

V14540
TEMPLETON
THOMAS

MCDON

12

Passing Certificate

This is to Certify

that Thomas McDonald TEMPLETON,


Rating Ord. Smn., R.C.N.V.R. Official Number V.14540

has passed

THE EDUCATIONAL TEST, I, R.C.N.

held on 17th March, 1942.

For advancement to Petty Officer


Naval Secretary
A/Commander R.C.N.V.R.
Director of Education.

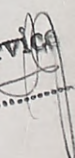
Department of National Defence,

Ottawa, this 1st day of April 19 42.

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-9-2431

Noted in Service
Records by 

OCCUPATIONAL HISTORY FORM

113-J-381

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 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 TEMPLETON THOMAS McDONALD (b) Reg'l. No. 14540
2. (a) Arm of service NAVY (b) Unit RNVR (c) Rank ORD SEAMAN
3. (a) Date of birth 2 APRIL 1929 (b) Have you any dependents? YES (c) Place of residence at time of enlistment VANCOUVER
4. (a) Place of enlistment DNR RNVR VANCOUVER (b) Date of enlistment 7 AUG 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 YRS (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 YEAR TECHNICAL (WOOD WORK)
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? NO (d) If you did not finish it, how long did you serve at it? NO
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

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? NONE

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? NO
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. NO (b) State how long you had worked at this trade or occupation. NO
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. NO
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment. NO
15. Give details of last employer, if any: Name NO Address NO
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
17. (a) If your last employment was in a business of your own, state nature and address of business. NO (b) Date of discontinuing it. NO

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 P.C. PLYWOOD 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.) PLYWOOD MAKERS
20. (a) Your specific occupation JITNEY DRIVER (b) Number of years' experience at this occupation with any employer 1 YEAR
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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. NO (b) Where was it located? NO
23. (a) Number of years engaged in this business. NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

Section F—PARTICULARS OF FARMING EXPERIENCE

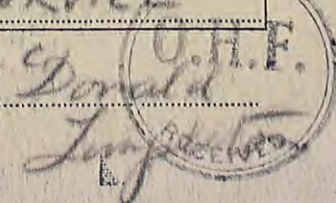
24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NONE
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

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. WISH TO JOIN PERMANENT NAVAL SERVICE

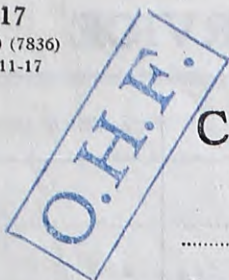
DATE 1 JUNE 1941

SIGNATURE Thomas M Donald



Copy To
/WD
ES

JUL 4 1949



CERTIFICATE of the SERVICE of

Thomas Macdonald TEMPLETON

in the Royal Canadian Naval Volunteer Reserve

1.C.N.S. 92571

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Esquimalt</i>	<i>Vancouver</i>	<i>V-14540</i>
		"
		"

Date of Birth	<i>7th April. 1919</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Wife</i> <i>Madge Templeton</i> <i>Same Address</i>		
Place of Birth	<i>Vancouver B.C.</i>			
Place of Residence	<i>925 Broadway W., Vancouver B.C.</i>			
Trade brought up to				
Religion	<i>Church of England</i>			
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>27 Aug '40</i>	<i>Hostil.</i>	<i>Ord. Sea.</i>		<i>26 Feb 44</i>	<i>Can Volunteer Service Medal & Clasp</i> <i>1939-43 Star Provisional Award</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	7			Brown	Brown	Fair	Scar left little finger
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
				On Active Service 2			
1940	Vancouver Division			Ord. Serv.	27 Aug '40	31 Dec '40	
1941	Vancouver Division			— " —	1 Jan '41	30 Apr '41	
1941	Vancouver Division			— " —	1 May '41	21 Jan '42	
1942	Naden			— " —	22 Jan '42	17 Apr '42	
— " —	— " —			A/P.B.	18 Apr '42	10 June '42	
	Chatham (Guatemala)			— " —	11 June '42	17 Aug '42	
	Guernsey (— " —)			— " —	18 Aug '42	9 Oct '42	
	(— " —) (— " —)			AB	10 Oct '42	5 Mch '43	
	Naden			— " —	6 Mch '43	5 Apr '43	
	Guernsey			— " —	6 Apr '43	4 May '43	
	Guernsey (Antarctica)			A/Ldg. Sq. (4)	15 Apr '43	7 Sep '43	
	Chatham (— " —)			— " —	8 Sep '43	28 Oct '43	
	Guernsey			— " —	29 Oct '43	2 Nov '43	
	Protector			— " —	3 Nov '43	26 Nov '43	
	Stadacona			— " —	27 Nov '43	29 Nov '43	
	MacKelaga II			— " —	30 Nov '43	5 Dec '43	
	MacKelaga II (Valleyfield)			— " —	6 Dec '43	6 Dec '43	
	Stadacona (— " —)			— " —	7 Dec '43	29 Feb '44	
	Avalon (— " —)			— " —	7 Dec '43	14 Apr '44	
	— " —			Ldg. Sqn (7)	15 Apr '44	7 May '44	D.D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible]

