



Pte Lacroix, Gérard R22eR  
 Spr Lacroix, Léo RCE  
 Rfn Lacroix, Raymond Joseph OOR of C  
 Pte Lacroix, René Rde Chat  
 Pte Lacroix, Salvador Charles Emile Fus MR  
 Lt Ladas, Antonio Peter Rde Chaud  
 P/O Ladd, Frederick Llewellyn RCAF  
 Tpr Lade, Thorolf Martin GGHG  
 L/Cpl Laderoute, Kenneth Alfred C Pro C  
 Pte Laderoute, Louis Alexandre Fus MR  
 S-Lt/A Laderoute, Michael John RCAF  
 Pte Ladouceur, Gerald Marcel Fus MR  
 Cpl LaFarge, Robert Anthony HL of C  
 Pte Laferte, Rolland Hast & DER  
 P/O Lafferty, Albert Ervin RCAF  
 Pte Lafferty, John R Regt C  
 Lt/S LaFlamme, Henry Mathias RCAF  
 Pte LaFlamme, Martin Henry RCOC  
 Pte LaFleche, Charles Edouard West NSR  
 Gdsm LaFleur, Donald George GGFG  
 LAC LaFleur, George Leo RCAF  
 Lt LaFleur, Philip Milton Calg Highrs  
 Pte Lafontaine, Frank Camerons of C  
 Pte Lafontaine, Joseph Calg Highrs  
 Cpl Lafontaine, William John Lynnsey Alq R  
 Tpr LaFoy, Tip Orlando SAlta R  
 Cpl supp Laframboise, Ernest Fus MR  
 Pte Laframboise, Remi Essex Scot  
 Pte LaFrance, Gérard Gen List  
 Tpr Lafraniere, Robert 1 H  
 Pte Lafrenaye, Robert Noël Aimé Rde Chaud  
 Pte Lafrenier, William SSask R  
 Sgt Lagacé, Emile R22eR  
 Pte Lagacé, Léonard Carl & York R  
 Pte Lagacé, Richard Rde Chaud  
 Spr LaHaie, Fidèle Joseph RCE  
 Sgt LaHaise, Wilfred RCASC  
 F/L Laidlaw, David Drysdale RCAF  
 Sigmn Laidlaw, Ernest Albert Boyce RC Sigs  
 Lt Laidlaw, Gordon Douglas Westm R

Cpl Laidlaw, Jack Maurice Calg Highrs  
 F/O Laidlaw, James Dutton RCAF  
 F/O Laidlaw, Jeffery Cayley RCAF  
 Maj Laidlaw, Robert Hall GGFG  
 P/O Lailey, Peter Childs RCAF  
 F/L Laine, Sven Roy Walfrid, DFC RCAF  
 Spr Lainez, Augustus RCE  
 Pte Laing, Arthur George 48 Highrs  
 P/O Laing, Frederick Davidson RCAF  
 P/O Laing, John Arthur RCAF  
Lds Sto Laing, John MacGregor KCNVR  
 O/Smn Laing, Wallace Waddell KCNVR  
 P/O Laird, David Albert RCAF  
 F/L Laird, David Drexel RCAF  
 Bdr Laird, Douglas Walter RCA  
 S/L Laird, George Johnstone, DFC RCAF  
 Pte Laird, Harold L Edmn R  
 Tpr Laird, Harry Thornton 17 H  
 P/O Laird, John Seddon RCAF  
 Lt Laird, Wilson James SSask R  
 Pte Lake, Leslie Gerald Perth R  
 Pte Lake, Robert Douglas CB Highrs  
 Pte Lake, Stafford Marvel N Shore R  
 Pte Laliberté, George Gen List  
 Cpl Laliberté, Robert Osias R22eR  
 Pte Lalonde, Elie RCASC  
 L/Cpl Lalonde, Ernest James Regina Rif  
 Pte Lalonde, Joseph Albert Dollard Noël R22eR  
 S-O brev2 Lalonde, Joseph Albert Rodrigue Wilfred RCAF  
 LAC Lalonde, Joseph Boyd RCAF  
 L/Cpl Lalonde, Lionel Wilfred GGFG  
 Lt Lalonde, William Joseph Queen's  
 Pte Lamallice, Joseph Gaston Fus MR  
 Pte Lamarre, Albert R22eR  
 O/P Lamarre, Joseph Guy Georges RCAF  
 P/O Lamb, Collin Bruce RCAF  
 Lt Lamb, Harry Alvin Calg R  
 L/Cpl Lamb, John 4 PLDG  
 Sgt Lamb, John RCASC  
 Sgt Lamb, Leeming Cameron RCAF  
 P/O Lamb, Robert Arthur RCAF

V66845

LAING

WALLACE

WADDE

DECEASED 21 August 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.

