

A5299
DEAN
ALFRED COSTE

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

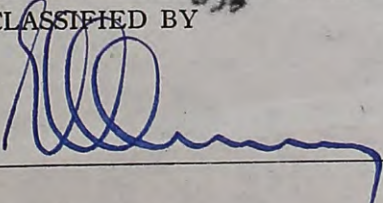
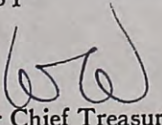
XANX R.C.N.V.R.

Name: DEAN Surname Alfred C. Christian Names No.: A.5299
Rank 1dg. Sto. Unit R.N.C.S. "ST. CROIX" Date of Death 20-9-43.

AMOUNT

Date: February 26, 1944. L.P.C. \$ 72.76
Other Credits.....
Total..... 72.76

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{4}$	Father	107498 Arthur H. Dean, Morton, Ontario.	18.19
$\frac{1}{4}$	Mother	107499 Mrs. Core J. Dean, (as above) ($\frac{1}{4}$ as next of kin) ($\frac{1}{4}$ benefit of 1 minor)	36.38
$\frac{1}{4}$	Sister	107500 Mrs. Lucrecia E. Butler, 38 Oakdene Crescent, Toronto, Ont. (As next of kin entitled)	18.19

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	533	00	50	000	72.76
CLASSIFIED BY 			EXAMINED BY  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

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Alfred Costello *DEAN.*
(Christian Names) (Surname)

Payee

Director of Estates for service estate of
Alfred C. DEAN,
308. Sparks St.
Ottawa, Ont. *N.S. A 5299*

Register No. *6778*File No. *A 5299*Date *22 May 45*Service No. *A 5299*Final Rank or Rating *LOC. STG.*Date of Discharge *20 Sep 43*Date of termination of overseas service *20 Sep 43*

A. TOTAL QUALIFYING SERVICE

No. of days *605* equal to *20* complete periods at \$7.50
30

\$ *150.00*

B. QUALIFYING OVERSEAS SERVICE

No. of days *510* less *5* ineligible days equal to *505* days @ 25¢ per day

\$ *126.25*

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ *2.25*
Subsistence or Lodging \$ *1.45*
and Provision Allowance
Additional Pay *H.L.M.* \$ *.25*

Dependents' Allowance 1/30 of \$

Total

3.95

x 7 = \$

*27.65**67.65*

No. of days

505
183

x \$

67.65
27.65\$ *96.31*

D. WAR SERVICE GRATUITY

\$ *352.56*

E. DEDUCTIONS

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ *352.56*

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$

of \$

= \$ *352.56*

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 *Dis.* 6
2 *Dis.* 7
3 *Dis.* 8
4 9
5 10

Costello
used

DC

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

4
NAVY

DECEASED
MEMBER'S
NAME

Alfred Costello
(CHRISTIAN NAMES)

DEAN
(SURNAME)

REGISTER NO.

6778

FILE NO.

NSA-5299

DATE

24 May/45

PAYEE **Director of Estates**

for Service Estate of

SERVICE NO.

A-5299

ADDRESS **308 Sparks St.,
Ottawa, Ontario.**

Alfred C. Dean,

FINAL RANK OR RATING

L/Sto.

N.S.A-5299

DATE OF TERMINATION OF OVERSEAS SERVICE

20 Sep/43

DATE OF DISCHARGE

20 Sep/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **605** EQUAL TO **20** COMPLETE PERIODS AT \$7.50

\$ **150.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **510** LESS **5** INELIGIBLE DAYS, EQUAL TO **505** DAYS @ 25C. PER DAY

\$ **126.25**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.25**
SUBSISTENCE OR LODGING \$ **1.45**
AND PROVISION ALLOWANCE
ADDITIONAL PAY **H.L.M.** \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.95** X 7 = \$ **27.65**
NO. OF DAYS **505** X \$ **27.65**
183

\$ **76.31**

D. WAR SERVICE GRATUITY

\$ **352.56**

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ **352.56**

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **352.56**

Voucher 309- 12/6-45

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

PREPARED BY
DHJ

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

[illegible]

