

V55196
GOSS
ROBERT WILLIA

File No: ...113- *G-2600*.....

DEPARTMENT OF NATIONAL DEFENCE
- NAVAL SERVICE -

8

NAME..... *Goss* *Robert W.*
(Surname) (Christian Names)

RATING..... *Ord Snn* OFFICIAL NUMBER..... *V. 55-196*

ACTIVE SERVICE (Date of Commencement)..... *22/4/43 (Discovery)*

Authority..... *D.L. 22/4/43*.....

Initials..... *R.W.*.....

Checked by..... *R.W.*.....

DATE OF ACTIVE
.....
SERVICE

Noted by.....

Date..... *JUL 15*.....

UNEMPLOYMENT INSURANCE BOOK DEPOSITED AT.....

Dm

QUESTIONNAIRE FOR CANDIDATES

051187

3

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) Robert W. Gos

Date and place of birth Carbin B.C., Aug. 17, 1924
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 4030 Burns St. Vancouver

Nearest town to residence (if living in country)

Are you a British Subject? Yes

Are you single, married or a widower? Single

In what capacity do you wish to enrol? Ordinary Seaman (Communications Operator)

Present occupation or trade Shop Clerk
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? No

Have you ever served with such forces? Give date and details.

No

Have you ever been discharged from any of H. M. Forces as medically unfit? Yes No

Have you ever offered to serve in any of H.M. Forces and been rejected? Yes P.C.A.F. Medical Reasons

What is your weight? 130 What is your height? 5'6 3/4"

What is your chest measurement (not inflated)? 33

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby declare that the above answers are true in every respect.

Robert W Gos Signature

Feb. 15, 1943 Date

4030 Burns St. Address

J. Mackenzie S/A Vancouver B.C.
Witness to Signature VR

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth. I certify his date of birth, according to legal documentary evidence to be

..... 17th August 1924

Signed J. Mackenzie S/A
Commanding Officer VR

113-G-2600

051188

70824

5

DEPARTMENT OF NATIONAL DEFENCE
NAVAL SERVICE

I Robert William Goss.
DO HEREBY UNDERTAKE AND BIND MYSELF TO SERVE FOR THE
ENTIRE DURATION OF THE PRESENT HOSTILITIES OR FOR
SUCH PART THEREOF AS MY SERVICES ARE REQUIRED.

Robert W. Goss.

Feb. 15. 1943.

J. P. Mackenzie
Sub-Lieutenant, R.C.N.V.R.

PERS (NAVAL)		
REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PBG		
MDG		
DW*		
DNE		
C&W		
NPR.		
SNPA		
PIB		
DEP		
P.A.		
B.F.		

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

Section A—GENERAL INFORMATION

1. (a) Print name in full GOSS, Robert William (b) Reg'l. No. V 55196
2. (a) Arm of service Navy (b) Unit RCNVR (c) Rank Ord. Sea. (Comm)
3. (a) Date of birth 17 Aug. 1924 (b) Have you any dependents? No (c) Place of residence at time of enlistment Vancouver, B.C.
4. (a) Place of enlistment Vancouver, B.C. (b) Date of enlistment 15th February 1943

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 years High School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? No (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English German (b) What languages do you read well? English German

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this 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.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Vivian Engine Works Ltd. Address Vancouver, B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Diesel Engine Mfrs.
20. (a) Your specific occupation Shop Clerk (b) Number of years' experience at this occupation with any employer 2 mos.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Accountant



DATE 15 February 1943

194.....

SIGNATURE

Robert W. Goss

Copy To
WMD

MAR 1 2 1945

REGISTERED

TFH/JLB

AIR MAIL

N.S. V-55196 (Pers N)

8th May, 1944.

9

Dear Mrs. Goss:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert William Goss, Ordinary Seaman, Official Number V-55196, Royal Canadian Naval Volunteer Reserve, is missing at sea.

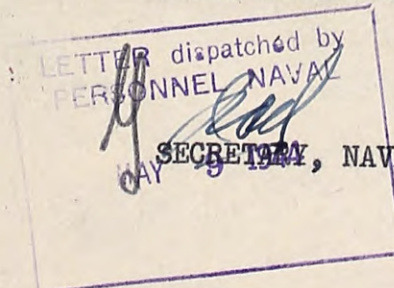
According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,



Mrs. Mary A. Goss,
4030 Burns Street,
Vancouver, B.C.

ld

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

15

Sir:

11 May 1944
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
GOSS, Robert William Ordinary Seaman V-55196, R.C.N.V.R.

DATE OF ENLISTMENT - 15 February, 1943. Active Service: 22 April, 1944.

DATE OF DISCHARGE - Will be reported later.

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 - "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
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances of
occurred. survival. Should no information be received to the contrary, you will be notified
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- Mother: NAME- Mrs. Mary A. Goss,
ADDRESS- 4030 Burns Street, Vancouver, B.C.

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.

H.B. Money
for
SECRETARY, NAVAL BOARD.
emc

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

*BT 18/44
12/15
NPR 15
e*

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.