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
27 Jan '42	Q/G. 2 Days.	<i>[Signature]</i>			
18 Apr '42	"Dr."	<i>[Signature]</i>			
17 Mch '42	Passed E.T. I	<i>[Signature]</i>			
6 June '42	Q.G. rated S.D.	<i>[Signature]</i>			
23 Feb '43	Passed Prof. for Hdq. Sea.	<i>[Signature]</i>			

Name Thomas Macdonald TEMPLETON Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat (A. B. S.)	31 Dec '41	b. P. Auer
		U.G.	Sat (A. B.)	31 Dec '42	b. P. Auer
		VG	SAT (A. B. S.)	31 Dec '43	Lu. Rickert
		V.G.	Sat (Ldg. Smm. 7/)	7 May '44	S. Davis
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES					
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored		
27 Aug '43	G.C.B.	1st	Granted		
TIME FORFEITED					
Date	P., D.C., C.P., or W.T.	No. of Days			
		Awarded	Served		
9 Oct '43	CP	1			

SEAMAN BRANCH

Givenchy

Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of..... **LEADING SEAMAN**

I.—APPLICATION FOR EXAMINATION

H.M.C.S..... **"NADEN"**

Name of Candidate (in full)..... **TEMPLETON, Thomas McDonald**

Present Rating..... **Able Seaman** O.N. **V.14540**

Port Division..... **ESQUIMALT, B.C.**

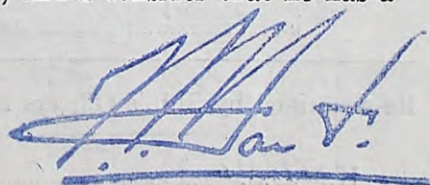
Date of Application for Examination..... **23rd February, 1943**

Date and Particulars of Previous Failures:—

NIL

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient ~~Petty Officer~~ **XXXXXXX** Leading Seaman, and I consider that he has a reasonable chance of passing.

To..... **The President,
Squadron Examination Board
Esquimalt, B.C.**



F.G. Hart *Captain* **R.C.N.**

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

C.N.S. 441

10M-4-39
N.S. 815-9-441

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" *Fair*

(If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))

(See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-Examination
Rigging.....	50 60	50 80	30	40	39	
Anchor Work.....	50 50	50 60	25	30	25	
Rule of the Road.....	30 30	30 30	15	15		
Boat Work.....	80 80	80 80	48	48	61	
General Duties.....	60 60	40 40	30	20	65	
Organization.....	40 40	20 20	20		14	
Signals.....	30 30	30 30	15	15	24	
Watertight Fittings.....	20 10	20 10	5	5	12	
Duties in Part of Ship and Mess.....	20 30	20 30	15	15	15	

REMARKS—

The Candidate has:—

(i) Passed a ~~V.G.~~/Good/~~Fair~~ Examination.

(V.G.—85% and above, Good—70% to 85%, Fair—below 70%)

(ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date *1st April, 1943*

J. H. P. S.
President of Board
LIEUTENANT COMMANDER, RCNR

Candidate's Signature (in full) *Thomas M. Donald Templeton*

Basic date of passing professionally for *Leading Seaman*
(K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is *23rd February 1943*

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on 193.....

Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
R.C.N. Barracks,
Halifax, N.S.

F. C. Hart

F.C. Hart Captain R.C.N.

"NADEN"

H.M.C.S.

Date.....



CANADA

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Templeton OFFICIAL NO. V-14540
CHRISTIAN NAMES Thomas McDonald MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS <u>2629 Ontario St., Vancouver, B.C.</u> <u>6141 Argyle St., Van. B.C. Fras. 0130L</u> <u>1503 Kingsway, Vancouver, B.C.</u>		RELIGION <u>Protestant</u>
DATE OF BIRTH <u>April 7, 1919</u>	PLACE OF BIRTH Town <u>Vancouver,</u> County Province <u>B.C.</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Mrs. M.J. Templeton (Mother)</u> <u>Same Address</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>40</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>Scar left little finger</u>
Inches <u>7 1</u>	Deflated <u>35</u>				
Mean <u>37</u>					
DATE OF ENROLMENT <u>August 27, 1940</u>	RATING ENROLLING FOR <u>Ord. Sea.</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>B.C. Plywoods, Ltd.</u>			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	<u>NIL</u>		

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

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

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

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

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

Dated this **29th** day of **August, 1940**

Signature of applicant *T. Templeton*

(C) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

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

[Signature]
Signature of Commanding Officer.

