

V25533
FRALIC
OWEN

WILLIA

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full OWEN WILLIAM FRALICE (b) Reg. No. 25533
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank M.M.
 3. (a) Date of birth JULY 18/08 (b) Have you any dependents? YES (c) Place of residence at time of enlistment HALIFAX NS.
 4. (a) Place of enlistment HALIFAX (b) Date of enlistment JULY 15/40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (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.) 8 YRS PUBLIC SCHOOL
 7. If you attended a university, give name of university and standing or degree secured NO
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? 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 / ID 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 HALIFAX CASUALTY CL. LTD. Address HALIFAX NS.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) GARAGE
 20. (a) Your specific occupation MECHANIC (b) Number of years' experience at this occupation with any employer 10 YRS
 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

22. (a) State nature of business, or professional practice 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? NO
 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 3 YRS (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 DIESEL ENGINEERING

DATE

194

SIGNATURE

O.H.F.

RECEIVED

Copy To
VWD
ES

JUN 12 1941

MEMORANDUM FOR

P. 64

.....Mrs. Ida Fralic,.....
.....LIVERPOOL,.....
.....Queens Co., N.S.
.....

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 113-F-316 FD. 207

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

.....September 24,..... 1942.....

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

.....FRALIC, Owen William, M.M.

.....No. V-25533, R. C. N. V. R.
.....
.....

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

H. R. Wade
for (H. R. Wade) Lt. Cdr., RCNVR
(L. M. Firth) Lt.-Col.,
Administrator of Estates.



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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....		Son born Jan 11 th 1931 died Jan 12 th 1931		
3	Father of the Deceased.....		Frank Fralie died March 5 th 1937	60	
4	Mother of the Deceased.....		Ida May Fralie	60	Leivestrol Queens Co Nova Scotia
5	Brothers of the Deceased	Full Blood	Wilfred David Fralie Arthur Francis Fralie Bruce Clifford Fralie	32 27 19	673 Barrington St. H Brooklyn Queens Co N.Y. Leivestrol Queens Co N.Y.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Florence May Brown	41	Baltimore Md
			Mrs Gladys Minerva Leener	40	2728 East Baltimore St Leivestrol Queens Co
			Mrs Bessie Leonaire Carroll	35	Ortiro Quebec
			Mrs Josephine Frances Abbott	29	Leivestrol Queens Co N.Y.
Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.		Names and ages of their children (if any)		Address of their children	
full blood	7	Ernest David Fralie Born Oct 2 nd 1903 died March 9 th 1905			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Arwen William Fralio
11	Give the month and year of his birth.	July 18 th 1908
12	Where and when were his parents married?	Dartmouth Halifax Co May 10 th 1900
13	Was he ever married? If so, state exact place and date of marriage.	Dartmouth Halifax Co May 10 th 1900
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no

PARTICULARS OF DOMICILE

16	Where was deceased born?	Leicester. Queens Co. N.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	lifetime
19	What was the nature of his employment?	Motor mechanic
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	verbally home with me his mother
22	State <u>your</u> postal address in full.	Leicester Queens Co Nova Scotia Box 157

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mrs Ida May Fralick

{ Signature of Informant

CERTIFICATE

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

*See above Mrs Ida May Fralick { Name of Informant } is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Liverpool this 30th day of September 19 42

Signature of Clergyman, Priest or Magistrate

Hector MacLeod

Qualification

Deputy stipendiary magistrate in and for Town of Liverpool

Address

Liverpool, Queens Es. N.B.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



P052185

REFERENCE
AUG 31 1940
113 F 316
NLS
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

CHRISTIAN NAMES Owen William MARRIED, SINGLE or WIDOWER Married

PERMANENT ADDRESS		RELIGION
Liverpool, Queen's Co., N. S.		United Church of Canada
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
18th July, 1908	Town Liverpool, County Queen's, Province N. S.	Mrs. Ida Fralic, (Mother) Liverpool, Queen's Co., N. S.

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 6	Inflated.....	Brown	Blue	Fair	Mole on right breast.
Inches.....	Deflated.....				
.....	Mean..... 37				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
25th July, 1940	M/M (Temp)	Motor-meehanic, Atlantic Chevrolet and Oldsmobile Co. Ltd., Halifax, N. S.