(See reverse side for further instructions)

19

N.S.....

MEMORANDUM TO D.N.I.
&
V.C.N.S.

This is to certify that -

GOSS, Robert William, Able Seaman
V-55196, R.C.N.V.R.
was serving in H.M.C.S. "VALLEYFIELD" as at 0210Z
7th May, 1944.

[Handwritten signature]
.....
Chief of Naval Personnel

This rating lost his life as the result of enemy action while
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

Missing, Presumed Dead.
.....

Concurred:-
[Handwritten signature]
.....
Dir. Naval Intelligence.

[Handwritten signature]
.....
A/Captain, R.C.N.,
DIRECTOR OF OPERATIONS DIVISION.

[Handwritten signature]
.....
Approved for Staff.

O t t a w a, 1943.

P.M.

20
OTTAWA, Ontario, 30 August, 4.

N.S. V-55196 PERS.(N)

Sir:

It is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of **Robert William Goss, Able Seaman, Official Number V-55196, R.C.N.V.R.** to have occurred on the 7th of May, 1944.

Address at time of enlistment for the above named is: **4030 Burns Street, Vancouver, B. C.**

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

M

9

GFM

REGISTERED

File No. N.S. V-55196 PERS (N)

22

30th August, 1944.

Dear Mrs. Goss:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Robert William Goss, Able Seaman, Official Number V-55196, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

SECRETARY, NAVAL BOARD.

*Noted on Estate Card
6-9-44 G.P.*

Mrs. Mary A. Goss,
4030 Burns Street,
Vancouver, B.C.

*9/30/44
NO R/S
PM*

Royal ✓

Canadian ✓

Message (Condolence

Date Sent 30/8/44 NFR 5

a

Name Robert William Goss
 Sub-Rating and Seniority OD Non-Sub nil
 O.N. 155196 S.B. No. _____ W.B. No. _____
 Joined Ship 6 Oct 1943 from Stadara
 Engagement: Period Discharged Expires _____
 Date of Birth 17th August 1914 Religion R.C.
 Character 1st Efficiency 1st Date _____
 Badges nil Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge _____
 Progressive Pay AB 22 April 1944
 L.S. & G.C. Recommended _____

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	_____	_____	_____
Higher Educ. Test.	_____	_____	_____
Professional or higher Sub-rating	_____	_____	_____
do Non-Sub.	_____	_____	_____

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments Clerk account

Swimming Qualification Fair

Athletic capabilities _____

General Remarks (including intelligence, energy, initiative, powers of command).

New, seems willing to learn

H.M.C.S. "Federation" October E. B. [Signature] Officer of Division.
 Date 30th September 1943

- 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.

average intelligence but slightly ~~from~~
lacks decision. ~~Age~~ appearance
is slovenly and dirty unless checked
on this.

H.M.C.S. Fuductor.....

Date 22nd November

E. B. Richards SIRT
Officer of Division. R.C.N.V.R.

H.M.C.S.

Date

Officer of Division.

H.M.C.S.

Date

Officer of Division.

H.M.C.S.

Date

Officer of Division.

H.M.C.S.

Date

Officer of Division.

"It is an offence under the Official Secrets Act for unauthorized persons to retain possession of this booklet, or of parts of it, or to communicate its subject matter by any means to any persons other than those who require to know it in connection with their duty or with action undertaken at the request or with the approval of an Officer or Official of the Department of National Defence, authorized by the Department in that behalf."

DEPARTMENT OF NATIONAL DEFENCE

Revised Examination "M"

No C 13456

Last name... Goss Christian name... ROBERT WILLIAM
 Regimental No... V-55196 Rank... ORDINARY SEAMAN
 Unit... R.C.N.V.R. - TORONTO Date... 15th MAY 1943
 Age... 18 YRS. Previous Occupation... STENOGRAPHER
 Schooling... GRADE 12 - JUN. MATRIC Language... ENGLISH - GERMAN
 1 YR. PITHMAN BUSINESS

Instructions

1. Do not open this booklet until you are told.
2. This booklet contains 8 short tests. You will have a limited time to work on each. Do not start work until the Examiner says "Go! Stop as soon as he says "Stop!"
3. You may not have time to do everything in each test, but do as much as you can. Both speed and accuracy are important. If you come to an item which is too hard, skip it and try the next. Each item counts the same. If you have any time left over, you can check what you have done on that page, but you must not turn back to an earlier page.
4. You will be told what to do on each page. Do not turn over any page except as you are told.

	Score	Comments	
Test 1	14		
Test 2	13		
Test 3	15		
Test 4	22		
Test 5	24		
Test 6	12		
Test 7	25		
Test 8	28		
Total	153	106	
Rating	C		

This Examination has been prepared by the Canadian Psychological Association, and includes previously published material adapted to the present purpose by courtesy of: Harry J. Baker; C. E. Kellogg; Lewis M. Terman and Maud A. Merrill.

