Garrard, William Arthur Bordett

026290

Part 2



N. V. 4
P051483 1M-9-39 (2097)
N.S. 815-11-4

AUG 3 19948

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

DESCRIPTION OF APPLICANT (A) PERMANENT ADDRESS SURNAME GARRARD Christian Namwilliam Arthur Bordett 1847 Crescent Rd. RELIGION Of Eng. ----Victoria. British Columbia. NAME AND ADDRESS OF NEXT OF KIN PLACE OF BIRTH DATE OF BIRTH Mrs. Emma(wife). Town Alberni. 1847 Crescent Rd. County Victoria. 24th June, 1898 Province British Columbia. British Columbia. Country

PERSONAL DESCRIPTION

HEIGHT	ret 5 Inflated 41 Deflated 37 Mean 38		HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
			Fair	Blue	Fair	Gunshot wound. left brest.
DATE OF ENRO	LMENT	RANK IN WHICE	Н	MARRIED, SING		TRADE OR CALLING AND IN WHOSE EMPLOY
A/ Lieuten 31st July, 1940.R.C.N.V.R. (Temp			Marrie		As mechanic.	

DECLARATION TO BE MADE BY APPLICANT

8.3

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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will abide by the rules of the said Force.
 - - * (b) I served in Canadian Exp. Force......for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	то
Canadian Exp. Force.	Lieutenant.	lst December. 1916	11th July, 1919.

(c) I have never been rejected for 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.

-8 th august, 1940

- (5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I under the and bind myself:—
- (a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 31th day of JULY, 19 40.

Signature of Applicant

day of July, 19.40.

Lieut.CommanderRCNVR
Signature of Enrolling Officer.

· A Allengia C

(C) OATH OF ALLEGIANCE

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

Signature of Applicant & William ath Yorlett Garrand.

Signature of Witness

Date 31st July, 1940.

Rank Lieut. Commander. RCNVR.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

				OFFICIAL NUMB	ER	FILE	E NUM	BER	103-	G-48		0 - 26	290			OFFICIA	L NÚMBEF	.	
NAME		GARRARD (Surna	ame)			(Given	llia Names	am Arth						ATE OF	BIRTH	24 June,	1898		
		ктн Albern				**********	************	*******************	occ	UPATION		Mechanio							7
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		RELATIONSHIP (in po							i 1							Province, etc		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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29 2	44	Ribbon & Cla	sp of C.V.	S.M.															
26 1	46	Atlantic Sta	r Ribbon																
		BADGES, G.C. OR G.S.		11	***************************************			BRIEF	PARTICU	ULARS OF V	WARRAN'	T OR C.M. Pu	NISHMENTS A	ND C.P.	Charges		***************************************		
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IVII	EDALS AND IV	IEMORIALS—DECEASED I ENSONNEE	REGISTRATION No. DATE OF	DESPATCH
(1)	MEDALS PERSON ENTITLED TO	Mrs. Emma Garrard (Widow)	DATE DESP	15111
	ADDRESS:	626 Foul Bay Road, Victoria, B.C. 25 Sep 51	REGN. NO 70	4
(2)	MEMORIAL CR	ROSS		
	ADDRESS:		(2)	· · · · · · · · · · · · · · · · · · ·
(3)	MEMORIAL CE	ROSS	(3)	
	ADDRESS:			
-				

AWARDS NAVY

GARRARD William Arthur Borett 0-26290 Lt. Cdr.

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES REG. No.

RANK ON DISCHARGE C.A.S.F. UNIT

WAR SERVICE

BADGE (CLASS)

No. 1440454

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	*
1939-45 Star		
Atlantic Star	2393 26.9.51	
Affica Star and Clasp		
C.V.S.M. and Clasp		
War Medal		
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)	

J.C.Gough, 0-26 Chief Admin.Asst. Shaughnessy Hospital,

Vancouver, B.C.,

June 6th. 1947

Chief Administrative Assistant, Dept's of Veterans' Affairs, Daly Building, Ottawa, Onts

(a) Regt. No. Lieut-CommanderRank.

