

V13193
LAAK
MIKE

P. DECEASED 22 October 1940
DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

LAAK Michael		V-13193	Ldg.Smn.	FILE No.
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,	
C.V.S.M. & Clasp,	
War Medal.	

*Medals kept undisturbed
R1216 to stock*
CANCELLED

307173

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. "MARGAREE" Apr.46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Anne Laak - Mother

~~General Delivery, 305-5th Ave E.,~~
ADDRESS: Calgary, Alta. 21-1-49

*Held pending
Application 5-7-50*
(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Laak

ADDRESS: 620 - 6th Avenue East
CALGARY, Alta.

(3) 28 April 1941

V13193

OFFICIAL NUMBER

FILE NUMBER

113-L-224

OFFICIAL NUMBER V13193

NAME LAAK

(Surname)

Mike

(Given Names)

DATE OF BIRTH

19 Feb. 1916

PLACE OF BIRTH Calgary, Alberta.

OCCUPATION Labourer

RELIGION Roman Catholic

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

620 - 6th Ave. East

Town

Calgary

Province, etc.

Alta.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
14	7	34	3 yrs.	5'9"	Brown	D.Blue	Fresh	Birthmark right side of abdomen.				
14	7	37	3 yrs. (re-enrolled)					Scar below left knee				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				14	7	35	Rated Able Smn.				
				8	6	38	Rated A/Ldg. Smn.				
				8	6	39	Confirmed Ldg. Smn.				
					5	36	Passed E.T. "one"				
				20	19	34	P.P.T.				

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES									
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT			
Day	Month	Year					Day	Month	Year					
14	7	38	1st GSB	Granted										

FILM
NO. WAR 5396-3
DATE

SECOND CLASS FOR CONDUCT	
From	To

W.S.G.
APPLICATION
10566
RECEIVED
4/15/45

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

V13193

OFFICIAL NUMBER

NAME

LAKE

Mike

(Surname)

(Given Names)

OFFICIAL NUMBER

V13193

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
Div. Str. Calgary	Ord. Smn.	14	7	34	(Skeena 8-20/10/34)						S.G. Pt.3	24	4	36			
Naden	" "	15	9	34	to 21-10-24 Tr(Armentieres	V.G.	Sat.				S.G. Pt.1	8	5	36			
"	" "	13	4	35	to 19-5-35 Tr.26/4-17/5/	V.G.	Sat.				Q.R. II	2	3	40			
"	Able Smn.	11	4	36	to 10-5-36 Tr. 35)	V.G.	Supr.										
Naden (Skeena)	" "	16	1	37	to 4-5-37 Tr(Fraser 28/3-2/5/37)	V.G.	Supr.										
Naden	" "	7	5	38	to 8-6-38 Tr(Armentieres	V.G.	Supr.										
Naden	Ldg. Smn.	9	4	39	to 29-7-39 Tr16-28/7/39)	V.G.	Supr.										
Naden	Ldg. Smn.	3	9	39	Active Service												
DEMS Loch Dee	" "	11	10	39													
Stadacona	" "	24	2	40	Lent Arras 5-3-40 to 8-4-40												
Arras	" "	9	4	40													
Stadacona	" "	10	7	40													
Margaree	" "	14	8	40													
DISCHARGED	" "	22	10	40	"Dead" Killed in Action per casualty list.												

GENERAL REMARKS

Memorial Cross Awarded to: Mother
Mrs. Annie Lake
620 - 6th Ave. E.
Calgary, Alta.

DATE OF BIRTH		PLACE OF BIRTH		CIVIL OCCUPATION		RELIGION		EDUCATION		PREV. ENL.		RANK OR RATE ON ENLISTMENT	
MO.	YR.	BIRTH	MAIN	SUB	GION	R.	CTY.	TOWN	SER.	DIV.	A.	BR.	RANK
19	2	16	19	900	0	10	X	8	06	05	02	1	08875
ENLIST. DATE		RECEIVED		EXPIRATION		SHIP		COMP.		RANK OR RATE			
MO.	YR.	MO.	YR.	MO.	YR.	MO.	YR.	ESTAB.	A.	BR.	RANK		
14	07	34	03	09	39				03	15	08875		
SECURITY		STR.		HONOR		CODED		CHECKED					
MO.	YR.	CAT.	A.	B.	ST.								
03	09	39	09	11		20	25-10-40	AL		hmm			

M.M. 12-1-43

S.S. "Lock See" disembarked 23 Feb 40.
HMCS *Stadacona*

NAME *LAARK, Mike*

Rating *Edg. Seaman* R.C.N.
R.C.N.R.
R.C.N.V.R.

