

V30991
BADOUR

WILLIAM

RUFUS

OCCUPATIONAL HISTORY FORM

MAR 20 1962

1382308 34834

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... (b) Reg'l. No. 130991
2. (a) Arm of service... (b) Unit... (c) Rank...
3. (a) Date of birth... (b) Have you any dependents?... (c) Place of residence at time of enlistment...
4. (a) Place of enlistment... (b) Date of enlistment 18 March 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... (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.) Grade 7
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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. Plumbing (b) State how long you had worked at this trade or occupation. 1 1/2 years
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. Nov 1942
15. Give details of last employer, if any: Name. Radio Assembly Address. Barrie St Kingston
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Radio repairs
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... Address...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation... (b) Number of years' experience at this occupation with any employer...
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

- 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? 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? No (c) In what provinces did you have experience? No

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 18 March 1942 SIGNATURE William Rufus Badour

DATE Received

Mrs. Augusta Badour
 45 Bay Street
 Kingston, Ontario

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

THE ADMINISTRATOR OF ESTATES,
 DEPARTMENT OF NATIONAL DEFENCE,
 OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. NS. 113-B-2708 ED. 306

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

March 7, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BADOUR, William R., A.B.

No. V.30991, R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

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

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Single		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	William Rufus Badou	75	Not Known
4	Mother of the Deceased.....	Missie Auguste Badou	54	45 Bay St Kington
5	Brothers of the Deceased	Full Blood	Garnet Badou	18 45 Bay St "
		Half Blood		
6	Sisters of the Deceased	Full Blood	Mrs Sylvia Stout 22 Mrs Ossie Badou 20 Mrs Babcock 16	Muskawa B. C. 45 Bay St Kington 45 Bay St "
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Rufus Badoue
9	Date of his birth.	Sept 6th 1924
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Dec 9th 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Jasper, Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) City of Kingston. (b) County of Frontenac (c) Province of Ontario (d)
14	Nature of employment before enlistment.	Simmons Hardware Store
15	State whether he owned the premises in which he lived, and, if so, where situated.	no ownership
16	Name place where deceased stated he intended to make his permanent home.	Kingston anticipated

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no will
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no account
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none whatever
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	no Loan
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no Insurance
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no other assets

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no Knowledge of any
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Augusta Bodour

{ Signature of Informant

111 Bay Street

Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Mrs Augusta

*See above.

Bodour

{ Name of informant }

is the Mother

of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Kingston this 11th day of March 1944

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

Rev. W. L. Tomlinson

Qualification

Clergyman

Address

61 Main St Kingston Ontario

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



CANADA

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **BADOUR** OFFICIAL NO. 130991
CHRISTIAN NAMES William Rufus MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 45 Bay Street, Kingston, Ontario. RELIGION Free Methodist

DATE OF BIRTH 6 Sept. 1924 *PLACE OF BIRTH
Town Jasper NAME AND ADDRESS OF NEXT OF KIN
County _____ Mrs. Augusta Badour (Mother)
Province Ontario. Same Address.

*Original Nationality of:
Father British
Mother British

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>32 1/2</u>	<u>Light Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>2" scar R. knee. Tattoo (Ancher, with mother on top) L. arm. Vasc. scar L. arm.</u>
Inches <u>6</u>	Deflated <u>30</u>				
	Mean <u>31</u>				

EDUCATIONAL STANDING Grade 8. TRADE OR CALLING AND IN WHOSE EMPLOY Unemployed.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Div. Strength 18 March, 1942</u>	<u>18 March, 1942</u>	<u>Kingston.</u>
<u>Act. Service</u>	<u>18 March, 1942 Ord. Smn.</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 the _____ and attached my _____ to the _____ of the _____.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged 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.

Kingston

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

(a) To serve from the date thereof for the 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 18th day of March, 1942.

Signature of applicant ✓ William Rufus Badour

(C) CERTIFICATE OF ATTESTING 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 18th day of March, 1942.

J.W. Webster Signature of and rank of Attesting Officer. Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, William Rufus Badour 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 ✓ William Rufus Badour Witness J.W. Webster

Date 18 March, 1942. Rank Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

William Rufus Badour 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 Kingston Division of the R.C.N.V.R. or in the appropriate official documents.