W/T

Name **GOSS, Robert W.** Active Service **22/April/1943**
Sub-Rating and Seniority *at Sea (Comm)* ^{V/S} 15/2/43 Non-Sub.
O.N. S.B. No. W.B. No.
Joined Ship *22 April 1943* from
Engagement: Period **Hostilities** Expires *then*
Date of Birth **17 August 1924** Religion **Roman Catholic**
Character *V.E.* Efficiency *Act* Date *23/7/43*
Badges *Nil* Class for Conduct *1st* Class for Leave *1st*
Date due for: Next Badge *15/9/46*
Progressive Pay *15/8/43*
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1
Higher Educ. Test.
Professional for higher Sud-rating
do Non-Sub.

Any Non-Service Attainments *Stenographer Civil Service*

Swimming Qualification

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command)

Line Only.

H.M.C.S. " **DISCOVERY** " *Whinnor* Sub-Lieut. RCNVR
Officer of Division.
Date **APR 28 1943**

- 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.

NY TEST 153-2-106
Seaman'ship } sat
Sunnery } sat

- completed junior matrix - average
rating with average intelligence and
shows a fair amount of initiative
and gets results - should develop
into a good W.T. man.

P. D. Magarlane

York
7 June 43

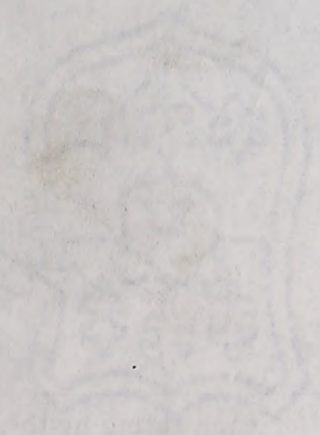
S/L U.P.
Divisional
Office

Very good material and has proved satisfactory
throughout six weeks intensive run in try
training.

Conwallis
22/7/43

Stonell S/L

WE COPY TO COPY
FINE BOND
SUBJECTILE



DISCOVERY

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
GOSS, Robert William	V-	17 August 1924

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			<i>Am</i>
Seamanship—	<i>sat</i>		
Boat work:			
(a) Pulling.....	<i>sat</i>		<i>Am</i>
(b) Sailing.....			
Gunnery and Disciplinary Training.....	<i>sat</i>		<i>Am</i>
Shooting.....			
Swimming—P. P. T.....		Date qualified.....	
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks		<i>o/s. w.T.</i>	
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:— Weight 130 Height 5' 6 $\frac{3}{4}$ " Date 15th February 1943

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "DISCOVERY". Date..... Captain.
A/LIEUTENANT COMMANDER, RCNVR
COMMANDING OFFICER

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman.....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP			Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
			Hours											
			%	55	65	65	70	75	75		25	67.5	24/7/43	St. Cornall S/C Cornwallis
			%											
GUNNERY			Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
			Hours											
			%									37.7%	29/4/43	St. Cornall S/C Cornwallis
			%											
TORPEDO			Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
			Hours											
			%									25.9%	27/4/43	St. Cornall S/C Cornwallis
			%											

* In the event of failure to pass any examination, the percentage is to be noted in RED and the word "FAILED" noted.
 † The letters Q. R. III, L. R. III, C. R. III, A. A. 3, S. T., S. D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†
<p style="font-size: 1.5em; font-weight: bold;">Trained</p> <p style="font-size: 1.2em;">23/7/43</p>	<p style="font-size: 1.5em; font-weight: bold;">St. Cornall</p> <p style="font-size: 1.5em; font-weight: bold;">U.S.</p>

Ordinary Seaman

Qualified for advancement to Able Seaman

on.....Date.....

Commodore.....Date.....

Depot.....Date.....

Rated Able Seaman and Recommendations inserted on History Sheet

H.M.C.S.....

.....Date.....

.....Captain.....

Mrs. Mary A. Goss,
 4030 Burns St.,
 Vancouver, B.C.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
 DEPARTMENT OF NATIONAL DEFENCE,
 OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V-55196 FD-581

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 available for distribution (according to law) on account of the late

GOSS, Robert William Able Seaman,

V-55196, 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.

GC/

J. H. Madden
 Commander R.C.N.V.R.
 Director of Estates.

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:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		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 Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>William Goss</i>	<i>52</i>	<i>4030 Burns St Vancouver, B.C.</i>
4	Mother of the Deceased.....	<i>Mary Annie Goss</i>	<i>48</i>	<i>4030 Burns St Vancouver B.C.</i>
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>15</i>	<i>4030 Burns St Vancouver, B.C.</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert William Goss
9	Date of his birth.	August 17, 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Lethbridge, Alberta, July 12, 1923

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Corbin, B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) (c) (d)
14	Nature of employment before enlistment.	Student + Clerk
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Vancouver B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
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?	
19	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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10.00
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life - \$220.00 mother Prudential Life - 255.00 - mother " " \$1,000.00 "
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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.	no
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.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mary A. Goss

Signature of Informant

4030 Burns St, Vancouver B.C.

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

*See above. Mary A. Goss { Name of informant } is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Vancouver B.C. this 19th day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

A. Beach

Justice of the Peace in and for the Province of British Columbia

Address 202 Federal Bldg Vancouver B.C.