Ship's Book No. *141A/688.*

Official No. *13193.*

Port Division *Calgary*

Protective Clothing issued *No.*

Pay Book issued by *[Signature]*

Paymaster **Commander**

ACCOUNTANT OFFICER

H.M.C.S. "NADEN"

Date **JAN 20 1940** Place **R.C.N. BARRACKS**
ESQUIMAULT, B.C.

Signature of Seaman.

**To Masters of Defensively Equipped Merchant
Ships**

1. Name *Mike Laark*
if appointed to a D.E.M. Ship under your command for
duty as a* of the Gun's Crew.
He is to be signed on the Ship's Articles at the rate of
\$1.05 per week or 15c. per diem and paid off as regards
wages in exactly the same manner as the Mercantile Crew
on being discharged or paid off from your ship. The
amounts paid should be noted in the Pay Book page 12,
and the period on Ship's Articles clearly shown on page 11
of this pamphlet.

* Fill in position in Gun's Crew.

2. The rating is not to be paid this weekly advance
whilst off Ship's Articles. During such period he should
apply either to the Local D.E.M.S. officer or other Naval
Accountant Officer for Naval Pay (*vide* instruction on
pages 6 and 7 of this pamphlet).

3. Arrangements for victualling this rating are to be
made by the Shipping Companies, and cost of same will
be refunded by The Naval Secretary, The Department of
National Defence, Ottawa, at a mutually agreed rate while
the rating is attached to your ship. Repayment of cost of
victualling is not to be claimed, or man victualled or paid
Victualling Allowance whilst absent from ship on long
leave.

4. All claims for money advanced on account of these
wages or paid on account of victualling are to be reclaimed
through your owners on Form D.E.M.S. 5.

TAKE CARE OF YOUR PAY BOOK

LIST OF H.M.C. OR H.M. SHIPS OR ESTABLISHMENTS
SERVED IN AND RECORDS OF PAYMENTS MADE

(Cash Advances of naval pay made by Masters to be
shown hereunder)

Name of Ship	Date Victualled		Amount advanced by Naval Accountant Officer			Signature of Master or Naval Accountant Officer
	From	To				
			\$	c.		
			£	or		
				s.	d.	
DEMS LONDON.	27 Dec '39		10	-		Extracted from ledger President II'
						Paymaster Lieut
Pay adjusted to 23 Feb.						
Transfer list sent to Stab 2/4/40						
with credit bal. of \$29.89						
LOCH DEE	21-12-39		6	7	0	
"	15-1-40		3	0	0	
"	17-1-40		1	0	0	

Name of Ship	Date Victualled		Amount advanced by Naval Accountant Officer			Signature of Master or Naval Accountant Officer
	From	To				
			\$	c.		
			£	or		
				s.	d.	

The net Weekly Rate of Pay for issue has been reduced
or raised to.....(words)
from.....19 , on account of.....

The Net Weekly Rate of Pay for issue has been reduced
or raised to.....(words)
from.....19 , on account of.....

NOTE.—The above rates should be verified whenever opportunity offers, by the Accountant Officer compiling the man's account. A new book should be issued, if necessary, the Accountant Officer retaining the old one.

Ship's Name and Official Number	From	To	Whether Gunlayer or Second Hand	Signature of Master.
Lock Dec.	1 Jan '40.	23 Feb '40.		

PAYMENTS TO BE MADE AT THE WEEKLY RATE OF \$1.05
OR 3s. 6d. WHILST ON THE ARTICLES OF A D.E.M.
SHIP

CASH PAYMENTS

Date	Name of Ship	Amount of D.E.M.S. Wages			Signature of D.E.M.S. Master or Naval Officer Making Payment
21/12/39	LOCH DEE	\$	c.	d.	✓
		£	or s.		
		1 16	—		

NAME LAAR MikeRating Leading Seaman ~~R.C.N.~~
~~R.C.N.R.~~
R.C.N.V.R.

Ship's Book No.

Official No. 13193Port Division Esquimaux B.C.

Protective Clothing issued

Pay Book issued by W. HowlandRank Paymaster LieutenantDate 2/12/39 Place Halifax N.S.

