

A1441
ADAMS
GEORGE

MANUE

D of D 7-9-42

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

ADAMS	George Manuel	A-1441	M.M.	FILE No. 1
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

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

1710

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Dec. 42 "RACCOON"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Susanne Adams - Widow

ADDRESS: ~~East Pubnico~~, Yarmouth Centre Town,
YARMOUTH CO., N.S. 18-3-49

(2) MEMORIAL CROSS
WIDOW

Mrs. Susanne Adams

ADDRESS: East Pubnico,
Yarmouth Co., N.s.

(3) MEMORIAL CROSS
MOTHER

Mrs. James Moulton

ADDRESS: Garrish,
Fortune Bay, Nfld.

MEMORIAL B R

DATE DESP

REGN. NO.

657

(2)

25-11-42

(3)

25-11-42

OFFICIAL NUMBER.....A 1441

NAME.....ADAMS.....George Manuel.....DATE OF BIRTH.....24 April, 1901
(Surname).....(Given Names)

PLACE OF BIRTH.....Burin, Newfoundland.....OCCUPATION.....Engineer on M.V. Amacita

RELIGION.....United.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town East Pubnico, Yarmouth Co. Province, etc. N.S.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Lorraine Adams

ADDRESS (in pencil): Street and No. _____ Town West Point Province, etc. Shannon

[illegible][illegible][illegible]

MEMORANDUM FOR

248081

123-A-52

P. 64

Mrs. Susanne Adams,

East Pubnico,

Yarmouth 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. 123-A-52 FD. 209

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

ADAMS, George Manuel, M.M.

No. A-1441, R. C. N. 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

(H. R. Wade) Lt. Cdr., RCNVR
for (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.....	Mrs Susanna Adams	33	East Pubnico Yar Co. N.S.
2	Children of the Deceased and dates of their Births.....	Leillian Georgina - Oct 10 - 1929 Elsie Jean - Feb 7 - 1932 Shirley Marie - April 12 - 1936 Olive Rosenne May 18 - 1939	12 10 6 3	East Pubnico Yarmouth Co Nova Scotia
3	Father of the Deceased.....	His father has been dead 39 years.		
4	Mother of the Deceased.....	Mrs James Moulton ^{about} 2. _{think}	65	Garnish Fortune Bay Newfoundland
5	Brothers of the Deceased	Full Blood		
		Half Blood	25	Garnish Fortune Bay nfld.
6	Sisters of the Deceased	Full Blood	46	Garnish Fortune Bay Newfoundland.
		Half Blood	29	Garnish Fortune Bay nfld.
7	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	
	Archibald Adams drowned eleven years ago I don't know the date exactly only October. 1931	Viola Adams. 20 yrs. L. ois Adams. 17 yrs Rose Grandy 25 yrs Pearl Grandy 23 yrs Jose Grandy 20 yrs Martha Grandy 14 yrs Myra Grandy 13 yrs James Moulton 6 months	22 Armview Halifax Garnish Fortune Bay nfld Garnish Fortune Bay nfld. Garnish Fortune Bay nfld. Garnish Fortune Bay nfld. Garnish Fortune Bay nfld. Garnish Fortune Bay nfld. Garnish Fortune Bay nfld.	
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.....			
	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Mrs George Adams Mrs. Edith Crocker	Age 76 70	Great Basin, Basin, N.S. Creston Via Marystown

MAIN FILE
CHARGED TO 87294
SINCE 22-4-42
REC'D. CENTRAL REGISTRY
9 1942
REFERRED TO

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	George Manuel Adams
11	Give the month and year of his birth.	April 24 th 1901
12	Where and when were his parents married?	Great Britain. Birm. nfld. . 18. 94. I'm not quite sure
13	Was he ever married? If so, state exact place and date of marriage.	Yes. at 101 Vernon street Halifax 19. 29
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?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	Birm. Bay. Great Britain. Birm nfld
17	In what Province, Country or State did he reside, and in which last?	Halifax and Yarmouth County Province Nova Scotia Yarmouth
18	How long in each?	9 yrs in Halifax 12 in Yarmouth County 4 1/2 yrs at East Pubnico or his family has
19	What was the nature of his employment?	Seaman Motor Mechanic
20	Did he own the house or homestead in which he lived? If so, where?	Yes. It was in both his wives name and his we owned it jointly East Pubnico Yarm Co
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	this was his home. I suppose he would have lived it there as far as I know. he had no other ideas
22	State your postal address in full.	East Pubnico Yarmouth Co Nova Scotia

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

* Widow of the deceased.

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

Mrs Susanna Adams

{Signature
of
Informant

CERTIFICATE

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

Mrs Susanna Adams

*See above { Name of Informant } is the * Widow 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 Pubnico this 2nd day of October 19 42.

Signature of Clergyman, Priest or Magistrate } Lewis W. Mills Qualification Clergyman

Address Pubnico, Yarmouth County, Nova Scotia.

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.

JVM

mon. 0800

825
NR
SSG
P/O



P015736

N. R. 5
5M-1-39
N.S. 815-12-5

DEPT
MILITARY
H. 123-a 52
H.Q.
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME ADAMS, OFFICIAL No. A1441

CHRISTIAN NAMES George Manuel MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
East Pubnico, Yarmouth County, N.S.	United

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
24th April, 1901	Town Burin County Province Newfoundland.	Mrs. Susanna Adams, (Wife) East Pubnico, Yar. Co., N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>	brown	blue	fair	Nil
Inches <u>2 1/2</u>	Deflated <u>33</u>				
	Mean <u>33 1/2</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
30th March, 1940	Motor Mechanic	Engineer on M.V. Amacita

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date.~~

(b) ~~That it is my intention to follow the calling of a Fireman, or that of a Stoker, for a period of five years from this date.~~

(c) ~~That it is my intention to follow the sea in an Engine room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records
Division.