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) ~~(U)~~~~(S)~~~~(K)~~~~(F)~~~~(X)~~.....~~(U)~~~~(S)~~~~(K)~~~~(F)~~~~(X)~~?~~(U)~~~~(S)~~~~(K)~~~~(F)~~~~(X)~~~~(U)~~~~(S)~~~~(K)~~~~(F)~~~~(X)~~
record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	N I	L	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> Personnel Records Division. Noted in Records <i>ly</i> </div>

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

Personnel Records
Division.

1. Noted in Records.....
2. Index Card.....
3. Non-Sup. Card.....
4. State Tech Card.....
5. Roneo Strip.....
6. Pension Card.....
7.
8.

DATE Aug 15, 1940

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

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

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

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

Dated this 23rd day of July, 1940

Signature of applicant

Owen Wm Fralic

(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 23rd day of July, 1940

Signature of Commanding Officer.

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

(D) OATH OF ALLEGIANCE

I, Owen William Fralic 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

Owen Wm Fralic

Witness

J. E. [Signature]

Date 23rd July, 1940

Rank

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

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Owen William Fralic 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 Special Service Division of the R.C.N.V.R.

Signature of Commanding Officer.

COMMANDER, R. C. N.

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.



Can. B. 207

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

ORIGINAL

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

F032186

3

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 FRANCIS Owen William
candidate for entry as M. M. R.C.N.V. R-1
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.

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

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- inated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth, No. deficient and No. defective, if any, etc. Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
32 1/2	151	6 0	Good	inches (a) maximum 39 (b) minimum 37 (c) mean 38	right eye 6/15 left eye 6/30 colour vision N	Shelburne	N *X-Ray	N	N Function Slight stiffness	Clear	N	N	Deficient and Completely covered by bandage Defective, on throat.	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.

Francis Owen William

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

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.

JUL 23 1940

IF REJECTED
insert here
UNFIT
in block letters

SURGEON LIEUT.

Dated at Halifax N.S. the 11 of July 1940

R. C. H. 29 glasses
L 6/15

(Rank).....

SURGEON LIEUT.

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

DECEASED 7 Sept 1942

D.D.

FRALIC

Owen William

V-25533

M.M.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

2339

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Apr. 43 "RACCOON"

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Ida Fralic - Mother

ADDRESS: Liverpool,
QUEENS COUNTY, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs Ida Fralic

ADDRESS: LIVERPOOL
Queens Co., N.S.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

1049

(2)

(3)

9 November 1942

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V25533

OFFICIAL NUMBER

NAME

FRALIC

Owen William

OFFICIAL NUMBER

V25533

(Surname)

(Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Stadacona	M.M.	25	7	40		V.G.	Sat.	31	12	40							
Wild Duck	" "	22	8	40		V.G.	Supr.	31	12	41							
Husky	" "	23	8	40		V.G.	Sat.	7	9	42							
Protector	" "	23	8	40													
Stadacona	" "	18	1	41													
Raccoon	" "	25	1	41													
Caspe Base	" "	23	9	41	Raccoon 25-11-41												
DISCHARGED	" "	7	9	42	"Missing, believed lost at sea. Casualty list."												

GENERAL REMARKS									
Can. Memorial Cross Awarded to									
Mother: Mrs. Ida Fralic									
Liverpool,									
Queen's Co., N.S.									
9 November,									
1942									

DATE OF BIRTH		PLACE	CIVIL	OCCU.	REL.	PERM. RES.	RESIDENCE	RANK	RATE
DAY	MO.	YR.	BIRTH	PLAIN	SUB	DATE	CITY	TOWN	SECT.
18	7	08	14	280	0	40	4	14	01
25	7	40	25	0	7	40			
SENIORITY DAY MO. YR. DAY MO. YR. DAY MO. YR. DAY MO. YR.									
25	7	40	25	0	7	40			
SENIORITY DAY MO. YR. DAY MO. YR. DAY MO. YR. DAY MO. YR.									
25	7	40	09	00	00	20	07	09	42

(Authority—Art. 603, King's Regulations, 1936.)