Signature of Seaman.

M LaarTo Masters of Defensively Equipped Merchant
Ships

1. Name Mike Laar
if appointed to a D.E.M. Ship under your command for
duty as a* Boat of the Gun's Crew.
He is to be signed on the Ship's Articles at the rate of
\$1.05 per week or 15c. per diem and paid off as regards
wages in exactly the same manner as the Mercantile Crew
on being discharged or paid off from your ship. The
amounts paid should be noted in the Pay Book page 12,
and the period on Ship's Articles clearly shown on page 11
of this pamphlet.

* Fill in position in Gun's Crew.

2. The rating is not to be paid this weekly advance
whilst off Ship's Articles. During such period he should
apply either to the Local D.E.M.S. officer or other Naval
Accountant Officer for Naval Pay (*vide* instruction on
pages 6 and 7 of this pamphlet).

3. Arrangements for victualling this rating are to be
made by the Shipping Companies, and cost of same will
be refunded by The Naval Secretary, The Department of
National Defence, Ottawa, at a mutually agreed rate while
the rating is attached to your ship. Repayment of cost of
victualling is not to be claimed, or man victualled or paid
Vicualling Allowance whilst absent from ship on long
leave.

4. All claims for money advanced on account of these
wages or paid on account of victualling are to be reclaimed
through your owners on Form D.E.M.S. 5.

To Naval Accountant Officers

Name..... Mike Laak

1. You are authorized to pay the above named man, during the time he is temporarily attached to your Ship or Establishment, and *off the Articles of a Defensively Equipped Merchant Ship*, wages at the rate of \$2.50 or ten shillings per week, communicating the amount thus advanced *without delay* to The Naval Secretary, The Department of National Defence, Ottawa.

2. Should this man be standing by a Defensively Equipped Merchant Ship waiting for a new crew, you are authorized, on production of this pay book and written statement from the Master, to prove the circumstances of the case and his identity, to pay him the weekly wage specified in paragraph 1, subject to the conditions laid down in para. 3.

3. This rate of pay is only intended to meet cases where there is no time to communicate with the Central Pay Office, or where the period of payment is so short that it is immaterial whether the man is slightly overpaid or not. If the rating will be drawing weekly pay from you for a period extending over two or three weeks, application should, if practicable, be made to The Naval Secretary, The Department of National Defence, Ottawa, for the correct rate of pay, on receipt of which over or under payment can be adjusted by you at the next payment.

4. Should this man require settlement of his Naval Account application should be made to The Naval Secretary, The Department of National Defence, Ottawa, when authority will be sent to you to pay him the amount standing to his credit on account of Naval wages up to the end of the preceding month.

5. The period this man has served in your Ship or Establishment and any amounts advanced are to be entered on page 8 of this pamphlet. This will be an additional check to the usual acquittance roll.

TAKE CARE OF YOUR PAY BOOK

Instructions for D.E.M.'s Gun's Crews

Name..... Mike Laak

1. During the time you are signed on the Articles of a Defensively Equipped Merchant Ship you will be paid by the Master at the rate of \$1.05 or 3s. 6d. per week, which sum is a special D.E.M.S. Allowance and is in addition to your Naval pay.

2. While you are off Ship's Articles, whether attached to a D.E.M.S. Outport or Naval Depot awaiting draft, or standing by a D.E.M. Ship waiting for a crew to sign on, you may obtain a sum not exceeding ten shillings per week, *chargeable against your Naval pay*, on presenting this book and proving your identity at the local D.E.M.S. Office, or, if there is no local D.E.M.S. at the port, to other Naval Accountant Officers. Application can also be made either personally, or by writing and sending Pay Book to the Central Pay Office. Letters must be countersigned by the Master of the Ship.

3. Settlement of account either direct to yourself or else to your home can be obtained by yourself on written application to The Naval Secretary, The Department of National Defence, Ottawa, or application may be made to the local D.E.M.S. office if there is an office at the Port your Ship is at. Your application, if by letter, must be countersigned by the Master should you be standing by a Ship, or, if you are on leave, by the Local Police, to prove your identity.

4. Money cannot and will not be despatched without definite proof of identity.

5. Balance standing to your credit on account of Naval Wages on books of the Central Pay Office will be paid, subject to proof of identity, on application once a month, calculated up to the end of the previous month.