(D) **OATH OF ALLEGIANCE**

Thomas McDonald Templeton

I, **Thomas McDonald Templeton** 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 *T. Templeton*

Witness *[Signature]*

Date **August 29, 1940**

Rank *[Signature]*

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

(E) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

Thomas McDonald Templeton

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

[Signature]
Commanding Officer.

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

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

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

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

NAME	OFFICIAL No.	Date of Birth
Thomas McDonald TEMPLETON	V-14540	7th April, 1919

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	Average	65%	<i>MB</i>
Seamanship—			
Boat work:	Good		
(a) Pulling.....	Good	Has done some good steady	<i>MB</i>
(b) Sailing.....	Good	Work	<i>MB</i>
Gunnery and			
Disciplinary Training.....	Fair	Tried Hard.	<i>MB</i>
Shooting.....		Very little practice.	<i>MB</i>
Swimming—P. P. T.		Date qualified.....	
Physical and Recreational Training.....	Good		<i>MB</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks		2 DAYS ANTI/GAS 27-1-42	
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			
.....			

On joining:— Weight..... Height 5' 7" Date 27th Aug. 1940

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

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "DISCOVERY."

Date *W. R. Richardson* Captain.
Lieutenant, RCNVR

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally { Accelerated Advancement.....			
{ For Able Seaman (if G.C. III).....			
{ 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	67/100	60/100	72/100		80/100	80/100		N.R.	71.3 %	31-3-42	John Plaxton S.S. R.C.V.V.R. H.M.C.S. Haden
	%	67	60	72		80	80					
	%			69								
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours	175/250	142/200	86/125	108/150	78/100	70/100	48/75		707/1000	18-2-42	T. Hummery
	%	175	142	86	108	78	70	48				
	%									70.7 %		
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											W.M. Jackson Lieut. R.V. H.M.C.S. Haden
	%											
	%					74%				11-4-42		

* 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†

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.

.....Commodore

.....DepotDate.

Rated Able Seaman and Recommendations inserted on History Sheet

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

.....Date

.....Captain.



P066191

DEPT. NATIONAL DEFENCE

SEP 21 1940
113 7381
N.S. CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

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 Thomas McDonald Templeton
candidate for entry as Ord. Sea
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence. unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable.

*Delete one.

White Race

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

Age (Years Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tongue, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
21 yrs 5 mos.	lbs. 140	ft. ins. 5-7	good.	inches (a) maximum 40 (b) minimum 35 (c) mean 37	right eye 10/10 left eye 10/10 colour vision C.V.N.	1932	N B.P. 130/76 *X-Ray	N	N	scar left little finger	N	N	deficient 0 defective	N

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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, †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.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer

‡Strike out if inapplicable.

T. Templeton

Signature of Candidate

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, B. C. the 27th of August 1940

Thomas McDonald Templeton
Examining Medical Officer

(Rank) A/Surg. Lieut. R.C.N.V.R. Reserve

DOMINION OF Canada) IN THE MATTER OF
Province of British Columbia) The Royal Canadian Naval Volunteer
To Wit:) Reserve and THOMAS McDONALD TEMPLETON

I, THOMAS McDONALD TEMPLETON of the City
of Vancouver, in the Province of British Columbia

Do solemnly declare that:-

1. I am an applicant for entry in the Vancouver Division of
the Royal Canadian Naval Volunteer Reserve and as such have
knowledge of the facts hereinafter deposed to.

2. I was born of British Parentage at Vancouver, B.C.
on the 7th day of April, 1919.

3. I am a British Subject.

And I make this solemn Declaration, conscientiously believing
it to be true and knowing that it is of the same force and
effect as if made under oath and by virtue of the "Canada Evidence
Act."