Name: William Arthur Burdett GARRARD. RCNVR.

- (b) The marginally noted died at Shaughnessy Hospital, Vancouver on the May 27th. 1947
- (c) Medical Classification at the time of death
- (d) Cause of death Infarct Heart
- X (e) Name, address, relationship of Next of Kin
 - (f) Will Wil. Wrs Mrs Emma Garrard. 626 Foul Bay Road Victoria file)
 - (g) Inventory of effects in duplicate Nil.
 - (h) Statement re disposal of clothing Nil.
 - (i) Disposal of cash

(j) Statement of expense(Burial Account)

Name and address of party paying additional expenses not borne by the Department.

(k) Location of grave

Grave 277 Naval Cemetery. Esquimalt.

Rev. W. Hills.

For Assistant District Administrator

X (See above (d) and (e)

If not known it should be stated that File and Effects have been searched and there is no information available relating to same.

melistre

JUN 30 1947

L DEFEND

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OCCUPATIONAL HISTORY FORM

103-8-48.

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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	PLEASE LEAVE BLANK
1.	(a) Print name in full	BLANK
2.	(a) Arm of service	
3.	(a) Date of birth. any dependents? at time of enlistment.	
4.	(a) Place of enlistment (b) Date of enlistment (c) (a) Place of enlistment (c) (d) Date of enlistment (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	7,1
5.	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school	0
6.	finally leaving school	
0.	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	1
7.	If you attended a university, give name of	
8.	university and standing or degree secured	1
-	enter upon a trade wo for what (c) Did you finish it, how long apprenticeship?	Ŷ.
9.	(a) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were	
	ING at time of enlistment.	
	(Enter here only "Work- ing" or "Not Working", trade union or	
	as case may be; particu- working professional society were you a member?	
_	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	, ,
177	OF ENLISTMENT	
	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
	Had you ever been employed fairly regularly since leaving school?	
	(a) If answer to 11 be "Yes", (b) State how long you state exact trade or occupation had worked at this	1
	state exact trade or occupation had worked at this at which you actually worked trade or occupation	
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
	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	
16.	employer, if any: Name	
17.	(a) If your last employment was in a business of your own, state (b) Date of dis-	
_	nature and address of business	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	ķ.
Q	OF ENLISTMENT UESTIONS 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	
	TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	1
	Name of employer	
	Nutros of on proyer	
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 at this occupation with any employer.	
21.		0
	definitely to give you refuse to promise you to return to your employment on discharge? employment on discharge? former employment?	
	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	
	(a) State nature of hydrogen	+
23.	(a) Number of years (b) Have you made, or will you make plans to	*
	(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	
	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm?	4
_	Section G—MISCELLANEOUS	
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	7
27.	If so, state nature of your plans (for example, do you plan	1
28.	to return to school, or have you been assured of a job, etc.)	
	may have, other than indicated elsewhere in this form.	
******	CEIVE	
DA	TE CANAL 15" 1946 SIGNATURE COCAR GENERAL	

Copy to: U.W.D. 51-5-41 E.S.



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 GARRARD, Milian Arthur Burdett.
‡ candidate for entry as let / Lieutenant PCN V. R
and I believe him to be *\{\in all \text{respects fit for His Majesty's Service.}\}\) He has signed
the Certificate given below in my presence.
Dated at Esquinalt MC the 2 and of Jaffly 19 to
Napital 22-5-40. — Regative Examining Medical Officer
Delete one (Rank) Selt RINUR
This examination has been made in accordance with the current Instructions as to Medica Standards.
With Out and Months With Bare without the Guert, etc. Treath (No mit and No. ire, if any). Total (No mit and No. ire, if any). Thoids, etc.
- 111 122 B 11 11 11 11 1
(a) (b) (c) (d) (e) (f) (g) (h) 0 (i) (k) (l) (m) (n) (o) (p) (p) (h) 0 (i)
M
158 5-84 left eye
37 6
new wision (c) colour vision, mean vision,
evithant glasses 50 38 N
If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.
CERTIFICATE TO BE SIGNED BY CANDIDATE
I hereby certify that to the best of my belief I have never suffered from Fits, † <i>Incontinence of Urine</i> , 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 as may be authorized.
Wassara l Signature of Candidate
When a Candidate is subject to a defect or disability, the following Certificate is to be filled up
This Candidate is the subject of
*(which renders him medically unfit for entry, not considered of sufficient importance to cause his rejection, he being desirable in other respects
*Delete one
Examining Medical Officer
(Rank)