6. Repayment clothing can be obtained from the Accountant Officer of any of H.M. Ships on production of this Pay Book.

LIST OF H.M.C. OR H.M. SHIPS OR ESTABLISHMENTS
SERVED IN AND RECORDS OF PAYMENTS MADE

(Cash Advances of naval pay made by Masters to be shown hereunder)

Name of Ship	Date Virtualled		Amount advanced by Naval Accountant Officer			Signature of Master or Naval Accountant Officer
	From	To	\$	c. or s.	d.	
21/12/39 STADACONA	-	-	£	20	00	Howland Paytr. Godinclair Master.
21/12/39	10/39	21/12/39	20	00	0	
D.E.M.S. ADVANCE			10	-	-	Pring 30 Apr. 8/40
LONDON	23 DEC 1939					
30.12.39 LOCH DEE			10	-	-	Godinclair Master
15.1.40 LOCH DEE			3	-	-	Godinclair Master
17.1.40 LOCH DEE			1	-	-	Godinclair Master

Name of Ship	Date Vouchered		Amount advanced by Naval Accountant Officer			Signature of Master or Naval Accountant Officer
	From	To	\$	c. or s.	d.	
2. 2. 40 ch Dec adsona			\$	c.		Geo. L. ... Master
			£	s.	d.	
			\$45.00			
			\$60.00			
Pay adjusted to 23 1/2 / 40 incl						
transf to Stal with credit bal. 20						
Advance \$60.00						
When pay up comes for						
USIA check if this has						
been deducted						
The						

The net Weekly Rate of Pay for issue has been reduced
or raised to.....(words)
from.....19 , on account of.....

The Net Weekly Rate of Pay for issue has been reduced
or raised to.....(words)
from.....19 , on account of.....

NOTE.—The above rates should be verified whenever opportunity offers, by the Accountant Officer compiling the man's account. A new book should be issued, if necessary, the Accountant Officer retaining the old one.

Ship's Name and Official Number	From	To	Whether Gunlayer or Second Hand	Signature of Master.
LOCH DEE 164122	10-10-39		In charge Gunlayer	Geosimclair

PAYMENTS TO BE MADE AT THE WEEKLY RATE OF \$1.05
OR 3s. 6d. WHILST ON THE ARTICLES OF A D.E.M.
SHIP

CASH PAYMENTS

Date	Name of Ship	Amount of D.E.M.S. Wages			Signature of D.E.M.S. Master or Naval Officer Making Payment
		\$ £	c. or s.	d.	
21.12.39	LOCH DEE	1	16	-	Geo. Inchausti

Name
of
Ship

Amount
of
D.E.M.S.
Wages

Signature
of D.E.M.S.
Master
or Naval
Officer
Making
Payment

Date	Name of Ship	Amount of D.E.M.S. Wages			Signature of D.E.M.S. Master or Naval Officer Making Payment
		\$ £	c. or s.	d.	

Issued with Gas mask. 21/12/39
D.E.M.S. London.

DEMS, London

0540, London
Leave granted from Mon 23 Dec until
Mon. 29th Dec 1939. H.K.H. R.A.

1939
Hills
for Commander RN
Senior Dem. Soc. Officer

R. C. N. V. R.
TRAINING REPORTS, 1939

Name.....**LAAR, Mike.**..... Rate.....**A/L.Sea. A/S.G.**..... O.N. **13193**
Division.....**Calgary**..... Training Headquarters.....**Esquimalt**..... Period No. **Sp.**
ANNUAL TRAINING..... No. of days
Entered for N.T..... Completed N.T.....
Entered for V.S. **15 - 7 - 39**..... Completed V.S. **28-7-39**..... **14**
Final Discharge **28-7-39**..... Total No. of Days..... **14**

INSTRUCTION

	Training Establishment R.C.N.B.			Service Afloat H.M.C.S. "ARMENTIERES"		
	From 15-7-39 To 16-7-39			From 16-7-39 To 28-7-39		
Subject	No. of Hours	Efficiency	Remarks	No. of Hours	Efficiency	Remarks
1. Seamanship.....					Supr.	Capable.
2. Boatwork.....					Supr.	Capable.
3. Signals.....						
4. W/T.....						
5. Gunnery.....						
6. Torpedo.....						
7. Minesweeping.....						
8. P. & R.T.....						
9. Swimming.....						
10. Kit and Medical.....		Completed.				
11.						A very capable rating.
12.						