1. Enrolment Records	R.B.
2. Index Card	R.B.
3. Non-Su Card	R.B.
4. Local Card	R.B.
5. Pension Card	R.B.
6. Pension Card	R.B.
7. Pension Card	R.B.
8. Pension Card	R.B.

DATE 16-4-40

*Cross out
clause not
applicable

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* ~~XXXXXX~~.....for the period shown.

Served in	Rank	From	To

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

- (a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 30th day of March, 1940.

X *George M. Adams*
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, George Manuel Adams do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant X *George M. Adams*

Witness *A. R. Anderson*

Date 30th March, 1940. Rank Lieutenant R.C.N.V.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 30th day of March, 1940.

MEDICALLY *fit*

A. R. Anderson
(Signature of Officer and rank)
Lieutenant R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

A. R. Anderson
SURGEON COMMANDER

APPROVED:-
J. H. D. ...
Commander R. C. N.

DURATION OF HOSTILITIES

~~True Copy of the~~
CERTIFICATE of the Service of

George Manuel A D A M S
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION

H A L I F A X.

OFFICIAL NUMBER

A 1441

Date of birth 24th April, 1901.

Where born { Town Burin,
County and province Newfoundland.

Usual place of residence East Burin, Yarmouth Co., N.S.

Trade brought up to Engineer on M.V. "AMACITA"

Religious denomination United.

Next of kin (Wife) Mrs Susan Adams, same address

Can swim

Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS

MEDALS, CLASPS, Etc.

Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
30th March, 1940.		Duration of Hostilities		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy						
On advancement to man's rating, or on entry under 28 years						
On re-entry for C. S. or for Non-C.S. after attaining 28 years	5	2½	Fair	Brown	Blue	Nil.
Further description if necessary						

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE
25-7-42	Issued S.C.T.W # B 33062	

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet.

		19481
17. Dec 40	Naval Id. Card.	
8 Jan 41	Passed A.G. 1 day	W. Beery

GOOD CONDUCT BADGES

Forfeited

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 GEORGE MANUEL TIDNIMS (b) Reg'l. No. A 1441
 2. (a) Arm of service NAVY (b) Unit RCNR (c) Rank PLT. MECH
 3. (a) Date of birth APRIL 25, 1904 (b) Have you any dependents? YES (c) Place of residence at time of enlistment YARMOUTH N.S.
 4. (a) Place of enlistment HALIFAX N.S. (b) Date of enlistment MARCH 29, 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 10 (b) Were you attending school or college up to the time of enlistment? —
 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.) —
 7. If you attended a university, give name of university and standing or degree secured —
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? ENGLISH (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? —
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked — (b) State how long you had worked at this trade or occupation —
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified —
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment —
 15. Give details of last employer, if any: Name — Address —
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
 17. (a) If your last employment was in a business of your own, state nature and address of business — (b) Date of discontinuing it —

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

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

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

18. Name of employer MR. J. BRIDIE Address YARMOUTH N.S.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) COASTAL TRADE
 20. (a) Your specific occupation DIESEL ENGINEER (b) Number of years' experience at this occupation with any employer 12 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 — (b) Where was it located? —
 23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 5 YRS (c) In what provinces did you have experience? NEWFOUNDLAND

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? OWNS FARM AT PRESENT
 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.) WORK OWN FARM
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form —

DATE APRIL 25, 1941 194 1 SIGNATURE George Manuel Tidnims



Copy To
VWD
ES

MAY 28 1941



Department of National Defence
Naval Service

Ottawa, Canada.

123-A-52

IN REPLY PLEASE QUOTE

No. NS: 123-A-52

17 September, 1942.

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
ADAMS, George Manuel Motor Mechanic, A-1441, R.C.N.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.	Wife: Mrs. Susanne Adams, East Pubnico, Yarmouth Co., N.S.

ALLOTMENTS IN FORCE

In favour of:

Wife Mrs. Susanne Adams
East Pubnico
Yarmouth Co., N.S.

118.00

Firm Clayton and Son
Halifax N.S.

6.00

Firm Rec. Gen. of Canada
War Savings Certificates
Ottawa, Ontario

\$2.00

WILL: No record.

Yours truly,

R. A. Hamilton
SECRETARY, NAVAL BOARD.

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



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

4
NAVY

DECEASED
MEMBER'S
NAME

George M.

(CHRISTIAN NAMES)

ADAMS

(SURNAME)

PAYEE
ADDRESS

Mrs. Susanna Adams,
P.O. Box 1013,
Yarmouth, N.S.

REGISTER NO. 6456

FILE NO. NS.A-1441

DATE 13 Sep/45.

SERVICE NO. A-1441

FINAL RANK OR RATING N.M.

DATE OF DISCHARGE 7 Sep/42

DATE OF TERMINATION OF OVERSEAS SERVICE

7 Sep/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 892 EQUAL TO 29 COMPLETE PERIODS AT \$7.50

\$ 217.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 845 LESS 22 INELIGIBLE DAYS, EQUAL TO 823 DAYS @ 25C. PER DAY

205.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$ 2.45

TOTAL \$ 6.80 X 7 = \$ 47.60

NO. OF DAYS 823 X \$ 47.60

214.07

D. WAR SERVICE GRATUITY

637.32

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

637.32

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 637.32

Cheque 118296 - 20/3-45

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

PREPARED BY

CHECKED BY

SJD

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.