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

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name **GOSS** **Robert W.** No. **V55196**
Surname Christian Names

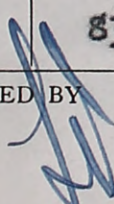
A B **HMCS Valleyfield** **7-5-44**
Rank Unit Date of Death

	<u>AMOUNT</u>	W.S.G.	156.50
		L.P.C.....\$	68.84
Date..... 24-10-45		Other Credits.....	8.07
		Total.....	233.41
		Prev. dist.	76.91
		This dist.	156.50

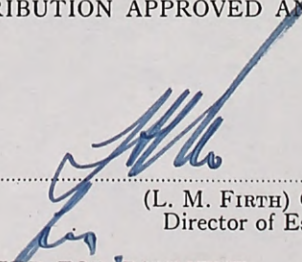
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	William Goss, 4030 Burns St., VANCOUVER, B.C.	78.25
1/2	mother	Mrs. Mary A. Goss, (As above) (As next of kin entitled)	78.25

OCT 30 1945
P.A. TO TREAS.

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$156.50
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name: GOSS, Robert W. No.: V-55196
 Surname Christian Names

A.B. H.M.C.S. "VALLEYFIELD" 7-5-44
 Rank Unit Date of Death

AMOUNT

Date: 17 May 45.

L.P.C.....\$ 68.84
 Other Credits..... 8.07
 Total..... 76.91
 Prev. Dist. 71.91
 This Dist. 5.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	William Goss, 4030 Burns St., Vancouver, B.C.	2.50
1/2	Mother	Mrs. Mary A. Goss, (As above) (As next-of-kin entitled)	2.50

*PA TO TREAS. - mw
28-5-45*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9000x	831	00	50	000	5.00
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY <i>[Signature]</i> For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: 0078. Robert W. No: V. 35196
 Surname Christian Names
 Rank A.P. Unit R.N.C.S. "VALLEYFIELD" Date of Death 7-5-44

AMOUNT

Date: 3-1-45
 L.P.C. \$ 63.86
 Other Credits 8.07
 Total 71.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	William Goss, 1030 Burne St., VANCOUVER, B. C.	35.96
1/2	Mother	Mrs. Mary A. Goss, (As above)	35.95
		(As next of kin entitled)	
TO BE FORWARDED BY REG. MAIL DIRECT.			
R4. TO TREAS. 22/1/45 P4			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	52	00	50	000	671.91
CLASSIFIED BY <i>Original Signed by</i> K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
Original signed by
L. M. FIRTH
 (L. M. FIRTH) Lt.-Colonel
 Administrator of Estates

AUDITED FOR PAYMENT

DEPARTMENT OF NATIONAL DEFENCE
 ID NAVY ARMY AIR FORCE
 STATEMENT OF WAR SERVICE GRATUITY

ESTATES
 BRANCH
 MAY 16 1945
 REGISTER NO. 764
 FILE NO. NSV-55196
 DATE 1 May/45
 SERVICE NO. V-55196
 FINAL RANK OR RATING A.B.
 DATE OF DISCHARGE 7 May/44

DECEASED
 MEMBER'S
 NAME

Robert William
 (CHRISTIAN NAMES)

GOSS
 (SURNAME)

PAYEE Director of Estates) for Service Estate of
 ADDRESS 308 Sparks St.,) Robert W. Goss,
 Ottawa, Ont.) NSV-55196

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44 DATE OF DISCHARGE 7 May/44

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS <u>382</u> EQUAL TO <u>12</u> COMPLETE PERIODS AT \$7.50	90.00
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS <u>200</u> LESS <u>22</u> INELIGIBLE DAYS, EQUAL TO <u>178</u> DAYS @ 25C. PER DAY <small>SEE PAR. 2 OVERLEAF FOR EXPLANATION</small>	44.50
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
	PAY	\$ 1.85	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25	
	ADDITIONAL PAY H.L.M.	\$.13	
		\$	
		\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
	TOTAL	\$ 3.23 x 7 = \$ 22.61	
	NO. OF DAYS <u>178</u>	x \$ 22.61	22.00
		183	
D. WAR SERVICE GRATUITY			156.50
E. DEDUCTIONS		OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
		OTHER DEDUCTIONS \$	NIL
F. TOTAL AMOUNT PAYABLE			156.50
G. YOUR PORTION OF GRATUITY IS—			

SEE REVERSE SIDE
 FOR EXPLANATION
 OF ITEMS A, B & C

ESTATES
 BRANCH
 MAY 30 1945
 H. Q.
 OTTAWA
 NATIONAL DEFENCE

NPHD

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ = \$ 156.50
 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.

TREASURY
 PREPARED BY SJD
 CHECKED BY [Signature]
 DATE 2/5/45

[Signature]
 SERVICE REPRESENTATIVE
 Pay. Accting.

for Dir. Nav

Navy
 Army
 Air Force
 (Mark X opposite Force in which you last served.)

