

V16554
COLE
ALBERT

JOHN

M190476

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT Royal Canadian Ordnance Corps REGTL. No. Drumheller, Alberta

1. Surname? (Block letters) Cole
2. Christian names? Albert
3. Present address? Newcastle
- Phone No.
4. Date of Birth? * 17/7/23 5. British subject? Yes
6. Occupation? miner Student (Brilliant) 7. Religion? R.C.
8. Next of Kin Paul Cole 9. Relationship? Father
- Address Newcastle
10. Previous Naval, Military or Air Force Service.....
(Give particulars, qualifications, etc.)

Nil

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'3" Weight 108 Chest max 31 min 29

Descriptive marks right rectus & scar of appendectomy

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category B2

Date July 4/41 Signature Adams

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned.....do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

Signature of Witness

Signature of Man

Dated this 16 day of June 19 41

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... 16-6-41		No. 1 (res.) Pt. II	<i>[Signature]</i> Officer Commanding Army Ordnance Workshop Royal Canadian Ordnance Corps Unit..... Drumheller, Alberta
JUL 6 1941 Reboarded C. Training 1941-42, 13-7-41 to 27-7-41 SOS	20-7-42	Pt. II 15	
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 46 "ST. CROIX"

(1) MEDALS
PERSON

ENTITLED TO Mr. Percy Cole - Father

ADDRESS: 1117 Victoria Ave,
FORT WILLIAM, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Grace Cole

ADDRESS: 1117 Victoria Ave., Fort William, Ont.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 2022

(2)

(3)

3-1-44

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

D OF D 20-9-43

AWARDS NAVY

D.D.

COLE

Albert John

V-16554

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

Africa Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

6-5-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V16554

....DATE OF BIRTH.....17th June, 1923

OCCUPATION Student

EDUCATION.....Grade XII

Town Fort William

.....Province, etc Ont.

ENGAGEMENTS

DESCRIPTION

PREVIOUS SERVICE

[illegible]

NAME (in pencil)

Town

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS. CERTIFICATES, ETC.

[illegible]

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

[illegible]

O.H.F. Received

FILM NO. WSP-5379-2
DATE

[illegible]

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

W. S. G.
APPLICATION
14926
RECEIVED

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

VL6554

OFFICIAL NUMBER

NAME COLE

(Surname)

Albert John

(Given Names)

P.I.B.

OFFICIAL NUMBER

VL6554

Service 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
Duty Div. Hdqts.	Ord. Smn.	20	8	41		V.G.	Sat.	31	12	41	Q&R A/L.R.3	26	3	42			
Naden	"	10	11	41	D.	V.G.	Sat.	31	12	42							
Stadacona	"	14	2	42	13-0049	V.G.	Sat.	20	9	43							
St. Croix	"	8	4	42	142071												
"	Able Smn.	20	8	42	Rated(249A/2221)												
DISCHARGED	"	20	9	43	Missing On Active Service Per Casualty List												

GENERAL REMARKS														
X-Ray Approved														
Awarded Canadian Memorial Cross to:														
Mother: Mrs. Grace Cole,														
1117 Victoria Ave.,														
Fort William, Ontario.														
January 3, 1944.														

DATE OF BIRTH		PLACE OF BIRTH		CIVIL OCCUPATION		RELIGION		PERMANENT RESIDENCE		PREV. ENLIST.		RANK ON ENLISTMENT	
DD	MM	YY	DD	MM	YY	DD	MM	YY	DD	MM	YY	DD	MM
17	6	23	11	12	10	40	4	5	49	01	9	10	2
ENLIST DATE ACT. SERV. DATE STR.													
DD	MM	YY	DD	MM	YY								
20	8	41	10	11	41								
SENIORITY STR. NON-STR.													
DD	MM	YY	DD	MM	YY								
20	8	42	01	08	20	20-09-43							