Character..... V.G. Efficiency..... Supr.	Character..... V.G. Efficiency..... Supr.
Qualified as Efficient..... Yes.	
E.T. Part I..... Passed } Failed } Date.....	Passed } Failed } Date.....
Passed professionally for..... Date.....	 Date.....
Recommended for Advancement.....	In due course.
Recommended for Confirmation..... Yes.	Yes.

Qualified for Advancement to.....
Recommended for Special Branch.....
General Remarks.....**Permitted to complete Voluntary Service in order to carry out seatime for confirmation as Leading Seaman.**

Signature.....**R. Bowler**.....
Assistant Reserve Training Officer.
RESERVE TRAINING OFFICER

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

...RANK/RATING OFF. NO. ... 13193 ... ADDRESS

[illegible]

N. V. No. 17

2M-6-26
N.S. 815-11-17

OF

20 Jun 10

10

Training Headquarters

ESQUIMALT

Official Number 13193

19th. February 1916

Calgary, Alta.

620-6th Ave. E. Calgary, Alta-

Labourer

(Brother) Anne Laak, same address

Roman Catholic

APT 20.4⁹.32 Fair.

PARTICULARS OF SERVICE

[illegible]

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	9	Fresh	Brown	D.Blue	Birth mark right side of abdomen, scar below left knee.
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING

[illegible]

DATE	WOUNDS AND HURT CERTIFICATES. MERITORIOUS SERVICE. SPECIAL RECOMMENDATIONS	CAPTAIN'S SIGNATURE	DATE
			26-4-3
			14 th July 3
			24-4-3
			8-5-3
			31.3.3
			20-5-3
			8 June 38

TRAINING AND DRILLS

ABILITY	No. OF DILLS	BOUNTIES		EFFICIENT	CAUSE OF DISCHARGE-REMARKS	CAPTAIN'S SIGNATURE
		DATE	AMOUNT			
Sad				Yes		G.C. Jones
Sad				Yes	"D" haden for to H.Q.	J.E.W. Oland
Sad				Yes		G.C. Jones
Supr.				Yes		C. H. H. H.
Sad	50			Yes	"Annual Assessment"	R. Jackson
Sad				Yes	Is complete cruiser in France	W. H. H.
Sad				Yes	Is "naden" on completion of Spring Cruise	W. H. H.
Supr.				Yes		J.E.W. Oland
Sad				Yes		H. H. H.
Supr.				Yes		J. H. H.

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
	26-4-35	Passed for A.B.	G.C. Jones	1 Dec 39	Rated A/Q.R.3	H. H. H.
	14 July '35	Rated A.B.	H.Q.			
	24-4-36	Passed S. G. Part III Rated A/S. G.	C. H. H.			
	8-5-36	Passed S. G. Part I				
	31.3.36	Passed S. G. Pt. I	H.Q.			
	20-5-38	Passed professionally for S.G. Exam.	J.E.W. Oland			
	8 June 38	Rated A/S.G. Exam				

Q 5

[illegible]



Can. B. 207
2M-2-36
N. S. 815-2-207
NOV 10 1936
113-2-224

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Mike LAAK (of white race) candidate for entry as Ordinary Seaman and I believe him to be in all respects Unfit for His Majesty's Service. ~~He has signed the Certificate given below in my presence.~~

Dated at Calgary, Alberta the 7th of November 1936

J. E. Hunter
Examining Medical Officer

(Rank) Major, R.C.A.M.C.

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age (Years Months)	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches (a) maximum (b) minimum (c) mean	(f) Vision by— (i) Snellen's Types (ii) Colour Vision right eye left eye colour vision	(g) Vaccinated or re- vaccinated 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. def- icient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
19 ⁸ / ₁₂	150	5 8 ¹ / ₂	Good	38 36 2	20/40 20/50 CVN	Vacc. 1936 One Scar left	N	N	N	N	N	N	Good con- dit- ion	N

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of Defective Vision

~~not~~ considered of sufficient importance to cause his rejection, he being desirable in other respects.

unfit

J. E. Hunter
Examining Medical Officer

(Rank) Major, R.C.A.M.C.

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

(5) On being enrolled as a member of the.....CALGARY HALF.....Company 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 Company 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.....14th.....day of.....July.....1934.....

Signature of applicant.....Mike Laak.....

(C) CERTIFICATE OF COMPANY 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.....14th.....day of.....July.....1934.....