CONDUCT SHEET

NAME

Tralie: Owen William

RATING

h m

{PORT DIVISION AND
OFFICIAL NUMBER

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7.)		Ship Discharged to (giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
Stadacona	1940 25 July	—	25 July 40	N.C.	1st	1940 25 July	1940 22 Aug	V.G.	Sat	NY(NQ)	—	Protector (Husky)			
"Protector"	23 Aug	—	25 July 40	N.C.	1st	1 Jan	17 Jan	V.G.	Sat	NY(NQ)	—	Stadacona			
Stadacona	18 Jan 40	—	—	—	—	18 Jan 41	24 Jan 41	V.G.	Sat	NY(NQ)	NO	Raccoon			
Stadacona (Raccoon)	30 Jan 42	—	—	N.C.	1st	30 Jan 42	30 Sept 42	V.G.	(Change of depot ship)	Stadacona (Raccoon)					
Stadacona (—)	1 May 42	—	—	N.C.	1st	1 May 42	9 May 42	V.G.	(—)	Protector (—)					
Protector (—)	10 May 42	—	—	N.C.	1st	10 May 42	17 May 42	V.G.	(—)	H.M.C.S. Port Langney (—)					
Port Langney (—)	18 May 42	—	—	N.C.	1st	18 May 42	1 Sep 42	V.G.	Sat	NY(NQ)	NO	D.D.			
14 Dec. 40	T.W.# 32574	1/2 Rec.	—	—	—	—	—	—	—	—	—	—	—	—	

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement," columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.A.s, E.A.s, O.A.s, C.P.O.s, P.O.s and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No."

N.V. 17

SM-12-39 (3289)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

Owen William F. R. A. L. I. C.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
H A L I F A X, N. S.	SPECIAL SERVICE	V. 25533.

Date of Birth 18th July, 1908.

Place of Birth Liverpool, Queens County, Nova Scotia.

Place of Residence Liverpool, Queens Co. N.S.

Trade brought up to Motor Mechanic

Religion United Church

Name and Address of Nearest Relative or Friend

Mather, Ida

Same



Can Swim:—P.P.T. () Date 19 Signature

P.S.T. () Date 19 Signature

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
25th July, 1940		Duration of Hostilities	M. M.			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	6	0	37		Brown	Blue	Fair	Mole on right breast.
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.				
1940	Stadacona	-	-	M.M.	25 July	22 Aug	
- " -	Stadacona (Wild Duck)	-	-	- " -	23 Aug	22 Aug 40	
- " -	Protector (Husky)	-	-	- " -	23 Aug '40	22 Aug 40	
- " -	Protector	-	-	- " -	23 Aug 40	17 Jan '41	
1941	Stadacona	-	-	- " -	18 Jan '41	24 Jan '41	
- " -	Raccoon	-	-	- " -	25 Jan '41	31 May '41	
	Protector (Raccoon)	-	-	- " -	1 June	6 July '41	
	NOIC Gaspe (Raccoon)	-	-	- " -	7 July '41	23 Sep '41	
	Gaspe Base	-	-	- " -	24 Sep '41	24 Nov '41	
	Protector (Raccoon)	-	-	- " -	25 Nov '41	29 Jan '42	
	Venture (Raccoon)	-	-	- " -	30 Jan '42	30 Apr '42	
	Stadacona (Raccoon)	-	-	- " -	1 May '42	9 May '42	
	Protector (-)	-	-	- " -	10 May '42	17 May '42	
	HMCS Fort Ramsay (- " -)	-	-	- " -	18 May '42	7 Sep '42	D.D.

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

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Conduct

[illegible]

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

113-F-316

H.M.C.S. at

Name (in full)

Rank or Rating. **FRALIC, Owen William** Official No.

Place of Birth. **Motor Mechanic** Date. **25.5.33** ..

Civil Occupation. **Liverpool, Queens County, Nova Scotia** Religion. **July, 1908** ..

No. years service in the Navy (Long Service R.C.N., or mobilized **United Church of Canada** ..

service in case of R.C.N. (Temp) or Reserve Ratings

Date of Death. **SEP 7 1942** Place of Death. **2 years, 2 months** ..

Cause of Death. **At Sea**

..... **Presumed lost on board H.M.C.S. "Baccoon" at sea.**

Nearest Name Relationship

known rel-
ative or
friend.

Address. **Ida FRALIC** **Mother** ..