CTO 23/10
 180218
 McCard

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
 1 Mil. 9-44 (5449)
 H.Q. 1772-39-2326

H 324
 NAVAL PERSONNEL RECORDS
 764
 OCT 31 1944
 WAR SERVICE GRATUITY SECTION

Application for War Service Gratuity
 (Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service Goss
 (Print)
 2. Christian Names ROBERT WILLIAM
 (Print)
 3. Service No. V.55196 4. Paid rank or rating at date of termination of Service AB

R.C.N.V.R.

5. Address, in full, to which payments of gratuity are to be forwarded.
Mary Annie Goss (mother of deceased)
4030 Burnst
Vancouver

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u>V.55196</u>	<u>AB</u>	<u>April 22 1943</u>	<u>May 7, 1944</u>
	<u>R.C.N.V.R.</u>			<u>(balleefield)</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? no If so, state name of Force or Forces

no effect

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? no If so, state the Force or Forces, with dates of commencement and termination of service.

NAVAL PERSONNEL RECORDS
 NOV 10 1944 1324
 WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

October 18, 1944 (Date)
Mary A. Goss (Signature of Applicant)
(mother)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
 Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
 Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
 Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



764

TO: D.N.P.A.

FILE No. NS. V-55196

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>Goss</u>	<u>Robert William</u>	<u>V-55196</u>	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Had assigned pay \$10.00 to mother)

Application made by mother - no record of Pension

22 Apr '43 - 21 Apr '44	366
22 Apr	9
May	7
	<u>382</u>

TOTAL SERVICE

Date of Active Service 22 Apr '43

Date of Discharge 7 May '44

Total No. of Days 382

Less non qualifying service nil

Total Days 382

OVERSEAS SERVICE

% Total No. of Days 200

Less non qualifying service nil

Total Days 200

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By [Signature]
Checked By [Signature]

NOV 13 1944

DATE: _____

[Signature]

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer in-Charge
Naval Personnel Records

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days		
_____	_____	_____	_____	_____
"	"	"	_____	_____
"	"	"	_____	_____
"	"	"	_____	_____
"	"	"	_____	_____
"	"	"	_____	_____
"	"	"	_____	_____
			Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
<i>Fredrickton</i>	<i>6 Oct '43</i>	<i>22 Nov '43</i>	<i>48</i>
<i>Valleyfield</i>	<i>8 Dec '43</i>	<i>7 May '44</i>	<i>152</i>
			<u><u>200</u></u>

<i>Fred.</i>	<i>Valleyfield</i>
<i>26</i>	<i>24</i>
<i>22</i>	<i>31</i>
<i>48</i>	<i>29</i>
	<i>31</i>
	<i>30</i>
	<i>7</i>
	<u><i>152</i></u>

(for U.S. Navy)
 Naval Personnel Records
 Office
 152

764

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Robert Warr Goss Rank or Rating A.B. O.No. 55-196

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A.
A.P. 10⁰⁰ Mrs Mary A Goss
D.A.
A.P.

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: Mrs. Mary A Goss (mother)
4030 Burras St.
Vancouver, B.C.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to: In the proportion of: /

- and -

to: In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)
~~Group "C"~~ of the above mentioned Directive.

Date 28/2/45

PS Peades
for D.N.F.A. (G)

NAVY

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

Robert William
(CHRISTIAN NAMES)

Goss
(SURNAME)

REGISTER NO. *764*
FILE NO. *NSV-55196*
DATE *1 May/45*
SERVICE NO. *V-55196*
FINAL RANK OR RATING *A.B.*
DATE OF DISCHARGE *7 May/44*

PAYEE *Director of Estates) for Service Estate of*
ADDRESS *308 Sparks St.,) Robert W. Goss,*
Ottawa, Ont.) NSV-55196
DATE OF TERMINATION OF OVERSEAS SERVICE *7 May/44*

A. TOTAL QUALIFYING SERVICE		\$	90.00
NO. OF DAYS	<i>382</i>	EQUAL TO	<i>12</i>
	<small>30</small>	COMPLETE PERIODS AT \$7.50	
B. QUALIFYING OVERSEAS SERVICE		\$	44.50
NO. OF DAYS	<i>200</i>	LESS	<i>22</i>
	<small>INELIGIBLE DAYS, EQUAL TO</small>	<i>178</i>	<small>DAYS @ 25C. PER DAY</small>
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY		\$	<i>1.85</i>
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$	<i>1.25</i>
ADDITIONAL PAY	<i>H.L.M.</i>	\$	<i>.13</i>
		\$	
		\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$	
TOTAL	\$ <i>3.23</i>	X7 = \$	<i>22.61</i>
NO. OF DAYS	<i>178</i>	X \$	<i>22.61</i>
	<small>183</small>		
			22.00
D. WAR SERVICE GRATUITY			156.50
E. DEDUCTIONS			
OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	
OTHER DEDUCTIONS		\$	<i>NIL</i>
F. TOTAL AMOUNT PAYABLE			156.50

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ *156.50*

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Chaque UR-156 9/4/45 - 15/5-45

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.