R. Hinton

Signature of C. C. O.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant.....Mike Laak.....

Witness.....R. Hinton.....

Date.....July 14th.....1934.....Rank.....Lieut. Comd R.C.N.V.R......

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

.....Mike Laak.....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.....Calgary Half.....Company of the R.C.N.V.R.

R. Hinton
Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.



P7421

N. V. 5
2nd-232
N.S. 815-11-5

NATIONAL DEFENCE

JUL 17 1934

113-26224

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... L A A K OFFICIAL No. 13193CHRISTIAN NAMES..... Mike MARRIED, SINGLE or WIDOWER..... Single

PERMANENT ADDRESS		RELIGION
<u>620 6th Ave. E. Calgary Alberta</u>		<u>R.C.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>February 19th 1916</u>	Town <u>Calgary</u> County Province <u>Alberta</u>	<u>(Mother) 620. 6th Ave. (Annie Laak) Calgary Alta.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>37</u>	<u>Brown</u>	<u>Dark Blue</u>	<u>Fresh</u>	<u>Birth mark right side of Abdomen, scar below Left Knee.</u>
Inches..... <u>9</u>	Deflated..... <u>33</u>				
.....	Mean..... <u>34</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>July 14th 1934</u>	<u>Ord. Sea.</u>	<u>Labourer. C.P.R.</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..... Not Applicable 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

- (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.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Laak Michael
11	Give the month and year of his birth.	20 Feb. 1917
12	Where and when were his parents married?	1918 Calgary, Alta.
13	Was he ever married? If so, state exact place and date of marriage.	Never married
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?	Calgary Alta.
17	In what Province, Country or State did he reside, and in which last?	Calgary Alta.
18	How long in each?	all the time in Calgary
19	What was the nature of his employment?	Common Laborer
20	Did he own the house or homestead in which he lived? If so, where?	Lived with mother
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.
22	State <u>your</u> postal address in full.	R. R. 2. Kelowna British Columbia.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No knowledge of it.
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).	No debts.

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 Annie Laak

{ Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....
*See above Annie Laak { 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 Kelowna B.C. this 9 day of July 1941

Signature of Clergyman, Priest or Magistrate }

Qualification.....

Address.....

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.

MEMORANDUM FOR

P 88613

P. 64

Mrs. Annie Laak,

620 - 6th Ave. E.,

Calgary, Alta.

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. 113-L-224 FD. 142

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

NATIONAL DEFENCE

JUL 15 1941

N.S. 113 L 224
CANADA

July 3, 1941

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

LAAC, Michael, Ldg. Smn.

No. V. 13193, H.M.C.S. Margaree

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.



(L.M. Firth) Major,
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. Annie Laak	50	R.R. 2 Kelowna British Columbia	
2	Children of the Deceased and dates of their Births.....	No children, never was married			
3	Father of the Deceased.....	Mr. Charly Laak	died in 1918.		
4	Mother of the Deceased.....	Mrs. Annie Laak	50	R.R. 2 Kelowna B.C.	
5	Brothers of the Deceased	Full Blood	John Laak	27	Calgary. Alta
		Half Blood	George Laak	20	Calgary Alta.
6	Sisters of the Deceased	Full Blood	Annie Laak (Malcolm married name)	25	Innisfield Alta
		Half Blood	Rose Laak	18	Calgary Alta.
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	

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.....	not living		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Annie Nowok	65	Calgary Alta

P 41848

ACCOUNTS OF MEN DISCHARGED

 APR 16 1941
 N.S. 113224
 CANADA

 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.....MICHAEL LAAK.....Rating LDG/SMN.
 Official No. V-13193 H.M.C.S. "MARGAREE".....List. 5-2/81
 Who* was "DD".....on the 22nd OCTOBER 1940

	\$	cts.
Net sum due on ledger on account of Wages.....	45	36
Proceeds of sale of Effects charged against Wages, brought from the other side		NIL
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	NIL	
Found amongst Effects.....	NIL	
Debts collected \$.....	NIL	
Cash debited in the Accountant Officer's Cash Acct.....		NIL
If in debt in ledger, amount to be stated (in red ink).....		NIL
Rate of allotment (in words).....NIL.....charged to.....NIL		
Name of ship from which transferred.....H.M.C.S. "MARGAREE".....		
Total BALANCE CREDITOR.....	45	36

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.....H.M.C.S. "MARGAREE" amounting to a net balance†.....CREDITOR of.....-FORTY- FIVE-.....dollars THIRTY- SIX-.....cents.