Declared before me at Vancouver)
in the Province of British Columbia)
this 29th day of August, A.D. 1940)

T. Templeton

[Signature]

A Commissioner for taking affidavits within
British Columbia

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Vancouver	Ord. Smn.	27	8	40							Q&R S.D.	6	6	42			
Duty Div. Hdqts.	"	1	5	41		V.G.	Sat.	31	12	41							
Naden	"	21	1	42		V.G.	Sat.	31	12	42							
"	A/A.B.	18	4	42	Rated(249A/5047)	V.G.	Sat.	31	12	43							
Quatsino	"	11	6	42	DRD	V.G.	Sat.	7	5	44							
"	Able Smn.	10	10	42	Confirmed(249A/11966)												
Naden	"	6	3	43	DRD #1688												
Givenchy	"	6	4	43	DRD #1847												
Outarde	"	5	5	43	DRD #1013												
"	A/Ldg.Smn.	15	4	43	Rated. 249A(12309)												
Givenchy	"	30	10	43	DRD #1789												
Protector 11	"	3	11	43	DRD #1793												
Stadacona	"	28	11	43	DRD H-3355												
Valleyfield	"	30	11	43	DRD H-3381.												
	Ldg.Smn.	15	4	44	Conf. 249A(13906)												
DISCHARGED	"	7	5	44	Missing" (Casualty List)												
					Presumed Dead.(per Correction Sheet #.105)												

V14540

OFFICIAL NUMBER

FILE NUMBER

113-T-381

OFFICIAL NUMBER V14540

NAME	TEMPLETON (Surname)	Thomas, McDonald (Given Names)	DATE OF BIRTH	7 April, 1919
------	------------------------	-----------------------------------	---------------	---------------

PLACE OF BIRTH Vancouver, B.C. OCCUPATION B.C. Plywoods, Ltd.

RELIGION.....Protestant.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 6141 Argyle St. Town Vancouver Province, etc. B.C.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... Wife NAME (in pencil)..... Wife

ADDRESS (in pencil): Street and No. 614 Argyle St. Town Winnipeg Province, etc. M.B.

[illegible][illegible]

O. H. F. Received.

[illegible]

SECOND CLASS FOR CONDUCT

From	To
------	----

VERIFICATION
MEDAL, WAR
RAL SERVICE M

NAME IN FULL TEMPLETON THOMAS McDONALD...RANK/RATING LtJG. SN

[illegible]

VERIFICATION FORM
NCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
GENERAL SERVICE MEDAL (1915).

ING 126.5MA. OFF. NO. V-14540 ADDRESS

VERIFIED BY *S. M. Graham*

DIR. OF PERSONNEL RECORDS.

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

Sir:

..... 10 May, 1944
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
TEMPLETON, Thomas McDonald	Leading Seaman	V14540 R.C.N.V.R.

DATE OF ENLISTMENT - 27 August, 1940. Active Service: 1 May, 1941.

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 serving when and where any disability was incurred, or where death occurred, or where death occurred. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be 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- Wife. NAME- Mrs. Madge Templeton,

ADDRESS- 6141 Argyle St., 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.

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

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)

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

Reg. No. (Office use only)

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 TEMPLETON Thomas McDonald
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Vancouver Name of Municipality (if any) British Columbia
Street or road 6141 Argyle St. House No. _____

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN _____ 8. Single, Married, Widowed or Divorced (Write the word) Single 9. BIRTHPLACE (Province or Country) Vancouver, B.C.

10. Date of Birth April 7th 1919 11. AGE { Years 25 Months 1 Days _____ If less than one day _____ hrs. or _____ min. _____
(Month by name) (Day) (Year)

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. _____
(b) Kind of industry or business, as paper mill, lumber, bank, etc. B.C. Plywoods, Ltd.
(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 N.B. Money, this _____ day of _____ 19____
Signature of informant _____ Relationship to deceased Officer i/c
Address Naval Service Headquarters, Ottawa Naval Personnel Records

20. Burial, Cremation or Removal _____ Date _____ 19____
(Month by name) (Day) (Year)
Place of Burial _____ Cemetery _____
(Municipality)

21. Undertaker:—
Name _____ Address _____

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1914
(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 by enemy action in the Atlantic.</u>			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) due to _____ (c) _____			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____			

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.

Mrs. M.J. Templeton,

6141 Argyle 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. NS. V-14540 FD 611

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 30 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

TEMPLETON, Thomas McDonald, Leading Seaman.

V-14540 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.



JL

H. H. Weeds
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.....	Mrs Edna Templeton		6141 Argyle St.
2	Children of the Deceased and dates of their Births.....	Richard Kirk Templeton Jan 6 th 1944	9 mos. old.	
3	Father of the Deceased.....	Thomas Templeton		6141 Argyle St.
4	Mother of the Deceased.....	Mary Jane Templeton		6141 Argyle St.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		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	
		Mary McDonald Neilson June 26 th 1942.		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Thomas McDonald Templeton
9	Date of his birth.	April 7 th 1918
10	Place and date of his marriage.	Nov. 9 th 1940 Vancouver B.C.
11	Place and date of his parents' marriage.	Glasgow Scotland. July 15 th 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver 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) (b) (c) Vancouver B.C. (d)
14	Nature of employment before enlistment.	B. C. Plywoods Co.
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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
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.	\$50000 Wife. Prudential Insurance Co.
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.	No.