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

A 5299

OFFICIAL NUMBER

NAME DEAN, (Surname)

Alfred Costello (Given Names)

OFFICIAL NUMBER

A 5299

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
A/S HMCS "Cataragui"	Stoker 1	24	1	42													
"	Leading Sto.	25	1	42													
HMCS "Stadacona"	"	29	1	42	D.L.												
"St. Croix"	"	30	4	42	208605	V.G.	Sat.	31	12	42							
DISCHARGED	"	20	9	43	"Missing" on War Service - Dead V.G. (Casualty List) (249A 43651)			20	9	43							
GENERAL REMARKS																	
R.C.N.Hosp. 3-1-42 to 4-2-42 Canadian Memorial Cross mailed to Mother, Mrs. Cora Dean, Morton, Ont. -- 4-1-44																	

DATE OF BIRTH		PLACE		CIVIL		OCCUPATION		PERMANENT RESIDENCE		PREV. ENL.		HONORARY	
DY.	MO.	YR.	BIRTH	PLAC.	CIVIL	OCCUP.	PERM. RES.	PREV. ENL.	HONORARY	DY.	MO.	YR.	ENL.
05	0	17	11	540	0	30	X	1	26	00	9	05	0
ENLISTED		DATE		ACT. SER.		DATE		SHIP		CR.		REMARKS	
DY.	MO.	YR.	DY.	MO.	YR.	DY.	MO.	YR.	ESTAB.	A	BR	TRANK	
24	0	14	24	01	42				0380	0	15	93	
SENIORITY		STR.		NON-SUB		M.		CLOSED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.							
25	0	14	09	-	-	20	20	04	43				

ESTATES BRANCH

HQ.NS.123-D-316 FD.295

April 3, 1944

Mrs. Lurena Butler,
38 Oadkene Crescent,
Toronto, Ontario.

DEAN, Alfred C., Ldg.Sto. (Deceased)
No. A.5299, R.C.N.R.

Dear Mrs. Butler:

Enclosed is Dominion of Canada cheque No.107500 dated
March 27, 1944, payable to your order in the amount of \$18.19. ✓

The total amount to the credit of your brother's Service
estate is \$72.76, and is made up entirely of balance of Service pay.

Your brother died without having made a Will and his
Service estate is, therefore, divided equally among his parents and
two sisters, in accordance with the Intestacy Laws of his province
of domicile. The enclosed cheque covers your share of the estate as
one of the next-of-kin entitled.

Kindly sign the enclosed receipt form and return it to
the Administrator of Estates, Department of National Defence, 308
Sparks Street, Ottawa, Ontario. ✓

Yours faithfully,

✓
HRW/JN
Encls.
Registered

R	CTTA CAN.
	ORIGINAL NO. 38

✓
(L.M. Firth) Lt.-Colonel,
Administrator of Estates.

NAME IN FULL DEAN, Alfred Costello RANK/RATING Ldy. Lt.

NAME IN FULL DEAN, Alfred Costello RANK/RATING Ldy. Lt.

VERIFIED BY *R. H. Abbe* VERIFIED BY

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

1. RANK/RATING *Ldy. Lt.* OFF. NO. *A-5299* ADDRESS

VERIFIED BY

VERIFIED BY DIR. OF PERSONNEL RECORDS.

33

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "St. Croix" ending 30
Sept. 1943.

List. 5A-2 No. 6.....(Name) DEAN, Alfred C......Rank Rating L/Sto......No. 5299.

When entered.....F.B......Date of appearance 1 July..Whither discharged
.....D.D......

CREDIT from former account.....\$.....73.43

Pay as...L/Sto......from...1 July.....to...30 Sep..(92 days @ 2.25.....207.00
per day)\$.....

Pay as...L.A......from...1 July.....to...24 Jul6..(24 days @ .50.....12.00
per day)\$.....