PREPARED BY	CHECKED BY	TREASURY	
<i>SJD</i>	<i>DA 16</i>	CHECKED BY	DATE
			<i>15/5/45</i>
			<p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">SERVICE REPRESENTATIVE for Dir. Naval Pay. Accting.</p>

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Robert William GOSS
 (Christian Names) (Surname)

Payee Director of Estates, } for service Estate of
308, Sparks St. } Robert W. GOSS.
Ottawa, Ont. } N.S. V55196

Register No. 464.
 File No. V55196.
 Date 25 Apr '45.
 Service No. V55196.
 Final Rank or Rating A-3.

Date of termination of overseas service 7 May '44 Date of Discharge 7 May '44

A. TOTAL QUALIFYING SERVICE
 No. of days 382 equal to 12 complete periods at \$7.50
 30

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 200 less 22 ineligible days equal to 178 days @ 25¢ per day

\$ 44.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay \$ 1.85
 Subsistence or Lodging \$ 1.25
 and Provision Allowance
 Additional Pay H.L.M. \$.13

Dependents' Allowance 1/30 of \$ 3.23
 Total 3.23 x 7 = \$ 22.61

No. of days 178 x \$ 22.61 = 22.00
 183

D. WAR SERVICE GRATUITY

\$ 156.50

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ Nil.
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 156.50

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 156.50
 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.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

- 1 500 6
- 2 500 7
- 3 500 8
- 4 500 9
- 5 500 10

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Robert William GOSS,
 (Christian Names) (Surname)

Payee Director of Estates, } for service Estate of
 Address 308, Sparks Street, } Robert W. GOSS,
Ottawa, Ont } N.S. V55196.

Register No. 764
 File No. V55196,
 Date 25 Apr 45
 Service No. V55196
 Final Rank or Rating A-B.

Date of termination of overseas service 7 May '44 Date of Discharge 7 May '44

A. TOTAL QUALIFYING SERVICE
 No. of days 382 equal to 12 complete periods at \$7.50
 30 90.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 200 less 22 ineligible days equal to 178 days @ 25¢ per day 44.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>1.85</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>	
Additional Pay	\$	<u>.13</u>	<u>Sgt.</u>
Dependents' Allowance 1/30 of \$ <u>3.10</u> x 7 = \$ <u>21.70</u>			
Total <u>3.10</u> x 7 = \$ <u>21.70</u>			
No. of days <u>178</u> x \$ <u>21.70</u> = <u>21.10</u>			
183			

D. WAR SERVICE GRATUITY 155.60

E. DEDUCTIONS
 OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ Nil
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE 155.60

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 155.60
 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.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <u>BNP</u>	6
2 <u>BNP</u>	7
3 <u>BNP</u>	8
4 <u>BNP</u>	9
5 <u>BNP</u>	10

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Robert William GOSS
 candidate for entry as Ord. Snn. R.C.N.V.R.
 and I believe him to be ~~in all respects fit for His Majesty's Service~~ ^{unfit for His Majesty's Service for the reason stated below} } He has signed the Certificate given below in my presence.

†Strike out if inapplicable *Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 18	Mos. 7	(j) Date of last Vaccination for Smallpox	Never	
(b) Height with bare feet	Feet 5	In. 6$\frac{3}{4}$	(k) General Development	Fairly good	
(c) Weight without clothes	130		(l) Nose, Throat and Tonsils	Tonsils absent N & T clear	
(d) Ears and Hearing	Repeats W.V at 20" Drums dry and intact		(m) Heart and Lungs 128/78	Heart normal Lungs clear	
(e) Chest Girth	Max. 35$\frac{1}{2}$	Min. 32	Mean 33	(n) Abdomen Hernia, etc.	No masses No hernia
(f) Teeth Carious 4	Deficient 5	Defective 1	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types NV 0.50D	without glasses	Rt. 6/5	Lt. 6/6	(p) Skin 1" diam. wen over occiput; 1$\frac{1}{2}$" diam. scar over rt. knee; Appendectomy scar; Left herniotomy scar.	Normal
	with glasses where worn	Rt.	Lt.		
(h) Colour Vision	Ishihara	Normal		(r) Testes Varicocele	Normal
(i) Chest x-ray not taken approved positive doubtful	S.H. No. 60422			(s) Urine	Negative
				All reflexes present and equal	

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, ~~†Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service.~~ †I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Robert W. Goss
 Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
 †Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

*{ which renders him medically unfit for service,
 not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one

IF REJECTED
 insert here
 UNFIT
 in block letters

Dated at Vancouver the 4th. of February 1943

David M. Bean
 Examining Medical Officer

(Rank) Surgeon Lieutenant R.C.N.V.R.