(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

*.....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.

Mrs Mary Jane Templison
6141 Argyll St. Vancouver B.C.

Signature of Informant

Address

CERTIFICATE

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

*See above.

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

Vancouver, B.C.
Dated at Seattle this 10th day of October 1944

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

John R. Hewitt
Wilson Heights United Church, Vancouver B.C.
Address: 1634 - East - 41st Ave, Vancouver B.C.

Qualification

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
(NAVY)

JR.

Estates Form "P. 4"

Name: **TEMPLETON** **Thomas H.** No: **V. 14540**
Surname Christian Names

Ldg. Ssn. **R.C.N.V.R. (0/8)** **7 May 44**
Rank Unit Date of Death

AMOUNT

Date: **13 Feb 45**
L.P.C.....\$ **9.35**
Other Credits..... **56.85**
Total..... ~~XXXX~~
66.20

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Hodge Templeton, 6141 Argyle Street, Vancouver, B.C. ($\frac{1}{2}$ as next-of-kin entitled) ($\frac{1}{2}$ for Benefit of 1 minor)	XXXX 66.20

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. *30/4/45 CW*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	\$66.20 XXXX
CLASSIFIED BY Original Signed by 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

LP/LB

N.S. V-14540 (PERS.) (N))

M E M O R A N D U M

TO - DIRECTOR OF ESTATES

Thomas M. Templeton, Ldg. Smn., V-14540
D.D. 7th May, 1944 - HMCS "VALLEYFIELD"

The Service Estate of the above named rating is now ready for disposal.

1. Report of death at folio 56.
2. Balance of wages as per C.N.S.46 at folio 65
(Official Receipt #171-25182) \$13.01
Less overpayment of Grog money for period
1st July to 31st August 1943 as per
Journal Voucher, A.A.676 3.66
Total Credit \$ 9.35
3. Service Certificate at folio 54
4. No record of a will as per folio 51
5. Funeral expenses are not known
6. Allotments stopped last payment 31st May 1944
\$86.12 Mrs. Madge Templeton (Wife)
10.00 Mrs. Mary J. Templeton (Mother)
5.00 Bank of Montreal Acct. #2929, Halifax, N.S.
7. War Savings Certificates - Nil
Bonds - \$8.40 from May 1943 to October 1943
in favour of Thomas M. Templeton,
6141 Argyle St.,
Vancouver, B.C.

PREPARED BY... *L. Pilon*
CHECKED BY... *G. Pilon*

OTTAWA, 15th Jan/45.

R.W. Underhill
(R.W. Underhill)
A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

142571

Pers(n), 2/9/44

ACCOUNTS OF MEN DISCHARGED

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

Name TEMPLETON. Thomas M. Rating L/SMN.
Official No. V.14540 H.M.C.S. AVALON " VALLEYFIELD" List 12²/20
Who* DISCHARGED DEAD on the 7 May 19 44

Net sum due on ledger on account of Wages.....

Proceeds of sale of Effects charged against Wages, brought from the other side

CASH—

Proceeds of sale of Effects, brought from the other
side.....

Found amongst Effects.....

Debts collected \$.....

Cash deposited by official Receipt No. 25181 Adm. Naval Estates
(Present War)

Cash debited in the Accountant Officer's Cash Acct.....

If in debt in ledger, amount to be stated (in red ink).....

Rate of allotment (in words) AP TEN DOLLARS
THIRTY-FIVE DOLLARS charged to 31 May
1944

Name of ship from which transferred FIVE DOLLARS
HMCS "VALLEYFIELD"

Total CREDITOR

\$ N I L cts.

13 01

13 01

We hereby certify that we have every reason to believe that the above account contains a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for
"VALLEYFIELD" amounting to a net balance of CREDITOR
of - - THIRTEEN - - - - dollars - - - ONE - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
Nfld. this FIFTH day of JUNE 19 44

Approved

PAY. LIEUT. CDR., R.C.N.V.R. Accountant Officer

A/CAPTAIN. RCN.

Commanding Officer.

For Use at Headquarters.

\$..... cts..... credited on Inspector's certificate

No..... to.....

Signature.....

Date..... 19.....

*State whether discharged on shore, D.D. or Run. iState whether "debtor" or "creditor".
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's
Regulations.