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

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.

2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.

3. All sections must be answered in full.

4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.

5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATI	ON H. M. C. S. DISCOVER	Y, DATE 7th June 1
(a) Unit R.C.N.V.R. (b) Regimer		
(d) Surname (e) Christian (Use block letters)	william Arthur	Burdett
(f) Home address 630, Foul Bay Road, Vic	toria, B.C.	
(g) Next of Kin Mrs. Emma Garrard (h) Relation		
(i) Address of Next of Kin 630, Foul Bay Roa		
Age last birthday 45 Date	e of Birth 24th June	1898.
Enlistment, or Appointment: (a) Place Victoria,		
(c) Category on enlistment (d) If l	ower than A on enlistment, g	ive reason
		and of the second and
Personal description: (a) Height 5 8	(b) Weight	182 (without le 190 (with leg)
(c) Complexion Medium (d) Colour of hair.	Grey-brown (e) Colour	of eyes. Blue
(f) Identification marks, scars, etc. Gunshot wound		
Amputation left leg B.K.	·	
Former civilian trade, profession or occupation. Boat	builder	
(a) Length of service. Years 3 (b) Periods of service: Two years full sea ti		
(c) Trade on enlistment Boat builder		ecutive branch RC
	From	То
Former Wars. 1914-1918	1st Dec.1916	July 1919
War 1939—Canada , United Kingdom &	3rd Aug.1940	22nd Dec.1941
Abroad HMCS "WEYBURN"	22nd Dec.1941	2nd April 1943.
Canada on return from aboard	15th April 1943	7th June 1944.
Canada on return from aboard	15th April 1943 ft leg B.K. M.C.	
ses or injuries with Code Nos. Amputation let (To be filled in when examination has been completed) a) Dates of origin. 22nd February 1943	ft leg B.K. M.C.	

9.

Manager Manage

10.

11.

12.

13.

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14.

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(In the individual's own words)	
"I feel splendid - never #elt bet	ter in my life. My stump
bothers me very little".	
	· · · · · · · · · · · · · · · · · · ·
grow B.)	Grinandia.
S 144 € 1	War was a same of the same of
int day of the time.	
(b) Objective (Before completing this section, the member of the forces should be stripped and	subjected to a thorough physical examination. All defects, no
matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to category is higher than A4B, a B2 examination is to be completed and the results entered in the	ensure a definite diagnosis. For R.C.A.F. Personnel when the
Well developed her thy appearing male look	in downt stated age. Colou
good; skin diger except for sear on left b	ment and birthman right he
- Berg clear. Syes topula round and equal	, reach to light and secon-
odation - no hystogmus. Ness clear. Ton	gue clean and moist. Teeth
in bed seemet will require complete extras	, and the second
oless as percential tel asscultation. Ten	
and symbo, values good; B.P.132/78; heart	
murmurs. Abtoren negative. Spleen end l	

active. Estremities : Both arms and head	· v · cyclân
normal.	Lini deog
Left Lover Limb : 6"-amputation B.K., ante	rior and posterior flaps are
about equal; soar lies over end, not adher	
At present there is a mild degree of scaly	dermatitis over end of stum
with some moist emudate along outer aspect	of sear. This is not
particularly severe, however. Fotless ke	
antisoptic powder. He is able to walk with	***************************************
but he might possibly do better taking the	weight at the hip rhather
than on the end of his present stump.	45
*C.C. (2002	
	-1-