J.W. Webster Lieut. R.C.N.V.R. Attesting Officer.

18 March 1942 R.C.N.V.R. Division Kingston (or other establishment)

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. This is to advise that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

✓ William Rufus Badour

54832



CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

113B2708

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined William Rufus Badour

† candidate for entry as Ord. Smn.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed
the Certificate given below in my presence. Urine Negative 126/76
† 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 (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by Snellen's Types (i) Colour Vision (ii)	(g) Vaccinated or revaccinated 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), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
17 yrs 6 mos	122	5' 6"	Good	right eye (a) maximum 32 1/2 left eye (b) minimum 30 mean (c) 31	right eye 6/9 left eye 6/9 *colour vision	1937	Normal	Normal	Normal	Normal	Normal	Normal	2 deficient	Normal

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

Normal

X-ray { Not taken.
Approved.
Positive.
Doubtful.

19-3-42 X-Ray of Chest negative. H.C. Bunker

Write in the appropriate notation, and any remarks necessary.

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.

William Badour

Signature of Candidate

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

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* {which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.
* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

[Empty box for 'IF REJECTED' notation]

Dated at Kingston the 15th of March 1942

W. Bunker
Examining Medical Officer
(Rank) Woj.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

NAME	OFFICIAL No.	Date of Birth
<i>William Rufus Boudour</i>	<i>1-30991</i>	<i>6 Sept. 1924</i>

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....			
(b) Sailing.....			
Gunnery and Disciplinary Training.....			
Shooting.....			
Swimming—P. P. T.		Date qualified.....	
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

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

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

H.M.C.S. "*Cataraqui*". Date *22 April 42* *S. J. Hill* Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally { Accelerated Advancement.....			
{ For Able Seaman (if G.C. III).....			
{ Educational Test I.....			
Rated Ordinary Seaman.....			

SEAMANSHIP			GUNNERY			TORPEDO			TOTAL		* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Subject	Hours	%	Subject	Hours	%	Subject	Hours	%	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
Boat Work		85	Field Training		65	Whitehead			83%	10/4/43	John Taylor, Lieut H.M.C.S. Cornwallis	
Anchors and Cables		80	Gun Drill		75	Low Power						
Compass and Wheel Rule of the Road			Stripping			High Power			275	68.7	John Taylor, Lieut R.C.N.V.R. H.M.C.S. Cornwallis	
Rigging Sheers and Derricks		90	Fire Control		55	Instruments						
hooks, Sawing Machine, Lead and Line		65	Ammunition		80	Explosives			275	68.7	John Taylor, Lieut R.C.N.V.R. H.M.C.S. Cornwallis	
Bends and Hitches, Blocks and Tackles		95	Director and Sighting			Paravanes						
Part of Ship Evolutions			Machine Gun						TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
Signals		30/30										

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†

Ordinary Seaman (Special Service).
 Qualified for advancement to Able Seaman (S.S.)
 on.....Date.
Commodore
DepotDate.

Rated Able Seaman and Recommendations inserted on History Sheet
 H.M.C.S.....
Date
Captain.

CERTIFICATE of the SERVICE of

William Rufus L. Badour
~~*William Rufus L. Summers*~~

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax.</i>	R.C.N.V.R. Division <i>Kingston</i>	Official Number <i>V 30991</i>
		"
		"

Date of Birth *6 September, 1924.*

Place of Birth *Jasper, Ontario.*

Place of Residence *45 Bay St. Kingston, Ont.*

Trade brought up to *Unemployed.*

Religion *Free Methodist*

Can Swim:—P.P.T. Date *19* Signature _____ Rank _____

P.S.T. Date *19* Signature _____ Rank _____

Name and Address of Nearest Relative or Friend (in pencil)

Mrs. Augusta Badour (Mother)
same address



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>05 18 Mar 42</i>		<i>Hostilities Ord. Enr.</i>				
<i>08 01 " " "</i>		<i>"</i>	<i>"</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6</i>	<i>31</i>	<i>122</i>	<i>Light Brown</i>	<i>Blue</i>	<i>Medium</i>	<i>2" scar R. knee. Pates (anchor, with miter on top, & arm) face & arm</i>
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