C.N.S. 46

AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944

LEDGER: Yes

AUDIT: Yes

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

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.Signature

Signature

Rank

..Rank

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON" "VALLEYFIELD" ending 30 June 19 44

List 122 No. 20 (Name) TEMPLETON, Thomas M. Rank Rating L/SMN. No. V.14540

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.
		N	I L
CREDIT from former account			
Pay as L/SMN. (Rank Rating)	from 1 Apl to 31 May (61 days at \$ 2.10 a day)	128	10
" S.D.	" 1 Apl " 31 May (61 " .15 ")	9	15
" 1 GCB	" 1 Apl " 31 May (61 " .05 ")	3	05
"	" " " (" " ")		
"	" " " (" " ")		
Adjustment March, 1944		64	33
Kit Upkeep Allowance	1 Apl - 7 May	4	47
OTHER CREDITS:			
Total credits		145	10
DEBT from former account		25	32
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month	-- 4.47	4	47
2nd month			
3rd month			
Total			
Allotment AP 35.00, 10.00, 5.00 chged Apl & May		100	00
Pension deduction (Officers) charged to of			
Hospital stoppages			
Mulcts		2	30
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War)		13	01
Total debits		145	10
Balance Cr. or Dr.		N	I L
(Balance Dr. to be shown in red)			

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 5 June 19 44

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

10

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

4
NAVY

DECEASED
MEMBER'S
NAME

Thomas McDonald

TEMPLETON

(CHRISTIAN NAMES)

(SURNAME)

PAYEE

Mrs. Madge Templeton,
6141 Argyle St.,
Vancouver, B.C.

ADDRESS

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

1102

EQUAL TO

36

COMPLETE PERIODS AT \$7.50

\$ 270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

598

LESS

22

INELIGIBLE DAYS, EQUAL TO

576

DAYS @ 25c. PER DAY

\$ 144.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

ADDITIONAL PAY

1 G.C.B.
S.D.

\$ 2.10
\$ 1.45
\$.05
\$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$

51.12 \$ 1.70
\$ 5.45

TOTAL \$

X7 = \$

38.15
38.15

NO. OF DAYS

183

X\$

\$ 120.07

D. WAR SERVICE GRATUITY

\$ 534.07

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ 534.07

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$

OF \$

\$ 534.07

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

EJD

18/1/45
P R Bryce

16/3/45

for Dir. Naval Pay. Acting.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Thomas McDonald TEMPLETON
(Christian Names) (Surname)

Payee Mrs. Madge Templeton

Address 6141 Argyle St.,
Vancouver, B.C.

Register No. 5612
File No. V14540
Date 6-3-45
Service No. V14540
Final Rank or Rating Ldg. Sm.
Date of Discharge 7 May 44

Date of termination of overseas service 7 May 44
A. TOTAL QUALIFYING SERVICE

No. of days 1102 equal to 36 complete periods at \$7.50
30

270.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 578 less 22 ineligible days equal to 576 days @ 25¢ per day

144.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 2.10 ✓
Subsistence or Lodging \$ 1.45 ✓
and Provision Allowance
Additional Pay I.R.C.B. \$.05 ✓
S.D. \$.15 ✓ *gk 16*

Dependents' Allowance 1/30 of \$ 51.12 = 1.70 ✓

Total 5.45 x 7 = \$ 38.15

No. of days 576 x \$ 38.15 = 120.07
183

D. WAR SERVICE GRATUITY

534.07

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

534.07

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 534.07
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 28m 6 28m
2 28m 7 28m
3 28m 8 28m
4 28m 9 28m
5 28m 10 28m

4th December, 1944.

REGISTERED

Dear Madam:-

Thomas M. Templeton, Ldg., Smn., O.No.V-14540
(Deceased)

Under Canadian Naval Regulations the widow of a deceased naval rating is entitled for the first six months following the date of casualty to a monthly payment as authorized by the Dependents' Allowance Board.

These payments are made pending decision as to award of pension by the Canadian Pension Commission. Should pension be granted and made retroactive to cover the same or part of the same period for which these payments are made and is less than the authorized monthly payment, an adjustment is made and a remittance for the difference is forwarded to the party entitled thereto.

From June 1944, to October 1944, you have been receiving authorized payments as follows:

Assigned Pay	\$ 30.00
Dependents' Allowance	51.12
	<u>\$ 81.12 per month.</u>

As your cheque for November was only for \$75.00 whereas you are entitled to \$81.12 for that month, Official Cheque No. 075429 in the amount of Six Dollars and Twelve Cents (\$6.12) is attached in adjustment.

Yours truly,

--Encl.--

R. Hill
(C.F.G. Hill),
A/Pay.Captain, R.C.N.V.R.,
Director of Naval Pay Accounting.

Gibb

Mrs. Madge Templeton,
6141 Argyle Street,
Vancouver, B.C.

ADJUSTMENT OF ADVANCES

Under Article 367 paragraph 113A of Canadian Naval Regulations.