 Dated on board H.M.C.S. "STADACONA".....at HALIFAX
 NOVA SCOTIA this 25th day of MARCH 1941

Approved

 PAYMASTER SUB/LIEUT. R.C.N.V.P. Accountant Officer
 Initials of the Assistant Accountant Officer

ACTING CAPTAIN R.C.N. 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.
 †State 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

 10M-10-40 (7450)
 H.Q. N.S. 815-9-45

 Ledger { Fair
 Rough

P006319

113 L224

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Mike LAAK
(Christian names in full)Rank of Rating Acting Leading Seaman Official No. V13193
(If unknown, date of first entry)

Place of Birth Calgary, Alberta Date of Birth 19th February, 1916

Occupation in Civil Life Labourer Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 6 Years 3 Months

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Loss in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Anne LAAK Relationship Mother
Address 620 - 6th Avenue, East, Calgary, Alberta

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

Date on which death was registered with local Officials NK

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, accord-
ing to Nationality

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

J. P. Edwards
COMMANDER R.C.N.,
Commanding Officer,

8th November, 1940

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.

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

HMC

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVYDECEASED
MEMBER'S
NAMEMichael
(CHRISTIAN NAMES)LAAK
(SURNAME)REGISTER NO. 10566
FILE NO. NS 13193
DATE 1-2-46
SERVICE NO. V13193
FINAL RANK OR RATING L/Smn.
DATE OF DISCHARGE 22 Oct. 40PAYEE
ADDRESSDirector of Estates } For Service Estate of
308 Sparks Street, } Michael LAAK
Ottawa, Ontario. } NS - V 13193

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct 1940

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 ³⁰ EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 333 LESS 19 INELIGIBLE DAYS, EQUAL TO 314 DAYS @ 25C. PER DAY

78.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.10
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY HLM \$.13

QR 11 \$.20

GSB \$.05

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.93 X 7 = \$ 27.51

NO. OF DAYS 333 ₁₈₃ X \$ 27.51

50.06

D. WAR SERVICE GRATUITY

226.06

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

226.06

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 226.06

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher 5310 - March 4 / 46

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

W.

10W

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

For Dir Naval Pay Accting.

113- L 224

67

1st November, 1940.

Dear Madam:

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Michael Laak, Leading Seaman, O.N. V.13193, R.C.N.V.R., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,


(J. O. Cossette),
Naval Secretary.

Mrs. Annie Laak,
620 - 6th Avenue, E.,
CALGARY, Alberta.

No. 35.....

S. 2063
2,500-3-39
N.S. 815-9-2063

P026152

ORIGINAL

STOP NOTICE

(Navy Allotments)

DEFENCE
MAY 21 1940
N.S. 113-6-224
CANADA

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
(Venture) 12/2/41 Arras	Laak	Mike	L/Seaman 13193 RCNVR.

254007

64

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
\$15.00	May APRIL 30th	Mrs. Anne Laak	Mother	620-6 Ave E. Calgary, Alta.

Entered in:—
Fair Ledger.....
Rough Ledger.....

M. Laak
Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Not required Approved by Captain

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

78R Wonting
Paymaster Lieutenant ~~Commander~~ RCNVR
H.M.C.S.

Date forwarded.....

FOR USE AT HEADQUARTERS ONLY

- 1. Index Card Destroyed.....
- 2. Noted in Birth Record Ledger.....
- 3. M./A. Card Destroyed.....
- 4. Ledger Account Closed.....

INITIALS	DATE
<i>sol</i>	21/5/40



RE-ENROLMENT FORM FOR MEN
OF THE
ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Laak OFFICIAL No. 13193

CHRISTIAN NAMES Mike MARRIED, SINGLE, OR WIDOWER Single

DATE OF RE-ENROLMENT	RATING IN WHICH RE-ENROLLING	FORMER PERIODS OF ENROLMENT
<u>14-7-37</u>	<u>Able Seaman</u>	1st period from <u>14-7-</u> <u>1934</u> to <u>13-7-</u> <u>1937</u>
		2nd " " " <u>19</u>, to..... <u>19</u>
		3rd " " " <u>19</u>, to..... <u>19</u>
		4th " " " <u>19</u>, to..... <u>19</u>
		5th " " " <u>19</u>, to..... <u>19</u>

(B) DECLARATION TO BE MADE BY APPLICANT

(1) I hereby declare that I am desirous of being re-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.

