFICATE	Gen S.	Paren
I hereb	y certify that to the best	1		2 -9
*See above. above descri		ation was made by the I		of the Deceased
Dated at	Maga	this along was made by the I	(1)	19 4
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com- missioned Officer of any of His Majesty's Forces.	Xar 81 tau	alter Qualifica	165	Public.
NOTE Refers described	Address the above Certificate, care should		ent dives particulars concern	ing the death of any

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Hereto attacked aprement between turns of George Stang and Carry and Elsie Hornice Carry thated Nos. 30/36 also Certificate of Change of Name.

Have you occurs other relative paid the funeral recently or say part thereof it so, acts h femilied accounts chowing another whom.

-

### GOVERNMENT OF THE PROVINCE OF SASKATCHEWAN



No. 401

### DEPARTMENT OF THE PROVINCIAL SECRETARY

# Certificate of Change of Name

CANADA

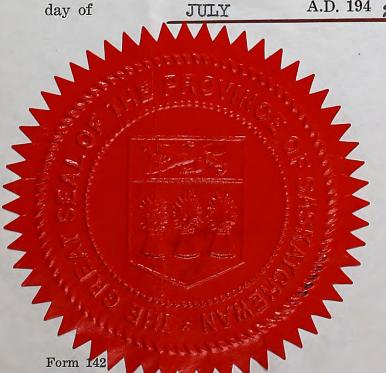
Province of Saskatchewan.

	J,			JOHN WI	LLIAM N	[cIEO]	D			
	Provincial S									
day of	JULY	, A.D.	194	2, at the	hour of	TWO	o*clock	in the	after	noon
the foll	lowing chang	ge of name	was	effected	under the	provis	sions of The	Change	of Name	e Act,

FROM - GEORGE PERCIVAL HAUG, ROYAL CANADIAN NAVY, REGINA, SASK.

TO - GEORGE PERCIVAL CAREY

In witness whereof I have hereunto set my hand and caused the Great Seal of the Province to be hereunto affixed at the City of Regina, in the Province of Saskatchewan, this SIXTEENTH day of JULY A.D. 194 2.



Jest Mited

Deputy Provincial Secretary

CANADA PROVINCE OF SASKATCHEWAN TO WIT: of the City of Regina, in the Province of Saskatchewan, make oath and say: THAT I was personally present and did see PERCIVAL GEORGE HAUG, GEORGE BRADFORD CAREY and ELSIE FLORENCE CAREY named in the within instrument, who are personally known to me to be the persons named therein, duly sign, seal and execute the same for the purposes named therein. THAT the same was executed at the City of Regina, 2. in the Province of Saskatchewan, and that I am the subscribing witness thereto. THAT I know the said PERCIVAL GEORGE HAUG, GEORGE BRADFORD CAREY and ELSIE HORENCE CAREY, and they are each in my belief of the full age of twenty-one years. SWORN before me at the City of Regina, in the Province of Saskatchewan, this day of November, A. D. 1936. A COMMISSIONER FOR OATHS in and for the Province of Saskatchewan.

agrees that in due course he will apply under the Change of Names Act of the Province of Saskatchewan to have this change regularly made.

4. THE parties of the second part covenant and agree with the party of the first part to maintain, board and lodge the party of the first part as if he were their lawful child and in a manner suitable to their station in life, and the party of the first part agrees that he, upon obtaining employment, will reasonably contribute to the parties of the second part for his maintenance, board and lodging as aforesaid.

IN WITNESS WHEREOF the parties hereto have set their hands and seals the day and year first above written.

in the presence of Resolvery

Blair J. Barrey,

Blair J. barrey,

THIS AGREEMENT made and entered into this day of November, A. D. 1936.

BETWEEN:

PERCIVAL GEORGE HAUG, of the City of Regina, in the Province of Saskatchewan, hereinafter called,

"THE PARTY OF THE FIRST PART",

-and-

GEORGE BRADFORD CAREY, of the City of Regina, in the Province of Saskatchewan, Stationary Engineer, and ELSIE FLORENCE CAREY, of the City of Regina, in the Province of Saskatchewan, his wife, hereinafter called,

"THE PARTIES OF THE SECOND PART".