..... **Liverpool, Queens County, Nova Scotia.**

Date on which the above was informed by Ship

Date on which death was reg'd with local Officials

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality:

Place of Burial Date of Burial

Location, Number, etc, of grave

Undertaker employed

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

for **Commanding Officer,**
16 Sept 1942

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

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

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

NAME IN FULL FRALIC Owen William RANK/RATING M. M. OFF. NO. 1000

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	25-7-40							
Raccoon	25-1-41	23-9-41	242	at				
"	25-11-41	7-9-42	287	at				
Disch. Dead (Raccoon) 7-9-42								

VERIFIED BY

VERIFIED BY

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

...RANK/RATING ...M. M. ...OFF. NO. V-25533 ...ADDRESS

VERIFIED BY

VERIFIED BY DIR. OF PERSONNEL RECORDS.

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

Name of Deceased Member Owen William FRALIC Rank or Rating M.M. O. No. V25533

1. Dependents' Allowance and Assigned Pay in force at date of death: D.A. .50 Mrs. Lela McFRALIC (Mother)
Liverpool
Queen's Co., N.S.
A.P. 57.00
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: mother - above

3. War Service Gratuity Application(s) received from: mother - above

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

(x) To be paid to: Mrs. Lela McFRALIC - mother In the full proportion of: /

- and -

to: In the proportion of: /

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

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

Date 4 July 1945

Ronald J. Thorne, C.P.O. WTR.
for D.N.P.A. (G) Em

NON QUALIFYING SERVICE

(#) Date	Reason	Disposal	No. of Days	Remarks
"	"			
"	"		"	
"	"		"	
"	"		"	
"	"		"	
"	"		"	
Total days				

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Raccoon	25 Jan. '41	23 Sep. '41	243 242 1/2
Raccoon	25 Nov. '41	7 Sep. '42	287 287 529

Raccoon	Raccoon
Jan. 7.	6
28.	31
31.	31
36.	31
31.	28
30.	31
31.	30
31.	31
31.	30
23.	31
242	31
	7
	287

W.S.G. Application No. 105287

TO: D.N.P.A. "G"

FILE NO. N.S. V-255337

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

FRANK OWEN WILLIAM V-255337 MM
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: DEAD ("Raccoon")

Applicant - MOTHER - In receipt of Pension

25 July '40 to 24 July '42 730
July 7
31
7
775

TOTAL SERVICE

Date of Active Service 25 July '40

Date of Discharge 7 Sept '42

Total No. of Days 779 775gw

Less non qualifying service

NIL

Total Days 775
779gw

OVERSEAS SERVICE

% Total No. of Days

529 gw
531

Less non qualifying service

NIL

Total Days 529
531gw

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge L

& % Overleaf

Computed By W. Lewis

Checked By Williams

J.B. McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 21 1945

DD. OOF
Pension

DC

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

4
NAVYDECEASED
MEMBER'S
NAME

Owen William

(CHRISTIAN NAMES)

FRALIC

(SURNAME)

REGISTER NO. 10528
FILE NO. NSV-25533
DATE 7 July '45
SERVICE NO. V-25533
FINAL RANK OR RATING M.M.
DATE OF DISCHARGE 7 Sep '42

PAYEE
ADDRESS

Mrs. Ida M. Fralic,
Liverpool,
Queen's Co., N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 Sep '42

DATE OF DISCHARGE 7 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 775 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 529 LESS 25 INELIGIBLE DAYS, EQUAL TO 504 DAYS @ 25C. PER DAY

126.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.75
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$.50

TOTAL \$ 4.85 X7 = \$ 33.95
NO. OF DAYS 529 X \$ 33.95

98.14

D. WAR SERVICE GRATUITY

411.64

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

411.64

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 411.64

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

YN

TREASURY

CHECKED BY

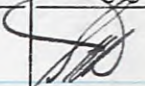
DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