OCCUPATIONAL HISTORY FORM

NATIONAL DEFENCE

AUG 22 1941

113C 1806

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 ALBERT J. PORTARTHUR (b) Reg'l. No. V16554
2. (a) Arm of service NAVY (b) Unit NO (c) Rank POWELL
3. (a) Date of birth Aug 21, 1911 (b) Have you any dependents? no (c) Place of residence at time of enlistment Port Arthur, Ont
4. (a) Place of enlistment Port Arthur, Ont (b) Date of enlistment Aug 21, 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) 4 years High School
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

14376

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? no
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked no (b) State how long you had worked at this trade or occupation no
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified no
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment August September 1940
15. Give details of last employer, if any: Name no Address no
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) no
17. (a) If your last employment was in a business of your own, state nature and address of business no (b) Date of discontinuing it no

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

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

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

18. Name of employer no Address no
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) no
20. (a) Your specific occupation no (b) Number of years' experience at this occupation with any employer no
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? no

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? 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 no



DATE

194

SIGNATURE

Copy To
VWD
ES

SEP 3 1941

MEMORANDUM FOR

P. 64

Mrs. Grace Cole
1117 Victoria Avenue
Fort William, 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.N.S. 113-C-1806 FD. 258

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 4, 1943

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

COLE, Albert John, A.B.

No. V.16554, R.C.N.V.R.

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

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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

HRW/JN

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....	<i>none</i>		
2	Children of the Deceased and dates of their Births.....	<i>nil</i>		
3	Father of the Deceased.....	<i>Percy Cole.</i>	<i>48</i>	<i>1117 Victoria Ave. Fort William Ont</i>
4	Mother of the Deceased.....	<i>Grace Lily Cole</i>	<i>42</i>	<i>-as above</i>
5	Brothers of the Deceased	Full Blood <i>Percival Gordon. (Jim) Cole.</i>	<i>20</i>	<i>R.C.N.V.R.</i>
		<i>Clarence Frank Cole</i>	<i>17.</i>	<i>1117 Victoria Ave. Fort William Ont</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood <i>Grace Valentine Cole.</i>	<i>22</i>	<i>-as above.</i>
		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	Albert John Cole
9	Date of his birth	June 17 th 1924
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	23 rd Dec. 1920 Fort Williams Ont

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Fort Williams Ont
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Fort Williams Ont - lifetime
14	Nature of employment before enlistment.	Student Ft. Wm. Collegiate Institute
15	State whether he owned the premises in which he lived and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	_____

PARTICULARS OF ESTATE

17	Did he leave a Will?	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	no
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.	no
20	Amount of War Savings Certificates held by deceased.	nil ✓
21	Amount of Victory Loan Bonds held by deceased.	nil ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Metropolitan Life \$800 Mother
23	Is application for Probate or Letters of Administration necessary (see page 1)?	_____

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

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

Mrs Grace Cole

{Signature
of
Informant

1117 Victoria Ave

Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Grace Lily Cole

*See above.

..... { 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 Fort William, Ont this 12th day of January 19 44

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

J. E. H. James

Qualification Clergyman.

Address Wesley United Church, Fort William.

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



ATTESTATION FORM
(HOSTILITIES FORM)

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

AUG 23 1941
N.S. 113-C1806
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Cole OFFICIAL NO. 116554
CHRISTIAN NAMES Albert John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 1117 Victoria Ave Port William, Ont. RELIGION United

DATE OF BIRTH June 17 1923 *PLACE OF BIRTH Town Port William NAME AND ADDRESS OF NEXT OF KIN Father: Mr. P. Turner 1117 Victoria Ave Port William Ont
County Port William
Province Ont
Original Nationality of: Father English Mother English

*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>34</u>	<u>Dark Hazel</u>	<u>Dark</u>	<u>Fair</u>	<u>Mole 2" above knee joint</u>
Inches <u>11</u>	Deflated <u>31</u>				
Mean <u>32</u>					

EDUCATIONAL STANDING Grade XII TRADE OR CALLING AND IN WHOSE EMPLOY Student

DATE OF ENROLMENT Aug 20 1941 RATING FOR WHICH ENROLLED Ord Sea R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED Port Arthur

(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 2ND BATT. LAKE SUPERIOR for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	DATE	TO
<u>2nd Batt. Lake Superior Regiment C.A.B.</u>	<u>Private</u>	<u>Aug 14, 1940</u>	<u>Aug 13, 1941</u>	

- (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.