V30991

OFFICIAL NUMBER

NAME BADOURWilliam Rufus

(Given Names)

OFFICIAL NUMBER

V30991

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Q	
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month
H.M.C.S. Cataraqui	Ord. Smn	18	3	42	Kingston Div. Str.	V.G.	Sat.	21	4	42	A/I.R. 3	14	7	43		
" " " "	" "	18	3	42	Active Service.	V.G.	Sat.	31	12	42						
Stadacona	" "	22	4	42		V.G.		20	9	43						
NOIC "Quebec"	" "	1	5	42	D.R.D.											
Stadacona	" "	30	12	42												
Lachine	" "	13	1	43												
Cornwallis	" "	9	2	43												
"	A/A.B.	17	4	43												
Stadacona	" "	24	7	43												
St. Croix	" "	28	7	43												
DISCHARGED	" "	20	9	43	"Dead" per S.C.											

GENERAL REMARKS

Hosp. - 7/4/42 - 11/4/42. *LL*

Memorial Cross awarded to:
 Mother: Mrs. Augusta Badour,
 45 Bay St.,
 Kingston, Ont.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT				
BY	MO	YR.	BIRTH	MAIN	SUB	REGION			W	CITY	TOWN	SERV	DIV.	A	BR	RANK	
06	9	29	11	R	R	R	0	43	1	1	3	01	0	05	0	08	93
DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT				
BY	MO	YR.	BIRTH	MAIN	SUB	REGION			W	CITY	TOWN	SERV	DIV.	A	BR	RANK	
18	03	42	18	03	42									0380	1	08	94
DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI <th>ED</th> <th colspan="3">PERM. RESIDENCE</th> <th>PREV. ENL.</th> <th colspan="3">RANK OR RATE ON ENLISTMENT</th>	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT				
BY	MO	YR.	BIRTH	MAIN	SUB	REGION			W	CITY	TOWN	SERV	DIV.	A	BR	RANK	
17	04	43	09	08					20	20-09	43			mm		08	94
GENERALITY												CODED		CHECKED			
BY	MO	YR.	CAT.	A	B	C	D	E									

V30991

OFFICIAL NUMBER

FILE NUMBER

113-B-2708

OFFICIAL NUMBER V30991

NAME BADOUR William Rufus DATE OF BIRTH 6 Sept. 1924.
(Surname) (Given Names)PLACE OF BIRTH Jasper, Ontario. OCCUPATION Unemployed
RELIGION Free Methodist. EDUCATION Grade 8.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 45 Bay Street Town Kingston Province, etc. Ontario.

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
18	3	42	H.O.	5'6"	Lt. Brown	Blue	Medium	2" Scar rt. knee. Tattoo (anchor with mother on top) Lt. arm. Vacc. scar lt. arm.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) William Rufus Badour
ADDRESS (in pencil): Street and No. 71 Mrs. W. Gushesson, R.R. #1, Town Kingston Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
				17	4	43	Marked "TR" (219A, #21229)

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		

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT

From

To





Department of National Defence

Naval Service

Ottawa, Canada.

DEC 29 1943

IN REPLY PLEASE QUOTE

No. N.S. 113-B-2708.
PERS. (N)

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BADOUR, William Rufus, Able Seaman, O.N. V-30991, R. C. N. V. R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Augusta Badour, 45 Bay Street, KINGSTON, Ontario.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Augusta Badour 45 Bay St., Kingston, Ont.	D.A. \$15.00 A.P. 29.00 <u>\$54.00</u> Stopped Sept. 30/43	<i>bat</i>

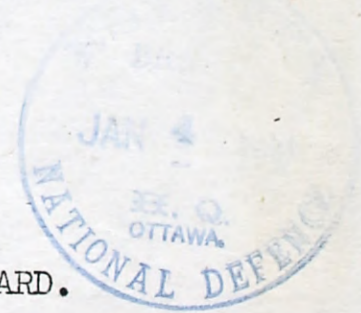


WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.



Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

DISTRIBUTION OF SERVICE ESTATES

TL

Estates Form "P. 4"

NAVY

Name: BADOUR, William R., No.: V. 30991
Surname Christian Names

Rank A.P. Unit H.M.C.S. "ST. CROIX" Date of Death 20-9-43.

AMOUNT

L.P.C.....\$ **53.35**

Date: April 1st, 1944.

Other Credits.....

Total..... **53.35**

Shares retained **8.89**
 This Dist. **44.46**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
4/6	Mother	7078 Mrs. Augusta Badour, 45 Bay Street, KINGSTON, Ontario. <i>RV</i>	35.57
		(1/6 as next of kin) (3/6 for use & benefit of 3 minors)	
1/6	Sister	7079 Mrs. Sylvia Stent, Muskawa, B.C. <i>RV</i>	8.89
SHARES RETAINED			
1/6		(Pending receipt of Father's address.)	8.89

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	44.46
CLASSIFIED BY Original Signed by E. W. QUINNEY			EXAMINED BY ORIGINAL SIGNED BY E. G. COLLYER For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

.....
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY
E. G. COLLYER
.....
For Chief Treasury Officer

Thurs. March 2/44.
45 Bay Street
Kingston Ont.
Mrs A. Badour

To Whom It May Concern

I got your letter which I was to fill out the form but I have not been very well since I lost my son off of the St. Croix and I am very forgetful and I have miss laid the form and I could not find it again so if you will be so kind as to send me another one I will gladly fill it out.

I was very sorry I lost it

Chicgo

Mrs Augusta Badour

6.3.44.
M.
Please send
Mrs Badour
another p64
M.M.



OLD AGE PENSIONS COMMISSION

INVESTIGATOR'S REPORT

DATE October 29th, 1946

RE William R. Badour L. B. & NO. 1022 Kin.

ADDRESS Sharbot Lake, Ont.

WITH WHOM LIVING _____ RELATIONSHIP _____

Attention Mr. C. H. Green;

In reply to your memo dated October 1st, 1946;

While this memo called for the filling out of this form by Mr. Badour,
I found that he knew little or nothing about the matter having been seperated from
his wife and family for so long. I therefore had the papers filled out and signed by
Mrs. Badour, mother of the deceased soldier. I trust all is in order;

Yours very truly;

INVESTIGATOR

John B. Fuchtel

OLD AGE
OCT 30 1946
PENSIONS

EMC

81

N.S. 113-B-2708, F.D. 1692
PERS. (N)

17 January, 1944.

THIS IS TO CERTIFY that according to official information William Rufus Badour, Able Seaman, Official Number V-30991, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.


SECRETARY, NAVAL BOARD.

SO *W*

HBM
H. B. MONEY
PAY LIEUT. CDR. R.C.N.R.
OFFICER IN CHARGE
NAVAL PERSONNEL RECORDS

4854

Kingston

Dept. of Veterans Affairs
 War Service Records
 Referred To.....
 JUN 28 1950
 File No.....
 Charged To.....

Dear Sir:-

In requesting War Service medals for my son, name # V 30991 William D. Badour kindly forward medals mentioned below
 1939-45 star, C.V.S.M. Clasp
 + War medal

Sincerely
 Mrs Augustal Badour

Mother
 325 Brock St.
 Kingston Ont

MAIN FILE
 CHARGED TO
 SINCE
 REC'D. CENTRAL REGISTRY
 JUN 28 1950
 REFERRED TO 30
 V 30991

DC

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

4
NAVY

De
Memo

DECEASED MEMBER'S NAME

William Rufus
(CHRISTIAN NAMES)

BADOUR
(SURNAME)

REGISTER NO. 6813
FILE NO. NSV-30991
DATE 16 Mch/45
SERVICE NO. V-30991
FINAL RANK OR RATING A/A.B.
DATE OF DISCHARGE 20 Sep/43

Payee

Mrs. Augusta Badour,
R.R. No. 1,
Portsmouth, Ont.

Address

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep/43

DATE OF DISCHARGE 20 Sep/43

QUALIFYING SERVICE

Date

NO. OF DAYS 552 EQUAL TO 18 COMPLETE PERIODS AT \$7.50

\$ 135.00

QUALIFYING OVERSEAS SERVICE

A.