WHEREAS the party of the first part was twentyone (21) years of age on the 5th. of October, 1936;

AND WHEREAS the said party of the first part has neither of his parents living, and is desirous of being accepted by the parties of the second part as their foster son;

AND WEREAS the parties of the second part are agreeable to accepting the party of the first part as their foster son;

NOW THEREFORE in consideration of the premises and the covenants and agreements hereinafter contained it is agreed between the parties hereto as follows:

- 1. THAT the party of the first part will hereafter accept the parties of the second part as his foster parents, and will treat them with that consideration and obedience which he as a son should show and perform to his actual parents;
- 2. THAT the parties of the second part will accept the party of the first part as their foster son and will treat him in every way as if he were their son, and that their home shall be his home.
- as his right and proper name Percival George Carey to which the parties of the second/ agree, and the party of the first part

## Instructions for filling up the Form.

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

### CERTIFICATE.

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

Signature of the person by whom the Will was prepared.

P 38833

IN THE NAME OF GOD, AMEN

113 C-1083

\*If in Hospital of in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof. being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my dear mother,

Mrs. G. B. Carey, 5312 Dewdney Avenue, Regina, Saskatchewan.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint my dear mother,

Mrs. G. B. Carey, 5312 Dewdnexy Avenue, Regina, Saskatchewan.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at Regina, Sask. hereunto set my hand, this Eleventh day of March , in the Year of Our Lord

One Thousand Nine Hundred and Forty-One.

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

Lalamilshad Oderon

Note.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or

Marine or Military Force.

Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared



### Department of National Defence

Naval Service

124111

OTTAWA, Ont. 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-10506 PERS (N).

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING, Official No., UNIT PARTICULARS REDEATH

CAREY, Percival George, Able Seaman, Off. No. V-10506, R.C.N.V.R.

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

NEXT OF KIN

Father: Mr. George B. Carey 5312 Dewdney Ave., Regina, Sask.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Metropolitan Life Ins. Co. Head Office, Ottawa, Ont.

Canadian Bank of Commerce, Douglas St., Victoria, B.C. 2.00 Stopped May 31, 1944.

15.00

1 de

Will: ATTACHED.

Yours truly,

for SECRETARY, NAVAL BOARD.

Administrator of Estates, Estates Branch, Department of National Defence, Ottawa, Ont.

Last of water though . and ... 1 10 To nodor the best topon of 1799, it to notified by some interest in a state of . To the second favor. The second of the sec there . . need and a . OF CHARLES KIN-KO ES of busic hersant quant to the common of the PL Deweney with olatok teritoria nd was be brobegan and be we EDEOU LI 1 1 1 2 To sever el punc. Metropolitan life Ins. Co. 2.00 Stepped by 31, 1966. Hend Uffice, Obtawn, Ont. Canadian Same of Commerce, longlas St., Victoria, B.C. 35.00 4. 10 TO 43. OF 17 CONTRACTOR OF THE PROPERTY OF in the second of the second seconds. . Karan i spijaji Si samanda

# DEPARTMENT OF NATIONAL DEFENCE NAVY ARMY ARMY AIR FORCE



STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S Percival George NAME Percival (CHRISTIAN NAMES) CAREY REGISTER NO. 10334 (SURNAME) FILE NO. NS. V10506 for Service Estate of PAYEEDirector of Estates. DATE 5 July/45 ADDRESS 308 Sparks St.. Percival G. Carey, SERVICE NO. V10506 NS. V-10506 Ottawa, Ont. FINAL RANK OR RATING A.B. 7 May/44 7 May/44 DATE OF TERMINATION OF OVERSEAS SERVICE DATE OF DISCHARGE A. TOTAL QUALIFYING SERVICE 292.50 1196 EQUAL TO 39 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 152 LESS 26 31.50 INELIGIBLE DAYS, EQUAL TO 126 DAYS @ 25C. PER DAY C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY H.L. M. A/S.D. G.C.B. DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ 3.63 TOTAL NO. OF DAYS 345.11 D WAR SERVICE GRATUITY PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$ E. DEDUCTIONS OVERPAYMENT OF N11 OTHER DEDUCTIONS 345.11 F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-=\$ 345.11 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$

Voucher chaque 1/24-13/7-45

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

	i 189	TREASURY	
PREPARED BY	CHECKED BY	R. Kananagh	10/7/45
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		DAY 1	-

SERVICE REPRESENTATIVE Naval ay Accing.