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR Cherry
ROUGH James L. Jarr

Personnel Records Division
1. Index Card CLB
2. Statistical Card CLB
3. Roneo Strip CLB
4. Pension Card CLB
5. 3-9-41

(5) On being enrolled as a member of the Port Arthur 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 20th day of Aug 1941

Signature of applicant A. J. Cole

(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 20th

day of August 1941

C. G. Brook, Lieut. V.R.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Albert John Cole 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 A. J. Cole

Witness C. G. Brook

Date Aug 20, 1941 Rank Lieut. V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Albert John Cole 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 Port Arthur Division of the R.C.N.V.R. or in the appropriate official documents.

C. G. Brook, Lieut. V.R.
Attesting Officer.

Aug 20 1941 R.C.N.V.R. Division (or other establishment) Port Arthur

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

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

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

CERTIFICATE of the SERVICE of

Albert John COLE

in the Royal Canadian Naval Volunteer Reserve *I.C.N.S. 36438*

Training Headquarters	R.C.N.V.R. Division	Official Number.....
<i>Esquimalt</i>	<i>Port Arthur</i>	“
		“

Date of Birth.....		17 June 1923.		Name and Address of Nearest Relative or Friend (in pencil)	
Place of Birth.....		Fort William. Ont.		Mother	
Place of Residence.....		1117 Victoria Ave. Fort William Ont.		Mrs Grace	
Trade brought up to.....		Student		same address.	
Religion.....		United.			
Can Swim:—P.P.T. (Good) Date.....		12 Dec 1941		Signature <i>Redington</i> Rank <i>1st co.</i>	
P.S.T. Date.....		19.....		Signature..... Rank.....	

[illegible]

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	11	32	140	Fair	Hazel	Fair	Mole 2" above knee joint.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
	On Active			Notice	20 Aug. 1941		
1941	Port Arthur Division			Ord. Smm	20 Aug '41	9 Nov '41	
"	Madison (N. S. HQ)			"	10 Nov '41	12 Nov '41	
"	Madison			"	13 Nov '41	13 Sep '42	
	Stadacona			"	13 Sep '42	7 Apr '42	
	St. Croix			"	8 Apr '42	19 Aug '42	
	— " —			A. B.	20 Aug '42	30 Jan '43	
	Niobe (St. Croix)			"	31 Jan '43	30 Apr '43	
	Amelon (St. Croix)			"	1 May '43	20 Sep '43	"D.D."

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible]

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
18 Nov. '41	B. A/G - 2 days	<i>[Signature]</i>	7 June '43	Re-issue	J.C.N.S. No. N.H.
4-5 Nov '41	Passed E.T. One	<i>[Signature]</i>			
17 Jan. '42	"T.R."	<i>[Signature]</i>			
26 March 42	QSR Act L.R.3.	<i>[Signature]</i>			

Name Albert John Cole

Conduct

[illegible]

VERIFICATION FORM

NAME IN FULL

RANK/RATING

OFF. NO.

• ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
<i>Pont Arthur Riv</i>	<i>20.8.41</i>	<i>9.11.41</i>										1939-45	✓	<i>Star</i>
<i>St. Louis</i>	<i>8.4.42</i>	<i>20.9.43</i>	<i>23</i>	<i>Africa & Med.</i>								ATLANTIC	✓	<i>Star</i>
												FRANCE G.		
<i>Disch. "Lead" & date</i>												AFRICA	✓	<i>Star</i>
		<i>20.9.43</i>										PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	<i>& Clasp</i>
												" CLASP		

WAR 1945

M. edel

WAR 1915

VERIFIED BY

L. L. L.

VERIFIED BY

L. L. L.

VERIFIED BY

.....