DAYS 82 LESS 12 INELIGIBLE DAYS, EQUAL TO 70 DAYS @ 25C. PER DAY

17.50

PLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY L.R.III \$.10
H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ 15.00 \$.50

TOTAL \$ 4.15 X7 = \$ 29.05

NO. OF DAYS 70 X\$ 29.05

11.11

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

163

G. YOUR PORTION OF GRATUITY IS—

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

=\$163

Cheque 119998- 29/3-45

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.

TREASURY
PREPARED BY SJD
CHECKED BY [Signature]
DATE 29/3/45

for Dir. Naval Pay

Kingston. June 5/49.

Paymaster Gen
(Navy) Sir.

919042

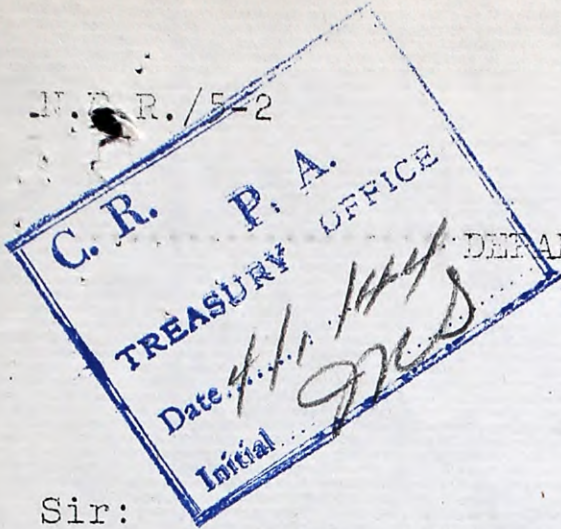
Kindly advise me if I am
entitled to, Reestablishment -
Credit. as I am the dependent mother
of the late, No, V-3991. A.B. Wm R Badour. G.O.
who was lost on the Destroyer St Croix
I have already received the
war service gratuity of \$163⁰⁰
Please advise me if I can apply
also for the Credit grant.

Yours truly

Mrs Augusta Badour

87 Rideau St.

Kingston
ant



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

79

DEC 29 1943
(Date.)

Sir:

The following casualty has been reported. -

NAME BADOUR, William Rufus RANK or RATING Able Seaman NAVAL NO. V-30991, R.C.N.V.R.

DATE OF ENLISTMENT - 18th March, 1942. Active Service: 18th March, 1942.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in H.M.C.S. "ST. CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.

(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. Augusta Badour,
ADDRESS 45 Bay Street, Kingston, Ontario.

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.

AA

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Augusta Badour, 45 Bay Street, Kingston, Ont.	Mother.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly Rate:	15.00	29.00	44.00
To whom Paid:	Mrs. Augusta Badour	<u>ADDRESS</u>	45 Bay St., Kingston, Ont.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: Sept. 30/43.

The final deduction of Assigned Pay for \$29.00 has been made for the period from 1st to 30th of September 194 3.

Remarks:

Computed by *M.H.*

Checked by *L. Labachelle*

Alec L. Boswell
for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

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

AIR MAIL

43

File: N.S. 113-D-2708 (Pers.(N))

27 September, 1943.

Dear Mrs. Badour:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, William Rufus Badour, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-30991, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

J.M.G.
LETTER distributed by
PERSONNEL NAVAL
SEP 29 1943
SECRETARY, NAVAL BOARD.

Mrs. Augusta Badour,
45 Bay Street,
KINGSTON, Ontario.