Pay as...H.L.M......from...25 July.....to...20 Sep..(58 days @ .25.....14.50
per day)\$.....

Pay as.....from.....to.....(days @
per day)\$.....

Kit Upkeep Allowance.....1 July.....\$.....10.00

OTHER CREDITS.....\$.....

.....\$.....

Total Credits.....\$.....316.93

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month ..50.00.....Total.....\$.....

2nd Month ..23.00.....49.17.....Total.....\$.....184.17

3rd Month ..62.00.....Total.....\$.....

Allotment...20.00 July, Aug., and Sept.....\$.....60.00

Pension deduction (Officers) charged to.....of.....\$.....

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES.....\$.....

.....\$.....

.....\$.....

Total debits.....\$.....244.17

Note: Balance Dr. to be shown in RED, Balance Cr. ~~xxxx~~ \$.....72.76
#

Number of days actually victualled during period mentioned above...58.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
.....	Leave	1 July	24 July	24	
.....					

Date: Oct. 26 43 for Accountant Officer.

198713 34 123-2-316 ACCOUNTS OF MEN DISCHARGED

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 DEAN, Alfred C. Rating Ldg. Sto.
Official No. A05299 H.M.C.S. St. Croix. List 5A/2-6
Who* D.D. on the 20th September 19 43

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>Twenty dollars</u> charged to <u>30 Sep '43</u>		
Name of ship from which transferred..... <u>St. Croix</u>		
Total†..... <u>Creditor</u>		
	72.	76

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 HMCS "AVALON" for HMCS "ST. CROIX" amounting to a net balance†..... Creditor of..... Seventy two dollars..... seventy six cents.

Dated on board H.M.C.S. AVALON at St. John's, Newfoundland
..... this 26th day of October 19 43

Approved A/Pay. Lieut. Cmdr. R.C.N. V.R. Accountant Officer
COMMANDER, R.C.N. (Temp) 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.

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

Signature	Signature
Rank	Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

MEMORANDUM FOR

P. 64

Mrs. Cora Dean
 Morton, 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. 123-D-316 FD. 295

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

January 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

DEAN, Alfred Costello, Ldg. Sto.

No. A. 5299, R.C.N.R.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, 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. -Colonel
 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Arthur Henry Bean	56	Morton Ont.
4	Mother of the Deceased.....	Bora Jane Bean	54	Morton Ont.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	Lurena Evelyn Butler 28	38 Oakdene Crescent Toronto 6.
		Half Blood	Inez Gertrude Bean 14	Morton Ont.
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	<i>Alfred Costello Kean</i>
9	Date of his birth	<i>Oct. 5TH 1917</i>
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	<i>Gananoque, Feb. 8TH 1911.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Morton, Ont.</i>
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	<i>(a) Ontario } always lived here. (b) Canada } (c) (d)</i>
14	Nature of employment before enlistment.	<i>Sailing on the Great Lakes.</i>
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	<i>No.</i>
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?	
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.	<i>No.</i>
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	
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.	
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.	<i>No</i>
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 Cora Hlean.

{Signature of Informant

Molon, Ontario.

Address

CERTIFICATE

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

*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 Molon this 21st day of February 1944

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

A. B. White

Qualification

A. Commissioner etc.
My Commission expires 1945

Address

Lyndhurst, 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

*2m 1cm
plus*



P016147

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

27 1942
NS 1230-316 9

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME.....**DEAN**.....OFFICIAL No.....**A.5299**

CHRISTIAN NAMES.....**Alfred Costello**.....MARRIED, SINGLE OR WIDOWER. **Single**.....