DIR. OF PERSONNEL RECORDS.

DEC 10 1941

8560

ORIGINAL

WS 113-C-1806

AS

H.Q. File No.

DECLARATION OF ALLOTMENT

179157

6

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"NADEN" 57/4318	Surname..... COLE Christian Names } ALBERT JOHN	O/SMN. RCNVR.	V-16554	\$1.25

Section A

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... COLE Christian Names } MRS. GRACE	MOTHER	1117 VICTORIA AVE., PORT WILLIAM, ONT.	\$10.00 NEW	DEC. 1941.

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	Date

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

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

Allottor's Signature authorizing charges.....

ORDINARY SEAMAN

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Assigned Pay to Wives
Assigned Pay to other Dependents
Marriage Allowance
Dependents Allowance
Other Allotments

Total

Object No. 111 \$.....
113.....
116.....
119.....
122..... 10.-00.....
\$ 10.-00

THE NAVAL SECRETARY,

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

PAY. SUB. LIEUT. R.C.N.V.R.
for Accountant Officer

H.M.C.S. "NADEN"

Forwarded.....

DEC 4 1941

S. 63

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

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

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

DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada.

Sir:

.....20 September, 1943.....
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
COLE, Albert John	Able Seaman	V-16554 R.C.N.V.R.

DATE OF ENLISTMENT - 20 August, 1941

DATE OF DISCHARGE -

HOSPITAL -
(If discharged in hospital under jurisdiction of D. P. & N. H.)SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)Reason for discharge and - "Missing" on war service. This rating is listed
when and where any disability as missing, due to enemy action, while serving on
was incurred, or where death occurred.
Convoy duty in the Atlantic. When official presumption of death has been made, you
will be notified.(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. Grace Cole

ADDRESS 1117 Victoria Avenue, FORT WILLIAM, Ont.

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.

H.B. Money

for
SECRETARY, NAVAL BOARD. CSecretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.NOTE: Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

REMARKS:

NOTES:

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

18

- NAVAL SERVICE -

N.S. 113-C-1806. PERS.(N)

MEMORANDUM TO D.N.I.

&

V.C.N.S.

This is to certify that -

.COLE, Albert John, A.B., V-16554, R.C.N.V.R.

was serving in .H.M.C.S. "ST. CROIX"..... as at 20th..
September, 1943.

.....
Chief of Naval Personnel

This rating was reported missing when H.M.C.S. "ST. CROIX" and/or
H.M.S. "ITCHEN" was lost on the high seas due to enemy action.

The above mentioned rating is, therefore,

...Missing. Presumed Dead.....

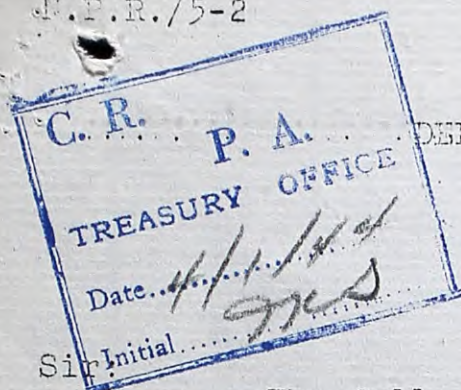
Concurred:-

[Signature]
.....
Dir. Naval Intelligence.

[Signature]
.....
Commander, R.C.N.,
DIRECTOR OF OPERATIONS DIVISION.

[Signature]
.....
Approved for Staff.

O t t a w a, 24th December... 1943.



DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada.

DEC 29 1943

(Date.)

The following casualty has been reported:-

NAME COLE, Albert John RANK or RATING Able Seaman NAVAL NO. V-16554, R.C.N.V.R.

DATE OF ENLISTMENT - 20th August, 1941.DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & M.E.)