WAR SERVICE RECORDS

LAING	Wallace Waddell	V-66845	O.Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6677
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR

HMCS "ALBERNI" Oct./45

**MEDALS AND MEMORIALS—DECEASED PERSONNEL**

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Mary M. Laing - Mother

ADDRESS: 725 Ingersoll St.,  
Winnipeg, Man.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. J. A. Laing

ADDRESS: 725 Ingersoll Street  
WINNIPEG, Manitoba

**MEMORIAL BAR**

(1)

DATE DESP.....

285

REGN. NO.....

(2)

(3) 17 March 1945

Read this whole Form and Instructions  
on other side before commencing to  
complete.

Can. S. 545  
30M-1-43 (8044)  
N.S. 815-9-545

# WILL

(1) I, Wallace Waddell LAING, of His  
Majesty's Canadian Ship "Chippawa" do  
hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto My Mother,

Relationship,  
names and  
addresses of  
beneficiaries,  
and what  
each is to  
receive.

Mary Margaret LAING,  
725 Ingersoll St.,  
Winnipeg, Man.

All my estate.

307 552

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

Relationship,  
names and  
addresses of  
residuary  
beneficiaries.

(4) I appoint Mary Margaret LAING, 725 Ingersoll St.,  
Winnipeg, Man. to be the Executrix of this my Last Will.  
(Name) (Address)  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of July,  
1943.

Signed, published and declared by the  
above-named testator as and for his  
last will and testament in the presence  
of us both present at the same time,  
who at his request and in his presence  
have hereunto subscribed our names  
as witnesses.

W. W. Laing  
(Name)  
Ord. Smn. (W.T.) V-66845  
(Rank or Rating) Official No.

First witness  
sign here.

(5) Signature H. F. Hale  
Civil Address 187 Ash Street, Winnipeg, Man.  
Civil Occupation Student.

Second witness  
sign here.

Signature D. H. Burns  
Civil Address 50 Alloway Ave., Winnipeg, Man.,  
Civil Occupation Office Clerk.

(Beneficiaries are not to be Witnesses.)

[OVER]

V66845

OFFICIAL NUMBER

FILE NUMBER 113-L-3194

OFFICIAL NUMBER V66845

NAME LAING (Surname) Wallace Waddell (Given Names) DATE OF BIRTH 1st. April, 1924.  
 PLACE OF BIRTH Winnipeg, Manitoba OCCUPATION Fireman  
 RELIGION United Church EDUCATION Grade XI  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 725 Ingersoll St. Town Winnipeg Province, etc Man.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
9	7	43	H.O.	5' 11 1/2"	Brown	Brown	Fair	Scar on forehead	2nd. (R) Bn. The Winnipeg Gren. (Can. Army)	Pte.	8th-3-43	8-7-43

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) John Albert Laing  
 ADDRESS (in pencil): Street and No. 725 Ingersoll St. TOWN Winnipeg Province, etc Man.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				25	2	44	Marked "TB"				
				14	3	44	Passed E.T.I., R.C.N				

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	Last Willand Testament #8657 Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		

Eligible to count 123 Days Can. Army Reserve Service towards award G.S.B.

SECOND CLASS FOR CONDUCT

From To

FILM  
NO. W.A.R. 2006-3  
DATE

U.S. ARMY  
81975

8/4/45

P.I.B.

V66845

OFFICIAL NUMBER

NAME LAING  
(Surname)

Wallace Waddell  
(Given Names)

OFFICIAL NUMBER

V66845

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
H.M.C.S. "CHIPPAWA"	ORD/SMN.(W.T)	9	7	43	Div. Str. Winnipeg	V.G.	Sat.	31	12	43	P. "Radar"	7	4	44			
" "	"	28	7	43	Active Service D.L. 31-7-43	V.G.	SAT	21	8	44	3"						
" Naden	"	12	9	43	D.L. 20-9-43 #79												
" "Cornwallis"	"	8	1	44	DRD # 2099 Beaver 19-2-44 to 25-2-44												
St. Hyacinthe	"	9	3	44	Serv. Cert. Stadacona 11-4-44												
Alberni	"	18	4	44	DRD S.#. 136 P.#. 8												
Nioba (Alberni)	"	22	4	44	Serv. Cert.												
DISCHARGED	"	21	8	44	"Presumed Dead" Sub. 3-8-45												