PERMANENT ADDRESS		RELIGION
Morton, Ontario		C.ofE.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
5 October, 1917	Town Morton County Leeds Province Ontario	Mrs. Arthur Dean Morton, Ontario.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated 40	Brown	Hazel	Clear	Appendix Scar
Inches 8 1/2	Deflated 37				
.....	Mean 38 1/2				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
Div. Str. 24 Jan. 1942	Stoker 1	Sailor (Oiler) Canada Steamship Lines.			
Act. Ser. 24 Jan. 1942	Stoker 1				
Act. Ser. 25 Jan. 1942	Leading Stoker				

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Reserve and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date.~~
(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
(c) ~~That it is my intention to follow the sea as an Engineer from this date.~~

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

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

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

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

*ON "Caterpillar"
B.H.F.*

ENTERED IN PAY LEDGE	
H. M. C. S. "BYTOWN"	
FAIR	<i>[Signature]</i>
<i>[Signature]</i>	
Personnel Records Division.	
1. Noted in Records	<i>HS</i>
2. Index Card	<i>HS</i>
3. Non-Sub. Card	<i>HS</i>
4. Statistical Card	<i>HS</i>
5. Photo Strip	<i>HS</i>
6. Pension Card	
7.	
8.	
DATE	29-1-42

*Cross out
clause not
applicable

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

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

(b) * I served in.....**Brookville Rifles, N.P.A.M.**.....for the period shown.

Served in	Rank	From	To
The Brookville Rifles, N.P.A.M.	Private	10 Jan. 1941.	6 Feb. 1941.

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

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

- (a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.
- (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

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

Dated this **24**.....day of **January, 1942.**.....

Alfred C. Dean
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant.....*Alfred C. Dean*.....

Witness.....*R. H. H. H.*.....

Date.....**24 January, 1942**.....Rank.....**Lieut. R.C.N.V.R.**.....

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

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

allegiance in my presence this **24**.....day of **January, 1942.**.....

R. H. H. H.
Lieut. R.C.N.V.R. (Signature of Officer and rank)

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

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

Alfred C. Dean
Signature



P016149

DEPT. NATIONAL DEFENCE
Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207
JAN 21 1942
HS 123 D-316

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 Alfred Costello Dean
‡ candidate for entry as Stoker 1
and I believe him to be * in all respects fit for His Majesty's Service.
He has signed the Certificate given below in my presence. BP. 145/75
‡ Strike out if inapplicable. * Delete one. Urine Negative.

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

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated 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.
24 yrs. 3 mos.	lbs. 169	ft. ins. 5' 8 1/2"	Good	inches (a) maximum 40 (b) minimum 37 (c) mean 38 1/2	right eye 6/6 left eye 6/6 *colour vision N	None	Normal	Normal	Normal	Normal	Normal	Normal	3 deficient	Normal

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

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

26-1-42 X-Ray of Chest negative. W. B. Burton Maj.

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.

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

Alfred C. Dean
Signature of Candidate

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Kingston the 24th of January 1942

(Rank) Maj.

W. B. Burton
Examining Medical Officer



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 123-D-316.....
PERS. (N)

DEC 29 1943

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>
DEAN, Alfred Costello Leading Stoker, O.N. A-5299, R.C.N.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. Cora Dean, Morton, Ontario.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>		<u>AMOUNT</u>	<u>INITIALS</u>
Mrs Cora Dean, Morton, Ontario.	(Mother)	\$20.00 A.P.	<i>[Signature]</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.

Stop pd 31st of September 1943.

CERTIFICATE of the SERVICE of

Alfred Castella Dean

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax	Kingston	A-5299

Date of Birth	5 October, 1917	Name and Address of Nearest Relative or Friend (in pencil)		
Place of Birth	Morton, Leeds, Ontario			
Place of Residence	Morton, Ontario			
Trade brought up to	Sailor			
Religion	C. of E.	Mrs. Cora Dean, (Mother) Morton, Ontario		
Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