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 inH.M.C.S. "ST. CROIX", which was lost whileserving 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. Grace Cole,ADDRESS 1117 Victoria Avenue, FORT WILLIAM, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF 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. Grace Cole, 1117 Victoria Ave., Fort William, Ont.	Mother.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>		20.00	20.00
<u>To whom Paid:</u>		<u>ADDRESS</u>	
<u>Date of Enlistment:</u>			
<u>Date of Discharge:</u>			
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			September 30, 1943
The final deduction of Assigned Pay for		20.00	has been made for the period
from 1st to	30th	of	September 1943.

Remarks:

Computed by *m w*

Checked by *L. Labochelle*

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.

Passing Certificate

This is to Certify

that Albert John COLE.....

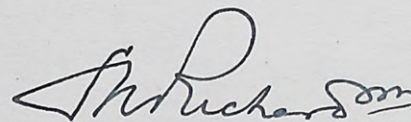
Rating.....Ord. Smn. R.C.N.V.R. Official Number.....V. 16554.....

has passed

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

held on.....4th-5th November, 1941.....

For advancement to Petty Officer



.....
~~Naval Secretary~~
Director of Education

Department of National Defence,

Ottawa, this.....1st.....day of.....December.....1941.....

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-9-2431

N.C.R.

PLEASE MAKE OUT FALSE DOCKET
AND FORWARD WITH THE ATTACHED
LETTER TO ADMINISTRATOR OF
ESTATES.

sa
KPH's
28/12



Department of National Defence
Naval Service

Ottawa, Canada.

DEC 29 1943



IN REPLY PLEASE QUOTE
No. N.S. 113-C-1806.
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>
COLE, Albert John Able Seaman, O.N. V-16554, 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. Grace Cole, 1117 Victoria Ave., FORT WILLIAM, Ont.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Grace Cole, 1117 Victoria Ave., Fort William, Ont.	\$20.00 Stopped Sept. 30/43	<i>hal</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.

22
Six Copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN, OR BOY

H.M.C.S. AVALON (ST. CROIX) at St. John's, Newfoundland.

Name (Christian names in full) Albert John COLE
Rank or Rating A.B. Official No. V-16354 P.C.N.V.P.
If unknown date of first entry)
Place of Birth Fort William, Ont. Date of birth 17th June, 1923.

Occupation in Civil Life student Religion United Church

Number of Years Service in the Navy (Long Service R.C.N. or
mobilized service in the case of R.C.N. (Temp.) Reserve ratings)

2 years 32 days

Date of Death 20th Sept. 1943. Place of Death AT SEA.

Cause of Death LOSS OF H.M.C. SHIP

Nearest known) Name Mrs. Grace COLE Relationship MOTHER
relative or) Address 1117 Victoria Ave.
friend) Fort William, Ont.

Date on which the above was informed by ship SEP 27 1943
Date on which death was registered with local officials N.K.
In the case of Imperial Service men whether Active Service Pen-
sioner or Reserve, date on which the prescribed return was rend-
ered to the Registrar General in London, Edinburgh or Dublin
according to Nationality.

Place of Burial No burial Date of Burial Not applicable
(If known) (If known)

Location, Number etc. of Grave Not applicable
(If known)

Undertaker employed Not applicable
(If any)

If borne for discipline only, date D.S.Q. or invalided Not applicable

The Secretary, Naval Board,
Ottawa, Canada.


(S.W. Davis),
Commander, R.C.N.,
COMMANDING OFFICER

..... 14th October 1943

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

DISTRIBUTION OF SERVICE ESTATES **GMW**

Estates Form "P. 4"

NAVY

Name **COLE** Surname **Albert J.** Christian Names No. **V16554**

Rank **A.B.** Unit **HMCS St. Croix** Date of Death **20-9-43**

AMOUNT **W.S.G.** **391.39**
L.P.C. \$ **45.89**

Date **22-2-46**

Other Credits.....