RECORD OF EMPLOYMENT

To be completed annually, and always on discharge from a Ship or Establishment

SHIP	S.H.P.	From	To	No. of Months Watchkeeping		Number of Months REFITTING AND MAINTENANCE															Special Machinery	Initials of the Engineer Officer, if of Lieutenant's rank or above; otherwise Captain
						Main Engines			Boilers	Dynamos			Cooling Machinery	Distilling Plant	Air Compressors	Hydraulic Machinery	Boats		Electrical Work	Welding		
				Engine Room	Boiler Room	Turbines	Reciproc.	I.C.		Turbines	Reciproc.	I.C.					Steam	Motor		Oxy Acetylene		
Stadacona		25/7/40	22/9/40	Completed new entry training -																		
WILD DUCK		22-8-40	20-1-41																			
STADACONA		20-1-41	24-1-41	BARRACKS ROUTINE																		
RACCOON		24-1-41																				

M O T O R M E C H A N I C ' S

~~Engine Room Officer's~~ History Sheet

P283747

113-F-316

Name FRALIC OWEN WILLIAM

Port Division HALIFAX

Official Number V.-25333

Served apprenticeship 3 for 3 years at the trade of 3

E.R.A. V. in H.M.S. " " for 3 years

Date rated Acting E.R.A. IV 3

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date 3 Engineer Officer 3 Captain 3

Confirmed E.R.A. IV. 3

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsionmeter/Indicator), and recommended in all respects for the rating of Chief Petty Officer.

Date 3 Engineer Officer 3 Captain 3

Rated E.R.A. III. 3

Rated E.R.A. II. 3

Rated E.R.A. I. 3

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date 3 Engineer Officer 3 Captain 3

Rated Acting C.E.R.A. II. 3

Confirmed C.E.R.A. II. 3

Rated C.E.R.A. I. 3

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date 3 Engineer Officer 3 Captain 3

NOTE.—Certificates I., II., III. and IV., when granted, are to be noted on Service Certificate.
The Depot is to be informed as soon as each Certificate is granted.

AIR MAIL

13th September, 1942.
238

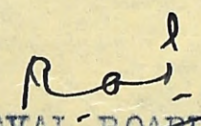
Dear Madam:

It is with deep regret that I must confirm the telegram of the 12th September from the Minister of National Defence for Naval Services informing you that your son, Owen William Fralic, Motor Mechanic, O.N. V.25533, R.C.N.V.R., is missing believed lost at sea.

It is for the public interest that this fact should not find its way to the enemy until such time as it is decided to publish a Naval Casualty List giving the reason for his loss. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

I wish to express the sincere sympathy of the Chief of the Naval Staff, Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Ida Fralic,
LIVERPOOL, Queen's County, N.S.

SERVICE

File Number. 113-J-316.

NAME: *Fratic, Owen William*

O.N.

*V 25533*PRESENT RANK/RATING: *M.M.*DATE TAKEN ON ACTIVE SERVICE: *25-7-40*SERVICESHIP OR ESTABLISHMENTFromTo

<i>Stadacona</i>	<i>25-7-40</i>	<i>21-8-40</i>
<i>Wild Duck</i>	<i>22-8-40</i>	<i>22-8-40</i>
<i>Husky</i>	<i>23-8-40</i>	<i>24-11-40</i>
<i>Protector</i>	<i>25-11-40</i>	<i>17-1-41</i>
<i>Stadacona</i>	<i>18-1-41</i>	<i>24-1-41</i>
<i>Raccoon</i>	<i>25-1-41</i>	<i>22-9-41</i>
<i>Sage (Raccoon)</i>	<i>23-9-41</i>	<i>—</i>

WILL: *No*NAME & ADDRESS OF
NEXT OF KIN:*Mother: Mrs Ida Fratic
Liverpool, Queensland
N.S.W.*

DISCHARGED PREVIOUSLY?

No

REASON:

DATE:

Initialed by:

*L.S.*Date: *14-9-42*

Section:

R.C.N.V.R.

Naval Personnel Records.

(TO BE COMPLETED IN INK.)

17 September, 1942.

42

Sir:

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

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
FRALIC, Owen William Motor Mechanic, V-25533, R.C.N.V.R.	Missing, believed lost at sea on the 7th of September, 1942. He was serving in H.M.C.S. "RACCOON" which has been reported lost.	Mother: Mrs. Ida Fralic, LIVERPOOL, Queens County, N.S.

ALLOTMENTS IN FORCE

<u>In favour of</u>		<u>Amount</u>	<u>Initials.</u>
Mother	Mrs. Ida Fralic, Liverpool Queen's Co. N.S.	\$57. 00	
Firm	Bond Clothes Shop 434 Barrington St. Halifax N.S.	\$5.00	JL mcs

WILL: No record.