DECEASED

27th June, 1945. N.S.V-10506 (PERS.(N))(18)

Dear Sir:

Further to your application for War Service Gratuity in respect of the service of your late son. Percival George CAREY, I am directed to inform you that payment will be made to the Director of Estates for distribution as part of the Service Estate of your late son.

To allow for necessary legal procedure a short delay may be expected but you may rest assured that the Estates Branch will make every effort to hasten final disposal of the amount.

LETTER dispatched by Jun 28 1905

Yours truly,

SECRETARY, NAVAL BOARD.

Mr. George B. Carey, 5312 Dewdney Ave., Regina, Sask. N.C.

144308

SEP 20 1944

Sir:

With reference to Camadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from H.M.C.S.
"VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ordinary Seaman, V-47125, has been deleted from page 99. (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

Yours truly,

for

for

SECRETARY, NAVAL BOARD,

Secretary, Canadian Pension Commission, 228 Daly Building, Ottawa, Ont.

C. S. SY.

FILE NOS.: V-796

V-796 V-35412 V-19239 A-1271 V-68471 V-41543 V-54372 V-35526

V-54372 V-12143 V-25531 V-46463 V-25531 V-25531 V-65055

A-2453 0-44950 A-4681 0-45010 V-31063 V-41461

V-31063 V-41461 V-4427 V-15283 V-51452 V-3417

V-19206 V-51108 V-43309 V-27849 V-56590 V-2299

V-10506 V-34242 V-11244 V-44790 V-53512 V-18039

V-53512 V-18039 V-61903 V-399 V-49761 A-4506 V-16586 V-64486

V-23508 N-4649 V-39924 V-57455 V-59892 N-4122

A-5954 N-4323 0-22420 V-5995

0-23950 0-62255 V-30201 V-13701

V-55196 V-41902 V-905 V-63143 V-65619 0-70570

V-55803 V-50046 N-4472 V-35344 V-50475 V-5794

V-23128 0-71320 V-65496 V-17781

V-17703 V-14540 0-35660 V-516 V-54304 V-25850

V-3538 V-3386 V-43818 V-688 V-52497 V-50598 V-64138 0-76380

V-25279 V-50961 V-57850 V-21989

V-51441 V-56565 V-65120 V-599 V-62261 N-21498

V-49646 V-8662 V-35602 V-50658 0-47000 V-51989

V-6388

V-44690 V-67335 V-54554



# Department of National Defence

No.....

Naval Service

Ottawa, Canada.

MEMORANDUM:

Attestation Forms (W.N.V.4) for the undermentioned new entry Probationary Wrens, are forwarded herewith:

NAME

RATING

0.N.

DATE OF ENTRY

The state of the s

49

N.S. V-10506, P.D. 969, Pers. (N)

rition while.

A description of the control of the control of the latter of the control of the c

THIS IS TO CERTIFY that according to official information Percival George Carey, Able Seaman, Official Number V-10506, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEY-FIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

SECRETARY. NAVAL BOARD.

## ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run



Name CARRY. Percival G. Rating A.B.		
Official NoV. 10506 H.M.C. SAVALON "VALLEYFIELD" List	122/	39.
Who* DISCHARGED DEAD on the 7 May	19	4
	\$	cts.
Net sum due on ledger on account of Wages	NI	L
Proceeds of sale of Effects charged against Wages, brought from the other side		
Cash— \$ cts.		
Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No 25182 Adm. Naval Estates (Present War)	73	62
Cash debited in the Accountant Officer's Cash Acct.		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) PWO DOLLARS		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total†CREDITOR	73	62
We hereby certify that we have every reason to believe that the above account	conta	ins a
true statement of all wages, Effects, and other Credits or Debts on the Ledger ofAV	ALO	for
"VALLEYFIELD" amounting to a net balance† CRED ITOR		
of SEVENTY-THREE dollars SIXTY-TWO	c	ents.
Dated on board H.M.C.S. AVALON at ST. JC	HN'S	
NFID. this FIFTH day of JUNE	19	44
Approved PAY LIEUT. CDR., R.C.N.V.R. Account	ant O	fficer
Justials of Account	of the Assi	stant
Commanding Officer.		
A/CAPPAIN. RCN.		
For Use at Headquarters. \$ctscredited on Inspector's	certif	icate
Noto		
Signature		
Date	19	

\*State whether discharged on shore, D.D. or Run.

Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944.

5M-2-42 (3601) H.Q. N.S. 815-9-45 LEDGER FLOAT
AUDIT:

# STATEMENT OF ACCOUNT

4 0		4	The same of the sa			ding A.B. N		
						Whither discharged		
Pay as A.B.	fro	1 Apl	to 31	. May	61 days	at \$1.85 a day)	\$ 36 112	c. 31 85
" A/S.D. " 1,GCB		28 Jar	" 31	. May	(125 "	.05 ")	6	15 25
						· " )		33 47
						Total credits	169 N I	36
DEBT from former	account				······································		10 1	dia .
PAYMENTS:-	1st	2nd \$ c.	3rd \$ c.	4th	5th	#. · · · · · · · · · · · · · · · · · · ·		ì
1st month	36.00	8.94				Total	44	94
2nd month			*			Total		
3rd month	- 15.00			1. 15		Total  chged May	50	80
						· · · · · · · · · · · · · · · · · · ·		
Hospital stoppages				¥ *				
				le Adm		states	73	62
	· · · · · · · · · · · · · · · · · · ·		(o)	<u> </u>				
LEDGER: Sex	7	A A	Sh. h			Total debits	169	36
AUDIT:		May 2	0	(1	Balance Cr Balance Dr.	or Dr.	N :	L
Number of days act	ually victua	lled during	period ment	tioned above	e 37			
NOT	IT, SICK OR LEAVE		SIVE DATE	No. OF		P, HOSPITAL, etc., WHICH BORNE		
	1				1	· · · · · · · · · · · · · · · · · · ·		Ť.
Date 5 Jun	е		1944			Milling	1	

PAY LIEUT: CDR:, R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426 25M-5-42 (4545) N.S. 815-9-2426 This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for Improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