113-G-2600

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

6

051188



FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GOSS OFFICIAL No. V.55196
CHRISTIAN NAMES Robert William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 4030 Burns St., Vancouver, B.C. FA.1850-R RELIGION Roman Catholic

DATE OF BIRTH 17 August 1924 *PLACE OF BIRTH Town Corbin, County _____ Province B.C.
NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs. Mary A. Goss 4030 Burns St., Vancouver, B.C.
*Original Nationality of: Father English Mother English

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>35 1/2</u>	<u>BROWN</u>	<u>BROWN</u>	<u>MEDIUM</u>	<u>NONE</u>
Inches..... <u>6 1/2</u>	Deflated..... <u>32</u>				
..... <u>130</u>	Mean..... <u>33</u>				

EDUCATIONAL STANDING Completed 3 years High School TRADE OR CALLING AND IN WHOSE EMPLOY Shop Clerk: Vivian Engine Works Ltd., Vancouver, B.C.

DATE OF ENROLMENT 15 February 1943 RATING FOR WHICH ENROLLED Ord. Sea. (Comm) H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED HMCS DISCOVERY
Divisional Strength

(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
-----	<u>N I L</u>	-----	-----

Personnel Records Division	
1.	2.
Noted in Records	Index Card
Non-Sub. Card	Statistical Card
Roneo Strip	Pension Card
.....
.....

(c) I have never been rejected for or discharged 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.

Are you in possession of a U.I.B. ok? Yes

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Seaman (Comm) by the prospect of being transferred at some future date to any other branch or rating.

Dated this 15th day of February 1943
Signature of applicant Robert W. Goss



(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 15th day of February 1943

My authority for attestation is NS 114-1-46 of 3 November 1942

[Signature] Sub-Lieut.
Signature of and rank of Attesting Officer RCNVR

(D) OATH OF ALLEGIANCE

I, Robert William GOSS 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 Robert W. Goss

Witness [Signature]

Date 15 February 1943 Rank Sub-Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters immediately after attestation.

Certificates of previous service will be returned after examination.

VERIFICATION FORM
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL *Goss-Robert William* RANK/RATING *AB* OFF. NO. *V-55196* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
												1939-45	1	<i>star</i>
	<i>22-4-43</i>													
<i>Fredrickton</i>	<i>6-10-43</i>	<i>22-11-43</i>	<i>48</i>	<i>at.</i>								ATLANTIC	1	<i>star</i>
<i>Valleyfield</i>	<i>8-12-43</i>	<i>7-5-44</i>	<i>152</i>	<i>at.</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		

Dis. Dead - 7-5-44

VERIFIED BY *J.B.*

VERIFIED BY *M.J. Blondeau*

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

DECEASED 7 May 1944

AWARDS NAVY

D.D.

GOSS	Robert William	V-55196	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	8570

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

(1) MEDALS
PERSON

ENTITLED TO Mr. William Goss - Father

ADDRESS: 4030 Burns St.,
VANCOUVER, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary A. Goss

ADDRESS: 4030 Burns Street
VANCOUVER, B.C.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

296

(2)

(3) 22 Sept. 1944

V55196

OFFICIAL NUMBER

FILE NUMBER

113-G-2600

OFFICIAL NUMBER

V55196

NAME GOSS (Surname) Robert William (Given Names) DATE OF BIRTH 17 August 1924PLACE OF BIRTH Corbin British Columbia OCCUPATION Shop ClerkRELIGION Roman Catholic EDUCATION 3 Years High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 4030 Burns Street Town Vancouver Province, etc. British Columbia

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
15	2	43	H.O.	5'6 $\frac{3}{4}$ "	Brown	Brown	Med	None				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. Mary G. Goss
ADDRESS (in pencil): Street and No. 4030 Burns Street Town Vancouver B.C. Province, etc. British Columbia

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	
			C.V.S.M. Ribbon & Clasp.	2	7	43	Qual. Anti-Gas 1 day. 249A/42292.				
				23	7	43	Qual. "TR" (249A/42491)				
				22	11	43	Qual. Anti-Gas (2nd issue)				

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		

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From To

V55196

OFFICIAL NUMBER

NAME

GOSS

(Surname)

Robert William

(Given Names)

OFFICIAL NUMBER

V55196 P.I.B.

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
HMCS Discovery	Ord. Seaman	15	2	43	Div. Str. Vancouver	V.G.	Sat.	31	12	43.							
" "	(Comm.) "	22	4	43	A/S DL 22-4-43	V.G.	Sat.	7	5	44.							
York	"	30	4	43	DL 29-4-43												
Cornwallis	"	8	6	43	D.L. 8.6.43												
St. Hyacinthe	"	28	7	43	Ledger.												
"	Ord. Smn.,	27	9	43	Trans., 249A, #47417.												
Stadacona	"	4	10	43	DRD H-2782.												
Fredericton	"	5	10	43	DRD H-2801.												
Stadacona	"	23	11	43	DRD H-3284.												
Hochelaga II	"	27	11	43	DRD H-3345.												
Valleyfield	"	1	3	44	Ser. Cert.												
	A.B.	22	4	44	Rated. 249A-A13912.												
DISCHARGED:	"	7	5	44	"Dead". Ser. Cert.												