Yours truly,

R. A. Barrington
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

...17 September, 1942...

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>FRALIC, Owen William</u>	<u>Motor Mechanic</u>	<u>V-23533</u>
<u>DATE OF ENLISTMENT</u> -	<u>25 July, 1940</u>	
<u>DATE OF DISCHARGE</u> -	<u>7 September, 1942</u>	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	<u>Canada & High Seas</u> (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).	

Reason for discharge and -
when and where any disability
was incurred; or where death
occurred."DEAD". Missing, believed lost at sea.He was serving in H.M.C.S. "RACCOON" which
has been reported lost.(Show clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the
high seas or elsewhere outside Canada).NEXT OF KIN & RELATIONSHIP -RELATIONSHIP Mother NAME Mrs. Ida Fralic,ADDRESS LIVERPOOL, Queen's County, N.S.NOTE: If records indicate that rating was separated from his wife,
legally or otherwise, details to be furnished and copy of
any Court Order, the Separation Agreement, etc., to be
furnished.OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -\$ 57.00 still in force PAID TO Still in forceMARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO - NilDEPENDENTS ALLOWANCE AT \$ See folio 504 PAID TO NilTOTAL MONTHLY PAYMENT TO - WIFE \$ NilComputed by J.L.
Checked by M.A.S.DEPENDENTS \$ NilSECRETARY,
NAVAL BOARD.The Secretary,
The Canadian Pension Commission.

Copy to: D.P. & N.H.

(See reverse side for further
instructions.)

REMARKS:

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

Memorandum

To: Deputy Secretary, Naval Board,

Department of National Defence

H.Q.

N.S. 62-W-395, 62-M-561, 113-F-316, (JAG)

OTTAWA,

November 23rd, 1942.

I acknowledge your minute of the 19th instant asking for a ruling on the point raised by C.N.P. under date of the 17th instant.

There are three cases referred to me in which a ruling is requested and as the point in all cases appears to be the same, the one ruling will serve to cover such cases.

Briefly in the three cases, the rating is reported to be missing, believed killed in action or lost at sea, and it has been recommended that the Minister authorize monthly advances to the dependents of such ratings for the three months following the date of death and that the Deputy Minister has approved of such recommendation subject to proof that the mothers are entitled to pension, and it is on the necessity for such proof that my opinion has been requested.

Although in the advice to the Administrator of Estates, it is stated that the ratings in question are missing, believed killed in action or lost at sea, I understand that there is no doubt as to these parties being dead and accordingly, the matter will fall within 383, Sub Section 1 referring to ratings reported dead and not 383, Sub Section 2 referring to ratings reported missing.

There is a substantial difference in the procedure to be adopted in cases coming within Sub Section 1 or Sub Section 2 and as previously mentioned, I understand that the point is to be determined under Sub Section 1.

This Sub Section in my opinion, as is stated in the memorandum of C.N.P. is intended to provide continued support to dependents of Naval Personnel pending decision of the Canadian Pensions Commission, and it is not necessary in order to authorize such payments for proof being furnished that the mother is entitled to pension. This is a matter for determination by the Canadian Pensions Commission and provision is made that in the event the mother is held to be entitled to pension, that such interim payments be deducted therefrom. In fact, it is only where the mother or dependent signs an undertaking to such effect that the interim payments may be made.

I assume that the Deputy Minister in approving of such payment subject to proof that the mother is entitled to pension, meant proof that she is a dependent to whom a pension could be granted and did not mean that the question of her being granted a pension should be first determined.

Upon proof that the parties to whom it is desired to make such interim payments are in fact dependents within the meaning of the Regulation and upon their executing the undertaking referred to in Sub Paragraph (c), I am of the opinion that the Minister may authorize monthly payments to them for a period up to three months.