	(47.7)

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be

recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should Suffered translate apputation of left leg when 1722 TEXBURN was ounk in the Mediterranean on 22nd February 1943. Secondary amputation performed at Military Mospital, Gibrelter. Admitted to N.C.N.H. at HMGS NIGHE on 15th March 1943. Boarded Category "E" and invalided to Canada. Fitted with prosthesis in Christie Street Willtary Hospital, Toronto, Ont. Discharged from Christie Street Hospital on 30th June 1943. Attached to HUGS YORK, then to HEGS DISCOVERY is August 1943. Developed an acute scaly and wasping dermatitie of stump in December 1943 for which he was admitted to Shaughnessy Militery Hospital, Vencouver, E.C. on 14th January Condition elegred up with rest and pallistive treatment. Pollowing discharge from Shaughsteery Military Sceptish he did not wear his leg for approximately one month. He has been wearing his prosthesis now for the past three months almost continuously, with very little discomfort. Has been able to carry out his duties as Executive Officer very efficiently with no loss of time. Still has a slight irritation at end of stump which requires attention, but no specific trestment. It has been suggested that he be given a hip-bearing prosthesis to take the weight off his stump. 10. Were the diseases or injuries caused or aggravated: (a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?..... 11. What is the probable duration of the diseases or injuries?.... mend should commistally disappear with new prostations. Not necessary 13. Can the former civilian trade, profession or occupation be resumed?..... Medical Officer by whom the case is brought forward. Surgeon-Lieutenant, R.O.N.Y.R. STATEMENT OF THE INVALID (Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.) Garrand having heard the contents of Sections 8 (a) and 9 I complain in addition of.....

Signature of member of the Forces.

the

ble

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? I	f not, give differing opinions with reasons
We concur	
16. It is certified that the invalid,— (a) Does require treatment (give nature of treatm Fitting of hip-bearing prost (b) Does not require treatment.	ent required and probable duration.) thesis would be an improvement.
Categories hereunder are d	lefined for information only.
(1) NAVY— A. General Service. D. Temporarily unfit. E. Unfit for Category A. (2) ARMY— A. General service. B1 Service abroad (not general service). C1 Home service (Canada only). D. Temporarily unfit. E. Unfit for A, B, C.	A1B Fit for full flying and ground duties anywhere and under any conditions. A1HBH Fit for full flying and ground duties in Canada. A2B Fit for limited flying duties and all ground duties anywhere and under any conditions. A2HBH Fit for limited flying duties and all ground duties in Canada. A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions. A3HBH Ditto but Canada only. A4B Fit for passenger flying and full ground duties anywhere and under any conditions. A4HBH Ditto but Canada only. ATB Unfit for flying temporarily but fit for full ground duties anywhere. ATBH Unfit for flying temporarily but fit for full ground duties in Canada. ATBT Temporarily unfit for any form of duty. APB Permanently unfit for flying, fit for ground duties anywhere. APBH Ditto but only in Canada. APBT (Permanently unfit for flying, temporarily
	unfit for any form of duty). APBP Unfit for any form of duty.
17. Recommendations of the Medical Board as to categor	y, treatment or convalescence.
Category "E" Place Van couver, B.C. Date 7th June, 1944.	Members.
	TREATMENT IS REFUSED
I, the undersigned	
treatment recommended, and I refuse to accept it, for the	following reasons
Witness(Should the refusal appear unreasonable, or should he decline to significantly appears to the state of the sta	Signedgn the statement, the Board of Officers should so state.)
	1. Noise and to make
Place	President. $Members.$
APPROVED BY	APPROVED BY
D.M.O. or P.M.O.	D.G.M.S. or D.M.S. (Air)
Date	Date

Bin

command of the Honourable the Minister of National Defence for Naval Services of the Dominion of Canada

To Lieutenant William A. B. Garrand, M.B.E., R.C.N.V.R., (Temporary), --

Dou are hereby appointed

Lieutenant, R.C.N.V.R.,

of His Majesty's Canadian Ship DISCOVERY as Executive Officer.