Thomas McDonald Templeton, Ldg. Smn., O.No. V-14540
D.D. 7th May, 1944. H.M.C.S. "VALLEYFIELD".

Authorised payments for six months June 1944 to November 1944 inclusive.

6 months Assigned Pay @ \$30.00 - \$180.00		
6 " D.A. @ 51.12 - 306.72		\$486.72
Pension 6 months @ 75.00	\$450.00	
Advance for June to October inclusive		
5 months @ \$81.12 per month	405.60	80
Recovery at pension rate for June to October inclusive 4 months @ \$75.00 per month deposited by Official Receipt No. 60-50940		375.00
Adjustment by Cheque	6.12	
	<u>\$861.72</u>	<u>\$861.72</u>

f. Hill
(C.F.G. Hill)
A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

OTTAWA, Ont.
23rd November, 1944.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON VALLEYFIELD" ending 30 June 1944

List 122 No. 20 (Name) TEMPLETON, Thomas H. Rank Rating L/SMN. No. V.14540

When entered P.B. Date of appearance P.B. Whither discharged DEAD

		\$	c.
CREDIT from former account		N I L	
Pay as	L/SMN. from 1 Apr to 31 May (61 days at \$ 2.10 a day)	128	10
"	S.D. " 1 Apr " 31 May (61 " .15 ")	9	15
"	1 GCB " 1 Apr " 31 May (61 " .05 ")	3	05
"	" " " " " " " " " " " "		
"	" " " " " " " " " " " "		
Kit Upkeep Allowance Adjustment March, 1944 1 Apr - 7 May		4	47
OTHER CREDITS:			
Total credits		145	10
DEBT from former account		25	32
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month	4.47		
2nd month			
3rd month			
Total		4	47
Allotment AP 35.00, 10.00, 5.00 chgd Apr May		100	00
Pension deduction (Officers) charged to of			
Hospital stoppages			
Mulcts		2	30
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War)		13	01
Total debits		145	10
Balance Cr. or Dr.		N I L	
(Balance Dr. to be shown in red)			

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 5 June 1944

RAY, LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON VALLEYFIELD" ending 30 June 19 44

List 122 No. 20 (Name) TEMPLETON, Thomas M. Rank Rating L/SMN. No. V.14540

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.
CREDIT from former account.....		N I L	
Pay as L/SMN. from 1 Apr to 31 May (61 days at \$ 2.10 a day)		128	10
" S.D. " 1 Apr " 31 May (61 " .15 ")		9	15
" 1 GCB " 1 Apr " 31 May (61 " .05 ")		3	05
" " " " " " " " " " " "			
" " " " " " " " " " " "			
Kit Upkeep Allowance Adjustment March, 1944 1 Apr - 7 May		4	33
OTHER CREDITS:			
Total credits.....		145	10
DEBT from former account.....		25	32
PAYMENTS:—	1st 2nd 3rd 4th 5th		
	\$ c. \$ c. \$ c. \$ c. \$ c.		
1st month	-- 4.47		
2nd month			
3rd month			
	Total	4	47
	Total		
	Total		
Allotment	AP 35.00, 10.00, 5.00 chged Apr & May	100	00
Pension deduction (Officers) charged to	of		
Hospital stoppages			
Mulcts		2	30
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War)		13	01
Total debits		145	10
Balance Cr. or Dr.		N I L	
(Balance Dr. to be shown in red)			

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 5 June 19 44

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

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-14540 Rank or Rating Leading Seaman

TEMPLETON Thomas McDonald
(Surname) (Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

DECISION OF THE BOARD

1. Casualty Presumed Dead Date May 7th, 1944 Authority Off. i/c N.P. Records

Dependents' Allowance previously in pay for Wife & 1 Child\$ 51.12

Assigned Pay\$ 35.00

2. Effective June 1st, 1944 vacate previous award and pay for a period of
six months to Mrs. Madge Templeton,

6141 Argyle Street,

Vancouver, British Columbia.

A. A sum equal to Dependents' Allowance\$ 51.12

and an assignment of 15 days' pay of rank.....\$ 30.00

Total\$ 81.12

- OR -

B. A sum equal to Pension Rates, which in this case are higher.....\$

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$75.00 and continue until advice is received of Canadian Pension Commission's decision.
4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.
5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

Reviewer K. Beardsley

Date October 10th, 1944

[Signature]
(Chairman)

[Signature]
(Member)

[Signature]
(Member)

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

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
TEMPLETON, Thomas McDonald	Leading Seaman	V-14540 R.C.N.V.R.

DATE OF ENLISTMENT - 27 August, 1940 Active Service: 1 May, 1941.