GENERAL REMARKS

Canadian Memorial Cross Awarded to (Mother) Mrs. Mary A. Goss, 4030 Burns St., Vancouver., B.C. to date 22.9.44.



DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK
17	8	24	18	660	0	10	4	9	04	10	6	08		0895
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK	
15	02	43	22	04	43					96900	08	95		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
22	04	43	13	00	00	21	M.S.							

CERTIFICATE of the SERVICE of

Robert William Goss

in the Royal Canadian Naval Volunteer Reserve

Identification Card No. *47159* Issued

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-55196</i>
	<i>H.M.C.S. Discovery</i>	"
		"

Date of Birth *17 August, 1924*

Place of Birth *Cortina, B.C.*

Place of Residence *4030 Burras St. Vancouver, B.C.*

Trade brought up to *Shop Clerk*

Religion *Roman Catholic*

Name and Address of Nearest Relative or Friend (in pencil)

*mother
Mrs. A. Goss*

O.H.F.

Can Swim:—P.P.T. Date 19..... Signature..... Rank.....

P.S.T. Date 19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>15 Feb. 43</i>	<i>Hospitality</i>	<i>Out. Sm. (Comm.)</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 3/4</i>	<i>33</i>	<i>130</i>	<i>Brown</i>	<i>Brown</i>	<i>Fred.</i>	<i>None</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

26

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "VALLEYFIELD" at SEA

Name Robert William GOSS (Christian names in full)

Rank or Rating Able Seaman Official No. V55196 (If unknown, date of first entry)

Place of Birth Corbin B.C. Date of Birth 17th August, 1924

Occupation in Civil Life Shop Clerk Religion Roman Catholic

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year

Date of Death 7th May, 1944 Place of Death At Sea

Cause of Death Enemy action. Torpedoing of H.M.C.S. "Valleyfield" (If due to accident, violence, or enemy action, particulars to be stated briefly)



Nearest known relative or friend Name Mrs. Mary A. Goss Relationship Mother Address 4030 Burns St., Vancouver, B.C.

Date on which the above was informed by Ship Informed by R.S.H.Q.

Date on which death was registered with local Officials Not registered

In 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 according to Nationality

Place of Burial (If known) Date of Burial (If known)

Location, Number, etc., of grave (If known)

Undertaker employed (If any)

If borne for discipline only, date D.S. Q. or invalidated

A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"
17th May, 1944

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.

Noted

LA/HS

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N.S. V-55196, F.D.450, Pers.(N)

10th October, 1944.



THIS IS TO CERTIFY that according to official information Robert William Goss, Able Seaman, Official Number V-55196, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

John

SECRETARY, NAVAL BOARD.

la

W

SS

**PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH**

Reg. No. (Office use only)

25

1. PLACE OF DEATH
Name of city or place AT SEA Name of Municipality (if any) _____
Street or road _____ House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
In Municipality where death occurred _____ In Province _____ In Canada (if immigrant) _____
(in years, months and days)

3. PRINT FULL NAME OF DECEASED COSS, Robert William
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Vancouver, B.C. Name of Municipality (if any) _____
Street or road Burns Street House No. 4030

5. SEX Male **6. CITIZENSHIP** Canadian **7. RACIAL ORIGIN** English **8. Single, Married, Widowed or Divorced** Single **9. BIRTHPLACE** British Columbia
(See marginal note) (See marginal note) (Write the word)

10. Date of Birth August 17th 1924 **11. AGE** 19 9
(Month by name) (Day) (Year) (Years) (Months) (Days) If less than one day
hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Shop Clerk,
(b) Kind of industry or business, as paper mill, lumber, bank, etc. Vivian Engine Works Ltd., Vancouver, B.C.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation _____ **14. Total years spent in this occupation** _____

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased _____

16. Name of father _____ (Surname or last name) (Given or Christian names)

17. Maiden name of mother _____ (Surname or last name) (Given or Christian names)

18. Birthplace:
Father _____ Mother _____
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at H.B. Money, this _____ day of _____ 19____
Signature of informant _____ Relationship to deceased _____
Paym. Cor. R.C.N.R., Officer i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ontario.

20. Burial, Cremation or Removal _____ Date _____ 19____
(Month by name) (Day) (Year)
Place of Burial Body Not recovered Cemetery _____
(Municipality)

21. Undertaker:
Name _____ Address _____

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1944
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____ 19____
to _____ 19____, and last saw him _____ alive on _____ 19____

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>"MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk</u> due to _____			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) <u>by enemy action in the Atlantic.</u> due to _____			
(c) _____				
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(c) _____			

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? _____ Date of operation _____ 19____
State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which)
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in **industry**, in **home** or in **public place** _____

Signed by _____ **Designation** _____ M.D., Coroner, etc.
Address _____ **Date** _____ 19____

28. I hereby certify that the above return was made to me at _____
Dated _____ 19____ (District Registrar)

District Registration No. _____

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
 RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.