Pour appointment is to take effect from 1st December, 1943.

Raterigton

971

Department of National Defence Naval Service

Ottawa, 25th November,

194 3.

H.Q. 36a 15M-2-43 (8622) N.S. 815-7-36 DISCOVERY.

	Division	1	,
1. Note in	R.cords.	M	K
2. Inde Ca	d		
3. Non Sut.	Card		
4. Statistica	Card !	.0	
5 Ro en St		1	
6 Feris on			
7			

0-26290

By command of the Honourable the Minister of National Defence for Naval Services of the Dominion of Canada

110115

To Lieutenant William Arthur B. Garrard, M.B.E., R.C.N.V.R., (Temporary), --

Dou are hereby appointed promoted and re-appointed

Acting Lieutenant-Commander, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship DISCOVERY as Executive Officer.

Pour appointment is to take effect from 1st July, 1944.

Secretary, Rabal Board

Department of National Defence Naval Service

Ottawa. 1st August,

1944.

H.Q. 36a 20M-1-44 (68) N.S. 815-7-36

re-apptd.

for Naval Services of the Dominion of Canada

Lieutenant Commander William A.B. Garrard, M.B.E., R.C.N., (Reserve),

You are hereby appointed

Lieutenant Commander, R.C.N., (Reserve).

of His Majesty's Canadian Ship DISCOVERY as Executive Officer and Recruiting Officer.

Pour appointment is to take effect from 18th February, 1946.

Joseph Juffeng

P.D.

Department of National Defence Naval Service

Ottawa, 22nd March, 194 6.
DISCOVERY as XO (HQ 142001/2/46)

H.Q. 36a 10M—11-44 (1205) N.S. 7570—H.Q. 36

Secretary. Naval Board
Personnel Records
Division
1. Noted in A cords. Zuis.
2. Inde Card
3. Non Sut. Card
4. Skatistica Card
5 Feo 60 Str.p
6. Pension Card
7
8
DATE 16,4,46

0-26290

By Command of the Honourable the Minister of National Defence for Naval Services of the Dominion of Canada

To Lieutenant Commander William A.B. Garrard, M.B.E., R.C.N., (Reserve),

You are hereby appointed

Lieutenant Commander, R.C.N., (Reserve),

of His Majesty's Canadian Ship DISCOVERY as Recruiting Officer.

Pour appointment is to take effect from 4th June, 1946.

Rabal Secretary

DF

Department of National Defence Naval Service Ottawa, 13th June 194 6

DISCOVERY as XO & Recruiting Offr.

H.Q. 36a 20M-2-46 (2229) N.S. 7570-H.Q. 36 DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

NAVY

STATEMENT OF WAR SERVICE GRATUITY

NAME

WILLIAM ARTHUR B.

GARRARD

REGISTER NO.

55834 NS0-26290

(CHRISTIAN NAMES)

(SURNAME)

FILE NO. DATE

20-6-47 RCN(R)

PAYEE MRS. EMMA GARRARD RESS626 FOUL BAY RD.,.

14 April/43

SERVICE NO. FINAL RANK OR RATING

LT.CDR. 31 Mar. /46

VICTORIA, B.C. DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE 510.00 2067 EQUAL TO

B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 544 LESS INELIGIBLE DAYS, EQUAL TO

DAYS @ 25C. PER DAY

136.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$

NO. OF DAYS

240.75

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS-

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

885.82

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.