REC/MW.

i.e. persons in respect of whom marriage or dependant's allowance is being credited

[Signature]
Brigadier,
Judge Advocate-General.

cd
NO. 205
ORIGINAL

DEC - 9 1940
N.S. 1137316
CANADA
H.Q. File No. 71 Sec. 5-12

DECLARATION OF ALLOTMENT

P091880 19

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
H.M.C.S. "PROTECTOR" 5A/21	Surname F R A L I C , Christian Names Owen William	M.M.	RCNVR 25533	\$2.75 DA .50

Section A

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname F R A L I C , Christian Names (Mrs.) Ida May	MOTHER	LIVERPOOL, QUEENS CO., N. S.	INCREASED \$57.00	DECEMBER

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$42.00	Mrs Ida May FRALIC	as above	TO BE INCREASED AS IN SECTION "A"

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges.....

Rank or Rating **M.M., RCNVR**

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Object No. 113 - \$41.25
119 - 15.50
128 - .25
\$57.00

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

Paymaster Lieutenant, R.C.N.R.
Accountant Officer

H.M.C.S. "PROTECTOR"

Forwarded.....

6-12-40

ARREAR ADJUSTED TO 30 NOVEMBER 1940 AND PAID THROUGH H.M.C.S.
"PROTECTOR" CASH ACCOUNT FOR NOVEMBER BY CHEQUE NO. 205
DATED DEC. 5/40 - (\$45.50)

S. 63
40M-4-40 (4787)
N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

MAIN FILE
CHARGED TO <i>7 Dec</i>
SINCE <i>5-12-40</i>
REC'D. CENTRAL-REGISTRY
DEC 9 1941
REFERRED TO

381 23/8/40 x

M.F.M. 16A
75M-4-40 (4088-9)
H.Q. 1772-39-1665

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(.....)

6

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.

1. Surname of applicant.....

FRALIC

2. Full Christian name or names.....

OWEN

WILLIAM

3. Official Number.....

530

4. Rank.....

W/W

5. Unit, Station, or Establishment.....

H.M.C.S. STADACONA

6. Date appointment or enlistment.....

23rd July 1940

Question 7:

In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty.....

25th July 1940

8. Are you a member of the permanent forces, military or air?.....

If so (a) State permanent establishment, unit or station.....

NO

.....(b) Are you receiving permanent force rates of pay and allowances?

YES

Questions 9 & 10:

Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

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. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....

Garage Mechanic at Atlantic, Chev. & Olds Co. Halifax N.S.
\$800 for 6 months.

12. Name of dependent.....

FRALIC

Christian Name

IDA MAY

Mr. Mrs. or Miss

MRS

Question 13:

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

13. Address

Liverpool N.S.

14. Age of dependent.....59..... 15. Relationship.....Mother.....

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

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

.....Residing at her home in Liverpool N.S.
State name, address and relationship to dependent

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

(State relationship)AS ABOVE.....

18. Is dependent being maintained in a Public Institution at the public's expense?.....

Yes or no

.....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.....

.....Looking after home and family.....

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

.....1937.....

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

~~Sole~~ Partial

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.....

.....\$240 for the 6 month period.....

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

.....Provided my own board and lodging.....

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?.....

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

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.

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
Josie	Liverpool N.S.	25	Clerk	Single.
Bruce	Liverpool N.S.	17		Single.
Mrs J. J. Casivi	Valleyfield Que	34		Married
Mrs B Brown	Baltimore Md.	39		"
Mrs G Seiver	Liverpool N.S.	37		"
Mr A Fralio	Brooklyn N.S.	23	Labourer	"

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.

Josie Fralio contributes \$4.00 per week

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

Receives Board and lodging.

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.

Dependent's Average Monthly Income from:	Dependent's Average Monthly Allowances from:
Personal earnings.....\$	Workmen's Compensation
Contributions and allowances from other members of family. \$	Award.\$
Insurance\$ 16.00	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.....\$ 16.00	Total.....\$

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 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?

\$42 or 15 days' pay.

29. Date assigned pay effective

30th September 1940

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

[OVER]

31. Have you made a previous claim for dependent's allowance?..... **NIL**

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

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

Allot of \$42.00 for Sep.

Rate of pay \$2.75 per day

Paymaster *As Stanley*
S/Lieutenant R.C.N.V.R. ^{Rapk}

Signature of Applicant *Owen Wm. Fratic*

M/M

Date **22nd., August 1940**.....

Establishment, unit or station

..... **H.M.C.S. STADACONA**.....

Place **HALIFAX N.S.**.....

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.