DATE OF DISCHARGE - 7 May, 1944.

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, presumed dead, when H.M.C.S. "VALLEYFIELD"
when and where any disability
was incurred, or where death was torpedoed and sunk by enemy action in the Atlantic.
occurred.

(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 - Wife NAME - Mrs. Madge Templeton,

ADDRESS - 6141 Argyle 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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MAR-
RIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

P.A.'S CHECKED IN

C.R. BY *R.*

C. R.
P. A.
NAVAL TREASURY
DATE <i>6/9/44</i>
INITIAL <i>K</i>

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Madge Templeton	Wife	-----	-----
Templeton, Richard K.	Son	-----	January 1, 1944.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$51.12	35.00	\$86.12
To Whom Paid:	Mrs. Madge Templeton		Address 6141 Argyle St., Vancouver, B.C.
Date of Enlistment:	See other side.		
Date of Discharge:	See other side.		

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for \$35.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by.....L.D.....

Checked by.....*[Signature]*.....

for *[Signature]*
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE

(NAVY)
(Service—Military or Air)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

Question 6:
Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence Part II Orders should show record.

Question 7:
In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

Questions 9 and 10:
Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

1. Surname of applicant.....TEMPLETON.....
2. Full Christian name or names.....THOMAS MCDONALD.....
3. Regimental or Official Number.....V-14540..... 4. Rank.....Able Seaman.....
5. Unit, Station, or Establishment.....H.M.C.S. "QUATSINO".....
6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay.....May 5, 1941..... D.O. No.....d/.....
7. (If "Officer") (a) Date of appointment..... D.O. No.....d/.....
(b) Date reported for duty..... D.O. No.....d/.....
8. Are you a member of the permanent forces, military or air?.....No.....
If so, (a) State permanent establishment, unit or station.....
.....(b) Are you receiving permanent force rates of pay and allowances?
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension....."
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....
.....I was a millworker earning \$100.00 per month.....
.....Total \$600.00 for six months.....
12. Name of dependent.....Templeton..... Mary Jane..... Mrs.....
Surname Christian Name ~~Mrs.~~ Mrs. or ~~Mrs.~~
13. Address.....6141 Argyle St., Vancouver, British Columbia.....

Question 13:
Give street name and number or post office box number, R.R. No., city, town or village and province.

14. Age of dependent.....60..... 15. RelationshipMother.....

Questions 16 to 28:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

.....Thomas Templeton.....Husband.....

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....

(State relationship)

18. Is dependent being maintained in a Public Institution at the public's expense.....No.....
Yes or no

.....
If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any.....

.....Dependent is too aged to provide for herself.....

.....Husband is unable to work due to illness.....

20. From what date have you been contributing to the support of this dependent?.....

.....April 1935.....

21. Are you the sole or partial support?.....Sole support.....

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of

same for the 6 months.....I did reside with parents in their home and
did contribute \$12.00 per week.....

.....Total \$288.00.....

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Contribution did entitle me to
board and lodgings.....

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you? Daughter, of dependent now deceased did
partially provide.....

24. If dependent is your mother, is your father living.....Yes.....

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

.....Father is unable to work because of prolonged illness.....

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name Address Age Occupation Married or Single

1 brother William Templeton, 4745-49 S.W. 33 Machinist Married with 1 child.
Seattle, Wash.,
U.S.A.

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings\$	Workmen's Compensation
Contributions and allowances from other members of family \$	Award.\$
Insurance\$	Widow's Pension.....\$
Dividends from shares, bonds, etc.\$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)\$
Interest on loans or mortgages.\$\$
Rentals\$\$
Other\$\$
Total.....\$ Nil	Total.....\$ Nil

Question 28:

(If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.

(If "OFFICER") Five days' pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

5 days' pay \$ 10.00

29. Date assigned pay effective December, 1942.

30. Have you made a prior assignment of pay. If so, state number of days and to whom

No.

[OVER]

31. Have you made a previous claim for dependent's allowance?.....No.....

If so, give particulars of previous unit and official number under which applied for and date of application.....

32. If the allowance is to be paid outside Canada, state the country in which the applicant resided immediately prior to appointment or enlistment.....

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement made for the purpose of obtaining dependents' allowance.

(SGD).....D.C. MacLeod.....
(Paymaster or Accountant Officer) (Rank)

Thomas M. Templeton.....
Signature of Applicant

Pay. Sub. Lieut., R.C.N.V.R.

.....
Treasury Officer

Date 19th November, 1942.

Establishment, unit or station

Signed in the presence of:

H.M.C.S. "GIVENCHY"

Place Esquimalt, B.C.

.....
Witness

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.