### PROVINCE OF SASKATCHEWAN

# For use of Department only. No. 19

RECORD	OF	REGISTRATION	OF	DEATH

		tchevan					
1. PLACE OF (If in city give s	DEATH	outside the limits of a cit	y, town or villas	ge. give se	c., tp. and rge.	If in hospi	tal. give name)
2. LENGTH O	OF STAY (in years, n	nonths and days)	y count of villag	50, 5140 30	o., cp. and rge.	II III HOSPI	Lai, give name)
(a) In mu	inicipality where	(b) In Province	e	(c)	In Canada (if	immigrant	00/1
3. PRINT FU	LL NAME OF DECI	EASED	CAREY	1	Percival	George.	
RESIDENC	E 5312 Dow	lnovkvoRog s usual place of abode. I	ina Spak	tohe	ity town or vil	lago givo so	c to and mo
SEX	5. CITIZENSHIP	6. RACIAL ORIGIN					ince or Country
		* 1	Widowed or D (Write the v	ivorced	O. Dillilli	11011 (1101	ince of Country
14.30	Carretter	23md 4 5 mb.				de parte permental	<u>.</u>
		5 10. AGE in	Years	Months	Days	If less	than one day
	11. Trade, profession	or kind of work as er, office clerk, etc					
USUAL	10 Wind of industria	or business, as agricultur					
OCCUPATION							
	13. Date deceased las at this occupation	st worked on			14. Total years this occur		
	15. Name of father	George D. Care	y				
,		er	r				
PARENTS	17. Maiden name of m	nother	(F	Province or	Country)		
		her					
	WO	Money	• (F	Province or	Country)		
9. Signature of in	nformant		20	Relatio	nship to decease	ed	
Address	re Chare Revel	R.R., Officier	1/c Nava.	L Pers	onnel Re	cords,	- 1
1. Flace of burial	i, cremation or removal		Da	ite of bur	al, cremation o	r removal	
2. Signature of U		recovered.					19
				(Name an	d address)		
		MEDICAL CERTIS	FICATE OF	DEATH			
3. DATE OF D							
	EATH	(Month)			7th		19/ (Yea
		(Month)		()	Day)		(Yea
4. I HEREBY	CERTIFY that I atten	(Month)		()	Day)		(Yeal
24. I HEREBY	CERTIFY that I atten	nded deceased from		() on	Day)		(Yeal
to	CERTIFY that I atter	(Month)  anded deceased from	v halive	on PEATH	Day)	Yrs.	(Yeal
to	CERTIFY that I atter	(a)due to Halfa C. S.	cause of D	on PEATH i dead	l, when was tor-	Yrs.	19
to	CERTIFY that I atter	(a)	v h alive CAUSE OF D  PROMISE  VALLEY  and sunk 1	on DEATH i dead	l, when was tor-	Yrs.	(Yeal 19 19 DURATION Mos. Dys.
to	CERTIFY that I attended in order proceeding	(a)due to Halfa C. S.	v h alive CAUSE OF D  PROMISE  VALLEY  and sunk 1	on DEATH i dead	l, when was tor-	Yrs.	(Yeal 19 19 DURATION Mos. Dys.
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediant cause).  Il ons (if important) conh but not causally related	(a)	vh alive CAUSE OF D  presumed  value  value	on DEATH 1 deed TELD	l, when was tor-	Yrs.	URATION Dys.
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  Il  ons (if important) conth but not causally related	(a)	vh alive CAUSE OF D  PROMINE  VALLEY  and sunk 1	on DEATH 1 deed TELD	l, when was tor-	Yrs.	(Yeal 19 19 DURATION Mos. Dys.
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immedian order proceeding immediate cause).  Illons (if important) conh but not causally related as the death associated regical operation?	(a) and last sav  (a) due to Hold due to (c) with pregnancy? Date of o	v h alive  CAUSE OF D  Presiment  NALLEY  Ind sunk  Ithantic	on	l, when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediant cause).  Il ons (if important) conh but not causally related as the death associated orgical operation?	(a)	v h alive CAUSE OF D  PRESENCE  NVALLEY  And Sunk 1	on	l, when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immedia in order proceeding immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(a)	v h alive CAUSE OF D  PARTIES  And Sunk l  Atlantic.	on DEATH	la when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immedia in order proceeding immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(a) and last sav  (a) due to following the f	cause of D	on DEATH	la when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immedia in order proceeding immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(a)	peration	on DEATH	l, when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(Month)  Inded deceased from	peration	on DEATH	la when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  II ons (if important) conh but not causally related as the death associated argical operation?	(Month)  Inded deceased from	peration	on DEATH	la when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(Month)  Inded deceased from	peration	on DEATH	l, when was tor-	Yrs.	(Yeal
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  II ons (if important) conh but not causally related as the death associated argical operation?	(Month)  Inded deceased from	peration	on DEATH dead line of the line	l, when was tor-	Yrs.	(Yeal 19 19 19 19 19 19 19 19 19 19 19 19 19
to	ry or complication which the mode of dying, such hyxia, asthenia, etc.  any, giving rise to immediate cause).  Il ons (if important) conh but not causally related as the death associated argical operation?	(Month)  Inded deceased from	peration	on DEATH i dead IELD by end	l, when was tor-	Yrs.	(Yeal 19

### S. 928 35M-7-40. (6172) N.S. 815-0-981-

# KIT LIST-MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

1		(REDUCED	KIT	FOR	DURA	NOITA	OF	HOSTILITIES)
1	CAREY P.G.			,	RD.	SEA.		

Name \*State where issue made. Rating

V10506

Name...

Off. No.