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	
D.S. 24 Jan/42		Hostilities	Sto. I			
A.S. 24 Jan/42		(5 years)	Sto. II			
A.S. 25 Jan/42			2/Sto.			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	8½	38½	169	Brown	Hazel	Clear	apparently scar.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								
.....								
.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
		<i>Divisional Strength</i>					
1942	H.M.B.S. Cataragui			Stoker I	24 Jan/42	24 Jan/42	
		<i>Active Service</i>					
1942	H.M.B.S. Cataragui			Stoker I	24 Jan.	25 Jan/42	
1942	H.M.B.S. Cataragui			Lead Stoker	25 Jan.	28 Jan/42	
1942	<i>Stadacona</i>			Lead St.	29 Jan.	28 Apr/42	
	Avalon (St. Croix)			29 Apr/42	Ldg. St.	30 Jan. '43	
	Niobe (St. Croix)			Ldg. St.	31 Jan '43	30 Apr '43	
	Avalon (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][illegible]

Name Alfred Costello, Sean

Conduct

[illegible]

MEDICAL QUESTIONNAIRE.

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "yes" or "no".

1. Have you ever been discharged from the Navy, Army or Air Force.

...No....

2. Have you ever had any or the following illness' or defect at any time?

- | | | | |
|--------------------------------|--------|-----------------------------|--------|
| a. Rheumatism, Rheumatic Fever | ..no.. | k. Nose trouble | ..no.. |
| b. Tuberculosis or Pleurisy | ..no.. | l. Ear trouble | ..no.. |
| c. Bronchitis or Pneumonia | yes | m. Eye trouble | ..no.. |
| d. Asthma or Hay Fever | ..no.. | n. Gonorrhea | ..no.. |
| e. Kidney or Bladder trouble | ..no.. | o. Syphilis | ..no.. |
| f. Bed wetting at night | ..no.. | p. Broken or diseased bones | ..no.. |
| g. Heart trouble | ..no.. | q. Rupture or hernia | ..no.. |
| h. Indigestion or any kind | ..no.. | r. Flat or deformed feet | ..no.. |
| i. Stomach or Bowel trouble | ..no.. | s. Varicose veins | ..no.. |
| j. Any operations | yes | | |

3. Have you ever had an illness of more than one weeks' duration?

...No....

4. Have you ever been in Hospital or Sanatorium? ..yes....

5. Have you or anyone in your family ever had:

- | | | | |
|-----------------|--------|--------------------------------|--------|
| a. Tuberculosis | ..no.. | c. Epilepsy | ..no.. |
| b. Diabetes | ..no.. | d. Mental or nervous breakdown | ..no.. |

REMARKS BY EXAMINER.

2(c) Pneumonia as child.
 (d) Appendicitis 13 yrs ago. No trouble since.
 3/25

Rich. MacDonald
 Surgeon Lieutenant, R.C.N.V.R.

I certify that I have revealed my full medical history and not withheld any relevant information.

Alfred G. Dean
 Signature or Applicant.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ALFRED CASTELLO (b) Reg'l. No. A5299
 2. (a) Arm of service RAF (b) Unit Kingston (c) Rank Staff
 3. (a) Date of birth 5 October 1917 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Quebec
 4. (a) Place of enlistment Kingston, Ont. (b) Date of enlistment 24 Jan 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2nd Form High School
 7. If you attended a university, give name of university and standing or degree secured —
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? Legion of Maritime Seamen's Union

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

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

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

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

18. Name of employer Canada Steamship Lines Address Montreal
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Freight Transportation
 20. (a) Your specific occupation Clerk (b) Number of years' experience at this occupation with any employer 4 yrs
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? Yes

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

22. (a) State nature of business — (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? —
 25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 2 (c) In what provinces did you have experience? Ontario

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.) Stationary Engineering
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form —

DATE 24 January 1942 SIGNATURE Alfred C. Dean

[O.H.F. Received]

Copy To
VWD
ES

JAN 30 1942

C. R. P. A.
TREASURY OFFICE
Date 30/12/43
Initial 1

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

DEC 29 1943

(Date.)

Sir:

The following casualty has been reported -

NAME DEAN, Alfred Costello RANK or RATING Leading Stoker NAVAL NO. A-5299, R.C.N.R.

DATE OF ENLISTMENT - 24th January, 1942. Active Service: 24th January, 1942.

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

(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. Cora Dean,

ADDRESS MORTON, 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.