GENERAL REMARKS

Awarded Canadian Memorial Cross to:  
Mrs. J.A. Laing  
725 Ingersoll St.  
Winnipeg, Man. to date. 17/3/45

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELIED		PERM. RESIDENCE			PREV. ENLI		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	OCION	P.	CTY.	TOWN	SERR.	DIV.	A	BR	RANK		
01	4	24	16	243	X	404	606	06	06	9	06	0	08	95		
ENLIST. DATE			ACT. SERV. DATE			ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE					
DY.	MO.	YR.	DY.	MO.	YR.	DY.	MO.	YR.	ESTAB.	A	BR	RANK				
09	07	43	28	07	43				9625	0	08	95				
SENIORITY			STR.		NON-SUB		M		CODED		CHECKED					
DY.	MO.	YR.	CAT.	A	B	GT.	M	GT.	CODED	CHECKED						
28	07	43	13	00	00				MAD	6-3	J					

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

2  
 NAVY

PREVIOUS MEMBER'S NAME

**Wallace Waddell**  
 (CHRISTIAN NAMES)

**LAING**  
 (SURNAME)

REGISTER NO. 81955  
 FILE NO. NSV-66845  
 DATE 19-12-45  
 SERVICE NO. V-66845  
 FINAL RANK OR RATING O/Smn.

PAYEE ADDRESS

Director of Estates,  
 308 Sparke's Street,  
 Ottawa, Ont.

} For Service Estate of  
 Wallace W. LAING.  
 NSV-66845

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug. '44 DATE OF DISCHARGE 21 Aug. '45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 391 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

97.50

B. QUALIFYING OVERSEAS SERVICE

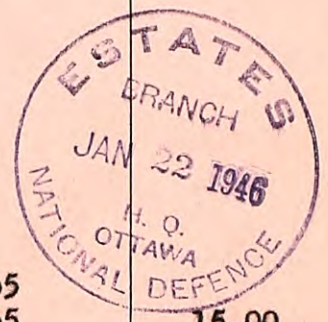
NO. OF DAYS 133 LESS 1 INELIGIBLE DAYS, EQUAL TO 132 DAYS @ 25C. PER DAY

33.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25  
 ADDITIONAL PAY H.L.M. \$ .20  
 DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil  
 TOTAL \$ 2.95 X 7 = \$ 20.65  
 NO. OF DAYS 133 X \$ 20.65



15.00

*DU' 489242*

D. WAR SERVICE GRATUITY

145.60

E. DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE

145.60

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 145.50  
 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.

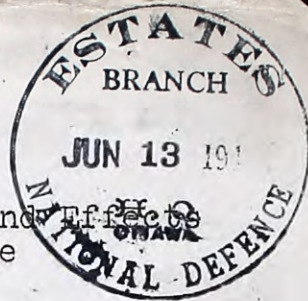
CHECKED BY *[Signature]*

TREASURY  
 CHECKED BY *B. H. [Signature]* DATE 27.12.45

*[Signature]*  
 SERVICE REPRESENTATIVE  
 for Dir. Naval Pay Accting.



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.....**LAING, Wallace**.....Rating.....**O/Sm**  
 Official No.....**V 66845**.....HMCS.....**NIOBE for ALBERNI**.....List.....**12.2/64**  
 Who.....**Discharged Dead**.....on the.....**21st August**.....19**44**

	\$	cts.
Net sum due on ledger on account of Wages.....	149	53
Proceeds of sale of Effects charged against Wages, brought from the other side.....		
CASH--		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected .....		
Cash deposited by official Receipt No.....		
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)..... <b>Nil.</b> .....		
charged to.....		
Name of ship from which transferred.....		
Total..Creditor.....	149	53 Note:

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 **Niobe for ALBERNI**... amounting to a net balance **Creditor** **One Hundred and forty-nine** dollars **Fifty-three** cents.

Dated on board H.M.C.S. **Niobe**.....at **Greenock**  
**Scotland**.....this **seventeenth** day of **May**.....19**45**

Approved *[Signature]* **A/Commander (S) RCNVR**.....Supply Officer  
**Lieutenant (S) RCNVR**.....Initials of the  
**A/Captain, RCNVR**.....Asst. Supply Officer  
 .....

For Use at Headquarters. \$.....cts.....credited on  
 No.....to.....  
 Signature.....  
 Date.....19.....