Note. Stokers issued with 2 Blue							
For Seamen's Branch only.	Scale Allowed			Long to the Association of	No*		Remarks
Bags, Kit	1	1					
Bags, soap		VENEZUA PROPRIESTA DE SEGUESTA	Programme and the programme of the progr	COLORS SIGNATURE STATE OF THE S		TOTAL SAFETY AND SECURITIONS OF THE PERSON O	
Beds		1	Mary Control of the C				
Blankets		2					
Bed Covers		0	THE RESERVE OF STREET	ACCOUNT OF THE PROPERTY OF THE	Committee of the second		
Hammocks							
Clews			A STATE OF THE RESIDENCE OF THE PERSON OF STREET	CORP. SANGER BLC STATES TO SANGE STATES	CO. TO SEE STREET,		
Lashing		A STATE OF THE STA	F-8-0-8-0-8-0-8-0-8-0-8-0-8-0-8-0-8-0-8-			A CONTRACTOR OF THE STATE OF TH	
Belts, Waist							
Boots, half							
			A STATE OF THE PARTY OF THE PAR				
Boxes, Cap		ACTUAL CONTRACTOR OF THE PARTY	THE PROPERTY OF STREET, SALES AND THE STREET, SALES	A CONTRACTOR OF THE PROPERTY O	AN EXPERIMENTAL PROPERTY OF THE PARTY OF THE	The state of the s	
Cases, attache							
Brushes, Hard							
I OHOHIMG							
" Clothes		The particular section of the particular section is	F238533131313 3ACS1312513 3 3 3 3 3				
" Hair			and the second second second second		AL PROPERTY NAME AND ADDRESS OF	Commission of the Commission o	
" Tooth		A STATE OF THE PARTY OF THE PAR	TO SEE STATE OF THE PARTY OF TH			Section of the Control of the Contro	
Caps, blue cloth	/0	THE RESERVE AND ADDRESS OF THE PROPERTY OF THE				Accessor and a second second	
Caps, white duck	A STATE OF THE STA						
Cap, Ribbons		2	The state of the s				
Collars, blue jean		The state of the s	CONTRACTOR OF STREET	Contraction and the second section in	A CONTRACTOR OF THE PARTY	Charles and a service of the	
Coats, oilskin	1	The second secon			The second secon	and the second s	
Combs, horn	1		······				
Drawers		22					
Jerseys, naval		/					
Jerseys, sport	2	2.					
Knives with spike	1						
Lanyards, knife	2	2					
Overcoats	1	/					
Scarves, black silk	2	2					
Shoes, gymnastic	1	1					
Shorts, recreational, drill	2	2.					
Shorts, tropical	3						not essely
Singlets, tropical	3						matusse
Socks, pairs		2					
Stockings, pairs	2	2					
Suits, blue overall		1					
Towels		. 2	,				
Type		1					
Vests, flannel		3					
Jumpers, serge		2					
Jumpers, duck working		2.					
Trousers, serge		2					
Trousers, duck		2					
1100010, duck							
	********************						

Winter Issue					Gift Clothing received from Organizations									
		Year	Issued		*		Year	Issued						
Description	194	194	194	194	Description	194	194	194	194					
Caps, Winter			.,		Comforters									
Comforters					Helmets, Balaclava									
Drawers, Woollen					Gloves or Mitts									
Jerseys, Naval					Socks									
Mitts					Sweaters									
Rubbers					Wristlets									
Socks					Windbreakers									
Stockings														
				l										



C.N.S. 264 (S. 536D.) 50M-11-40 (7813) N.S. 815-9-264

	eival G.	11 .	
Sub-Rating and Se	eniority Ouch	Anna Non-Sub.	
,			F
Joined Ship	il. 10 thap . 15	from HHG	. Kagana.
Engagement: Peri	odHOSTILITIE	S Expires	
		Religion	
Character	Fr Efficiency	Class fo	ate . 3.0/3 /411
Badges Mul.	Class for Conduct	Class fo	r Leave
Date due for:	Next Badge		
	Progressive Pay .		
	L.S. & G.C. Recor	mmended	
Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1			
Higher Educ. Test. Professonal for higher Sud-rating			
do Non-Sub.			
do 14011-3db.			
Any Non-Service	Attainments		
Swimming Qualific	cation		
Athletic capabiliti	es		
General Remarks mand).	(including intellige	ence, energy, initiat	ive, powers of com-
QUALIFIED "TR" TO GUNNERY TORPEDO SEAMANSHIP	DATE 30 TH MAY, 1 80. 65. 85.	.9% .0%	

H.M.C.S.	"		TVA	TOE	N							,	,
11.1VI.C.3.	•	 •			• •	•	•	•	•		٠		

Officer of Division.

ASST. TRAINING OFFICER.

Date .... 3rd June, 1941

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.

(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.

(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service Ottawa, Canada.

Sir:

10 May, 1944.

(Date)

The following casualty has been reported -

Will be reported later.

NAME

RANK or RATING

NAVAL NO.

CAREY, Percival George

Able Seaman

V10506 R.C.N.V.R.