H.S. Money

[Handwritten mark]

75356

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

(.....)
(Service—Military or Air)

9

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

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

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

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

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

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

1. Surname of applicant **BADOUR**
2. Full Christian name or names **William**
3. Regimental or Official Number **V 30991** 4. Rank **Ord. Smm.**
5. Unit, Station, or Establishment **H.M.C.S. Cataraqui, Kingston, Ont.**
6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay **Act. Service 18 March, 1942.** D.O. No. d/.....
7. (If "Officer") (a) Date of appointment..... D.O. No. d/.....
(b) Date reported for duty..... D.O. No. d/.....
8. Are you a member of the permanent forces, military or air? **Yes**
If so, (a) State permanent establishment, unit or station **H.M.C.S. Cataraqui Kingston, Ont.**
(b) Are you receiving permanent force rates of pay and allowances? **Yes**
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension....."
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....
Radio Service Helper-----\$325.00-----5 months.
12. Name of dependent **BADOUR** **Agusta** **Mrs.**
Surname Christian Name Mr. Mrs. or Miss
13. Address **45 Bay Street, Kingston, Ontar io.**

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

14. Age of dependent 52 15. Relationship Mother

Questions 16 to 23:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

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

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? Garnet Badour
(State relationship) Brother of applicant.

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

If yes, give name and location of institution

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

20. From what date have you been contributing to the support of this dependent?.....
Since 1939.

21. Are you the sole or partial support?..... 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.....
\$20.00 month. \$100.00--five months.

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

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....
Sister getting married. Will then be sole support.

24. If dependent is your mother, is your father living..... Yes.
Yes or No

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

Does not support. Father would not work so was put out of home.

Question 23:
(If "SOLDIER"
teen days'
month must
signed to d
If 15 days'
month has
signed to
wife and
additional 5
per month
assigned to
pendent.
(If "OFFICER"
days' pay p
must be as
this depende

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
Garnet Badour	45 Bay St. Kingston	16	Welder Apprentice	Single
Sylvia Badour	" "	20	Mender--Cotton Mill (Going to be married) shortly	Single
Violet Badour	" "	14	School	Single
Ossia Badour	" "	18	Stays at home	Single

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.

Sylvia--\$28.00 month. \$168.00 ---six months.

Garnet---\$20.00 month. \$120.00----six months.

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

Board and Lodgings in Return.

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 Award. \$
Contributions and allowances from other members of family \$	Widow's Pension \$
Insurance \$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$
Dividends from shares, bonds, etc. \$ \$
Interest on loans or mortgages. \$ \$
Rentals \$ \$
Other \$ \$
Total \$	Total \$

Question 28:
(If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.
(If "OFFICER") Five days' pay per month must be assigned to this dependent.

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

15 days' pay \$19.00

29. Date assigned pay effective *1st April 1942*

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

No

[OVER]

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a
35r-3-41 (0824)
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name: WILLIAM RUFUS BADOUR
Address: 45 BAY st. KINGSTON ONT.
Date of birth: Sept 6 1924 Place of birth: Gasper Ont.
Nationality: Fr. Can. Are you British by birth? yes or by Naturalization?
Birth place of (a) Father: Ont. (b) Mother: Smith Falls, Ont.
Are you (a) Single: yes (b) Married: (c) Widower: (d) No. of Children:
Any physical defects (especially eyesight)? none
Height: 5'6" Weight: 129 1/2 lbs Can you swim? yes

B. Education—

Highest school grade passed successfully? finished public school Any Matriculation?
University: (a) Name: (b) Years attended: (c) Course and Degree:
Technical courses taken:
Special studies:
Languages spoken: English

C. Sea Experience—

Have you ever been employed at sea? yes Give number of years and how employed? 5 months
Common sailing on fresh water. Deckhand.
Name and number of Mercantile Marine Certificates held:
State last position held at sea (with dates): Deckhand - Tug Rival
State employment since leaving sea: Donnelly Radio Service

D. Occupation: What is your profession, trade or occupation in civil life?

Radio Service
Are you (a) Actively pursuing your profession or trade on your own account? yes
(b) Employed; if so, in what capacity and under what employer?
General experience (with dates): Radio Service and plumbing.
Have you ever served in any of His Majesty's Forces? If so, which? How long? no
No. and Class of any Stationary Engineer's certificates or other certificates of competency:
How long would you need to settle up your private affairs?:

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

Plumbing

F. Branch Applying for: (a) As Officer (b) As Rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating? yes
In what capacity do you wish to enrol? Steward, Stoker

Date of Application: 10-2-42 Signature: William Badour Seaman

Birth cert attached

Expect to call in for interview mm. 18

Yes A/S. A-

11352908 1983J