CHECKED BY PREPARED BY

TREASURY

for Dir Haval Pay Accounts

SERVICE REPRESENTATIVE

NOTE

sec:

WAR SERVICE GRATUITY - VICTORY BOND AUTHORIZATION

I, GA	ne) (Christian or given na	llean AB	(Rank)	Official Regiment	No. 0	16290
Unit or Establ	ishment AV-7//-	V. Deser	10.0		NAVY—A	RMY—AIR
agree to accept (with all coupo	t as part of my WAR SERVIC	E GRATUITY \$	THE N	INTH VICT	(Strike out wo	ords not applicable) N 3% Bonds
accrued interes	rize payment to the Receiver Cost at 3% from November 1, 194 which I am entitled to War Se	15. to the thirtieth d	av after my disch	a Account, of arge in equa	the purchal monthly a	ase přice plus amounts over
I direct that the indicated below	nese bonds be delivered to me a v immediately upon completion	at the following addr n of payment therefo	ess by registered	mail in the f	orm and d	enominations
Address	N.M.C.S.D.	(Street and num	ber	4/1		
•••••	Dealmans (Post	Office)	neaccept) (Provin	ce)	***************************************
FILL IN DENOM- INATIONS OPPOSITE	BEARER BONDS, with Coupons	attached	x \$1,000;	x \$500;	x \$100;	x \$50
	REGISTERED only as to princip	oal (Coupons attached) *	x \$1,000;	x \$500;	x \$100;	x \$50
THE FORM DESIRED.	FULLY REGISTERED as to prin (Interest payable by cheque)	cipal and interest 🖈	x \$1,	000.	x \$500	
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	★IMPORTANT—Bonds may be re	sistered in purchaser's	name only. In the	ne case of fulls	registered 1	
A	★IMPORTANT—Bonds may be recheques will be mailed to the	sistered in purchaser's	name only. In the	ne case of fulls	registered 1	
Date	★IMPORTANT—Bonds may be re	sistered in purchaser's	name only. In the	ne case of fully otherwise inst	registered 1	oonds interest
A.	★IMPORTANT—Bonds may be re	gistered in purchaser's address given immedi	s name only. In that the same only is not the same only. In the same only is not the same only.	ne case of fully otherwise inst	registered l ructed.	oonds interest
A.	★IMPORTANT—Bonds may be recheques will be mailed to the	gistered in purchaser's address given immediates. For Use of Gratuities	s name only. In that a tely above unless of the section and Chief	ne case of fully otherwise inst	registered laructed.	oonds interest
Date	★IMPORTANT—Bonds may be recheques will be mailed to the	gistered in purchaser's address given immediates. For Use of Gratuities Date of Discharge	s name only. In thately above unless of the section and Chief	ne case of fully otherwise inst (Signatu Treasury Office	registered l ructed.	ponds interest
Date	★IMPORTANT—Bonds may be recheques will be mailed to the 1945 of Finance Use:	For Use of Gratuitie Date to which intere	s name only. In that a tely above unless of the section and Chief	ne case of fully otherwise inst	registered l ructed. ruc of Purchaser	194
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HO PW REORUITATION GENERAL.

1847 Crescal Rd.

1847 Crescal Rd.

1840 Victoria 13.C. Rec.O. An 2 30/40 H.M.C. hard Def. ... Esquenal 13C APR 3 1940 Squimalt, B. Dear Sir. I have the honor to request information as to the possibility of oblaining an afficientment on the Sufflementy Reserve of Offices I have Rad some 10 years practical experience both in building and operating Sart motor books Manuely - 30 ft hoon bean - 300 H.P. - 32 hot 48 ft. Miss Victoria - 600 H.P. - 28 hus 36 Ct. hun Vilaia II - 450 HP - 35 Bots 45 ft - Kilnagahwa - 1150 H.D. - 40 Feb I oferated these Boots in all dinds of weather in Puget Sound and the fen Pacific as for wath as Colombice Plans. The knowledge and inference mouts, I think might be of some

Note to you Service - extendly
Note there is any chance of afficientment
to the heater terfedo Books.

I am 41 years of age

Daned with Commissioned Hank from
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in France will the 7th Belleba.

I have the Roman to be

show Checked - Server

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