Total..... **437.28**
Prev. Dist. **45.89**
This Dist. **391.39**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
2/5	Father	Percy Cole 1117 Victoria Ave., Fort William, Ont. (1/5 as next of kin entitled) (1/5 for benefit of 1 minor)	156.56 ~~391.39~~
1/5	Mother	Mrs. Grace L. Cole (As above)	78.28
1/5	Sister	Grace V. Cole (As above)	78.28
1/5	Brother	Percival G. Cole (As above) (As next of kin entitled)	78.27

WSG

AUTHORITY					
H.O. F.E. No.	VOTE	PRI	H.O. SUB.	OBJ.	AMOUNT
9999	831	90	50	000	391.39
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

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

NAME of Deceased Member Albert John COLE Rank or Rating A.B. O.No. V-16554

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. Nil

A.P. 20.00

D.A.

A.P.

Mrs Grace COLE

1417 Victoria Ave
Fort. William Ont.

2. Pension awarded or being awarded to:

No Record

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

Mother above

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

() To be paid to:

In the proportion of:

- and -

to:

In the proportion of:

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

Group "B" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date 11 Aug. '45

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

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, Winnipeg.

.....Ottawa, January 5th, 1944.

From.....Head Office.....

RE: V-16554 - A.B. COLE, Albert J.

P. & N. H. 343-A.

The Department of National Defence, Naval Service,
who previously
officially reports that the marginally named/was reported -
missing, is now presumed dead September 20th, 1943 --
loss of H.M.C. Ship,

~~on the~~

~~for~~ service Canada and High Seas.

His next of kin is reported as - Mother -
Mrs. Grace Cole,
1117 Victoria Ave,
Fort William, Ontario.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00

a month to - Mrs. Grace Cole,
1117 Victoria Ave,
Fort William, Ontario.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

E. Clewes,
for
Canadian Pension Commission.

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

4
NAVY

DECEASED
MEMBER'S
NAME

Albert John
(CHRISTIAN NAMES)

COLE
(SURNAME)

REGISTER NO.

14926

FILE NO.

NSV-16554

DATE

20 Dec '45

SERVICE NO.

V-16554

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

20 Sep '43

PAYEE
ADDRESS

Director of Estates,
308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Albert J. COLE,
N.S.V-16554
20 Sep '43

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 762 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 531 LESS 12 INELIGIBLE DAYS, EQUAL TO 519 DAYS @ 25C. PER DAY

129.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.65 X 7 = \$ 25.55
NO. OF DAYS 531 X \$ 25.55

74.14

D. WAR SERVICE GRATUITY

391.39

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

391.39

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 391.39

Voucher 4178 - Jan. 9/46 -

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
GW

CHECKED BY
BW

TREASURY
CHECKED BY
DATE

for Dir. Naval Pay Accounting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Albert John COLE
 (Christian Names) (Surname)

Payee Director of Estates for service estate of Albert John COLE
 Address 308 Sparks St. Ottawa Ont N.S. V1G5S4
 Date of termination of overseas service 20 Sep. 43 Date of Discharge 20 Sep. 43
 Register No. 14926 File No. V16554 Date 11-8-45
 Service No. V16554 Final Rank or Rating A.B.

A. TOTAL QUALIFYING SERVICE
 No. of days 762 equal to 25 complete periods at \$7.50
30

B. QUALIFYING OVERSEAS SERVICE
 No. of days 53 less 12 ineligible days equal to 519 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay \$ 1.85
 Subsistence or Lodging \$ 1.45
 and Provision Allowance
 Additional Pay H.L.M. \$.25
 L.R.III \$.10

Dependents' Allowance 1/30 of \$ 3.65 x 7 = \$ 25.55
 Total 3.65 x 7 = \$ 25.55
 No. of days 531 x \$ 25.55
183

D. WAR SERVICE GRATUITY

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

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS

~~Dependents' Allowance in issue to you \$ of \$ = \$ 391.39~~
~~Total Dependents' Allowance in issue \$~~

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1 W 6 Am
 2 W 7 10
 3 W 8 10
 4 Am 9 10
 5 Am 10 10

1/2