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. Cora Dean	(mother)		

D. A. A. P. TOTAL

Monthly Rate: Nil \$20.00 \$20.00

To whom Paid: Mrs. Cora Dean ADDRESS Morton, Ont.

Date of Enlistment: See other Side

Date of Discharge: See other side

Inclusive date to which D.A. and/or A.P. was Paid: Sept. 30th, 1943.

The final deduction of Assigned Pay for nil has been made for the period from 1st to nil of nil 194

Remarks:

Computed by..... *WT* 29/12/43

Checked by..... *MT*

Alfred B. ...
for (R.C. Playfair)
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.
The Secretary, Dept. Pensions & National Health,
Daly Building, Ottawa.

6778

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

Name of Deceased Member Alfred Costello DEAN Rank or Rating Ldg Sto O. No. A-5299

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

D.A.
A.P. 20.00 ✓
D.A.
A.P.

Mrs Cora Dean
(mother)

2. Pension awarded or being awarded to:

No record

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

✓ Mrs Cora Dean
✓ Morton
Quit.

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 2/3/45

[Signature]
for D.N.F.A. (G) [Signature]

☒ Navy
☒ Army
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

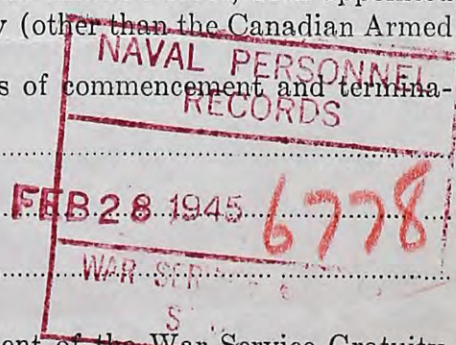
A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service DEAN } KILLED IN
(Print) }
2. Christian Names ALFRED CASTELLO } ACTION
(Print) }
3. Service No. A5299 4. Paid rank or rating at date of termination of Service READING STOKER
5. Address, in full, to which payments of gratuity are to be forwarded.....
MRS. CORA DEAN
MORTON, ONTARIO
CANADA

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY</u>	<u>A5299</u>	<u>L.S.</u>	<u>JAN. 24 1942</u>	<u>SEPT. 20 1943</u>
<u>SERVED ON BOARD</u>				
<u>OF THE DESTROYER</u>				
<u>ST. CROIX</u>				

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....
8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service.



Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

* Feb 20 1945
(Date)

* Mrs Cora Dean
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Morton, Ont.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

RCNR Apr. 44 "ST. CROIX"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Arthur H. Dean - Father

ADDRESS:

MORTON, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Cora Dean

ADDRESS:

Morton, Ont.

MEMORIAL BARI

(1)

DATE DESP.

REGN. NO. 3

(2)

(3)

4-1-44

D OF D 20-9-43

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.

WAR SERVICE RECORDS

DEAN	Alfred Costello	A-5299	L. Sto.	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	1266 5/10/49
Atlantic Star	
Africa Star	
C.V.S.M. & Clasp	
War Medal	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

P.M.

MILITIA ACT

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. C-437286

Militia Unit taken On Strength.

- ✓ 1. Surname (Block Letters) **DEAN**
2. Christian Names (In Full) **A. Alfred Costello**
3. Present Address **Morton, Ont.**
4. Place of Birth **Morton, Ont.** Date of Birth **5/10/12**
5. Religion **Anglican** 6. Occupation **Sailor**
7. Next-of-Kin **Mrs. A. Dean**
(NAME AND ADDRESS)
Morton, Ont.
8. Physical Description: Height **5-9"** Weight **171**
Color of Eyes **Hazel** Color of Hair **Brown**
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

Dated this 10 day of Jan. 1941

Training Centre No. _____ 30

Alfred B. Dean.
(SIGNATURE OF MAN)

P. du B. W. Mays 4/10
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE
STAMP



Willing to
enlist in

xxxxxx

Trade
Qualifications
Lake boat sailor
4 yrs

Willing to be
trained in
Naval engineer

PM