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

- to serve from the date hereof 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.
- 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.
- 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 Company 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 Third day of July 1937

Signature of Applicant M. Laak

(C) CERTIFICATE OF COMPANY 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 Third

day of July 1937

N.V. 5A
500-2-35
N.S. 815-11-5A

F. Jackson
Signature of C.C.O.

(OVER)

(D)

OATH OF ALLEGIANCE

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

Signature of Applicant M. Laak

Witness R. Jackson

Date 3rd July 1937

Rank Lieutenant R.C.N.V.R.

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

(E)

CERTIFICATE OF COMPANY COMMANDING OFFICER

Mike Laak, Able Seaman, having been duly re-enrolled to serve in the Royal Canadian Naval Volunteer Force, I have caused his name and every prescribed particular to be recorded in the Record Book of this Unit.

R. Jackson
Company Commanding Officer

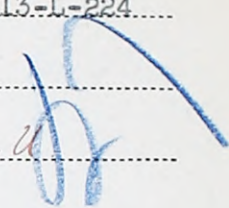
NOTE—When this form has been completed and the particulars in it have been noted in the Company Commanding Officer's Record Book, the form is to be forwarded to Headquarters, Ottawa, for custody.

The certificate of medical examination B-207 is to be sent to Headquarters, Ottawa, with this form.

ORDINARY SEAMAN

No. Name LAAK, Mike Nationality Nat. British File 113-L-224

Date of Birth 19 Feb. 1917 Married S. Religion

Date of Application Aug. 1, 1936. Medically Examined 7/11/36 M. U. 

Address 620 Sixth Ave. E., CALGARY, Alta.

Education Grade VIII
.....Previous Experience R.C.N.V.R. O.S. O.N. 13193 Joined July 1934 - still serving.
.....Remarks 3-9-36. D.N.O. & T. Put on roster and flag.
.....Directions Re Entry 4-9-36. Memo. to C.O. - copy Cdr. 28/10/36 Memo. re med. exam.
.....

2M 7-35 (M130) Remd. 12/11/36

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
3M-2-35
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Balgary Alta
Aug 1st 36
(Place)
(Date)

SIR:—

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a *Seaman*.

(Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) *MIKE LAAK*
 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) *19-2-17*
 3. Place of Birth. Town *Balgary* Province *Alberta*
 4. Permanent Place of Residence. No. *626* Street *Sixth Avenue East*
Town *Balgary* Province *Alta*
 5. Are you a British Subject? *yes*
 6. How long have you resided in Canada? *19 yrs*
 7. What is your Mother Tongue? *English*
 8. What other language do you speak? *Ukrainian*
 9. Are you of the White Race? *yes*
 10. Are you Single, Married or a Widower? *Single*
 11. How far advanced educationally are you? *Grade 8*
(Certificates of School Authorities must be attached)
Passed ETI May 11th 1936
 12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
Gen Labourer
 13. Do you belong to any Naval, Military, Air or Police Force? *R.C.M.V. Division Balgary*
 14. If so, give details.
 15. Have you ever served in such forces?
 16. If so, give dates and details. *4-4-34 and still serving*
 17. Have you ever been discharged from His Majesty's Forces as medically unfit? *No*
 18. Have you ever offered to serve in His Majesty's Forces and been rejected? *No*
Why?
 19. Have you ever been convicted of a criminal offence? *No*
(Enclose two character references, one of which must confirm your answer to Question 19)
 20. What is your weight? *152 lbs* Height *5'9"* Chest Measurement (Not inflated) *38 1/2"*
 21. Have you ever had fits? *No*
 22. Do you suffer from any deformity? *No*
 23. Have you suffered the loss of any fingers, toes, etc? *No*
 24. Do you suffer from any disease? *No*
 25. Do you wear glasses? *No*
 26. Are you subject to any disability which might cause your rejection? *No*
 27. Give details.
 28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? *Yes*
- Al W Street* Signature of Witness. *Mike Laak* Signature of Applicant.

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at *Balgary*, this *1st* day of *August*, 1936, in the presence of

Al W Street
Signature of Witness.

Mrs. A. Laak
Signature of Parent or Guardian.

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of

Signature of Witness

Signature of Candidate.