DATE OF ENLISIMENT -

DATE OF DISCHARGE -

12 November, 1940. Active Service: 28 January, 1941.

23

HOSPITAL -

(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE -

Canada & High Seas.

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - when and where any disability

"Missing" at sea when the ship in which he was serv-

when and where any disability ing, was lost by enemy action. While this casualty

occurred, is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be noti-

fied when official presumption of death with date has been set.

(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- Father

NAME - Mr. George B. Carey

ADDRESS- 5312 Dewdney Ave., REGINA, Sask.

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.

Copies Form "B" fwd. to Allots. (N) on

N.P.R./5.

for

SECRETARY, NAVAL BOARD M

Secretary, Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ont.

18140R13

NOTE:

Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

REMARKS:

#### NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

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Challes Town Till Hall

113C1083

### OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

4. (a) Place of enlistment	Rank A/Able Sea. legine, Sask. nt 28th/1/41
3. (a) Date of birth	egina, Sask. nt 28th/1/41
4. (a) Place of enlistment	nt 28th/1/41
Section B—EDUCATION AND TRAINING  5. (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?  6. State definitely highest standing reached at public, technical or high school	
5. (a) State age on  (b) Were you attending school  finally leaving school  or college up to the time of enlistment?  6. State definitely highest standing reached at public, technical or high school	
finally leaving school	
6. State definitely highest standing reached at public, technical or high school	
THE DESIGNATION OF VESTS FUDILE SCHOOLS STWO VORES HIGH SCHOOLS STRINGS AND	
(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	h School
no de actional de adicional y gro namo di None	iness College
8. (a) Did you ever (b) If so,	you did not it, how long
apprenticeshipr	ou serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well?	glish
Section C—EMPLOYMENT CONDITION AT TIME OF ENL	LISTMENT
10. (a) State whether you were	
WORKINGorNOTWORK- (b) At time of en- ING at time of enlistment. listment of what	100
(Enter here only "Work- ing" or "Not Working". trade union or	
as case may be; particu-	
lars are asked for below) were you a member?	
Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMP	LOYED AT TIME
OF ENLISTMENT	1 10 (2)
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION  11. Had you ever been employed fairly regularly since leaving school?	1 (a)
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked at this trade or occupation	700
at which you actually worked trade or occupation	
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14. If you had been employed after leaving school, state  when you last worked fairly regularly before enlistment  1937 to 1940 approx	imately
employer, if any: Name	ogring Case.
15. Give details of last employer, if any: Name	ompany
17. (a) If your last employment was	Date of dis-
nature and address of business	
Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPL	OYED AT TIME
OF ENLISTMENT	THESE OUESTIONS AND BEDLY
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	THESE QUESTIONS AND REPLI
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE AN	NEWER OLIESTIONS 18 TO 21
18. Name of employer	
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
20. (a) Your (b) Number of years' experience this occupation with any em	ence at
20. (a) Your (b) Number of years' experior specific occupation this occupation with any em (c) Did your employer promise (definitely to give you refuse to promise you to return to employment on discharge? former employment on discharge?	u wish
definitely to give you refuse to promise you to return to employment on discharge?former en	nployment?
	A STATE OF THE PARTY OF THE PAR
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22	FARM, A STORE, AN AGENCY, 2 AND 23
22. (a) State nature of business, (b) Where was or professional practice	
92 (a) Number of years (b) Have you made, or will you make plans to	
engaged in this businessreturn to the same or a similar business on discharge?	
Section F—PARTICULARS OF FARMING EXPERIENCE	1 / 2 - 1/2
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? (b) How many years' actual born on a farm? (c) In what provinces farming experience have you had? (d) you have experience	
25. (a) Were you (b) How many years' actual None (c) In what provinces	0 98 9
	ce?
Costion C. MICCELLANICOUS	None
Section G—MISCELLANEOUS	
26. Have you made any arrangements other than indicated above, for re-establishment in civil life afte	or discharge?
26. Have you made any arrangements other than indicated above, for re-establishment in civil life afte	er discharge?
<ul> <li>26. Have you made any arrangements other than indicated above, for re-establishment in civil life afte</li> <li>27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)</li> </ul>	er discharge?
26. Have you made any arrangements other than indicated above, for re-establishment in civil life afte	er discharge?

SIGNATURE

DATE......194......

COPY TO MAX 3 V 1942