C.N.S.46 Note: The above sum has been recovered by Niobe March cash acc't receipt voucher **N-R-1567.**  
**N-R-1566.**

ESTATES BRANCH

Hq. NS.V-66845 FD 763

Mrs. Mary M. Laing,  
785 Ingersoll Street,  
WINNIPEG - Man.

March 27th, 1945.

LAING, Wallace, Waddell O/S (Deceased)  
NO. V-66845 R.C.N.V.R.

Dear Mrs. Laing:-

Receipt is gratefully acknowledged of completed form P. 64 herein together with duplicate copy of your son's service Will dated 9th July 1943, and I am able to inform you that the original of this Will remains on file in this Directorate by which you are the sole beneficiary and sole executrix.

The finalized statement of pay and allowances herein to admit of distribution of any available service estate, has not yet reached this Directorate, but as soon as particulars of same are received a further communication will be sent to you with instructions as to the procedure for dealing with the War Savings Certificates, and steps will be taken to withdraw the credit balance in the bank if you will be good enough to supply the name and address of same. This credit balance will be added to the service estate and distributed with same in due course.

The bearer bonds mentioned in your completed form become your own personal property by virtue of the service Will, and in view of the fact that we do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Albernie" in which your son was lost, no further or later Will may be expected from that source.

Dependents of deceased personnel are apparently entitled to War Service Gratuity and application forms for same may be obtained from the Secretary of the Naval Board, Naval Service Headquarters, Ottawa. The forms should be completed and returned direct to him for the attention of the Director of Naval Pay Accounting.

Yours faithfully,

*[Handwritten signature]*  
per DIRECTOR OF ESTATES.

HRW:PM.

W  
15-3-W  
1

Mr. John Albert Laing  
725 Ingersoll St.,  
WINNIPEG, Man

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

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

and the following number quoted:—

H.Q. N.S. V-66845-ED-763

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

4 Jan 1945

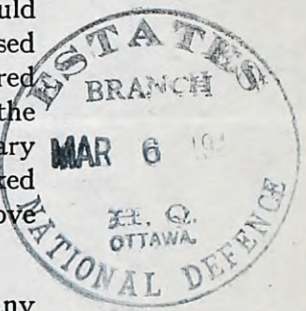
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

LAING Wallace Waddell Ord. Smn.

V-66845 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.



*M. Waddell*  
Commander  
Director of Estates.

HRW/bwr

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.....	John Albert Laing.	52	725 Ingersoll Str.
4	Mother of the Deceased.....	Mary M. Laing.	44	725 Ingersoll Str., Winnipeg, Manitoba.
5	Brothers of the Deceased	Full Blood	NONE	
		Half Blood	NONE	
6	Sisters of the Deceased	Full Blood	NONE	
		Half Blood	NONE	
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.	Wallace Waddell Laing
9	Date of his birth.	April 1 <sup>st</sup> . 1924.
10	Place and date of his marriage.	✓
11	Place and date of his parents' marriage.	June 27 <sup>th</sup> 1923. Sperling Man.,

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	243 Simeon Sts. Winnipeg
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Manitoba (c) (d)
14	Nature of employment before enlistment.	Winnipeg Fire Dept.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	yes -
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. Do you wish it administered with the pay account?	Bank. \$17.26
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10 <sup>00</sup> 725 Ingersoll Sts.,
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$400 <sup>00</sup> (Bearer) 725 Ingersoll ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life - \$1000 <sup>00</sup> London Life - \$147.99
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil. Mary M. Laing.

## 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 no
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.

Mary M. Laing (Mother of Informant).....

Signature of Informant

*[Handwritten signature]*

725 Ingersoll Str......

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief MARY M. LAING.....

\*See above. { Name of informant } is the\* MOTHER ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at WINNIPEG, MAN. this 9<sup>th</sup> day of FEBRUARY 1945.

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

*[Handwritten signature]*

A COMMISSIONER FOR OATHS IN AND FOR THE PROVINCE OF MANITOBA  
MY COMMISSION EXPIRES DECEMBER 31st. A. D. 1945.

Qualification.....

Address FLR LINDSAI BLDG. WINNIPEG, MAN......

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



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-66845 Pers. (N)

OTTAWA, Ont., DEC 16 1944 194

39332



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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
LAING, Wallace Waddell, Ordinary Seaman, V-66845 R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Father: Mr. John Albert Laing, 725 Ingersoll Street, Winnipeg, Man.

<u>In favour of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
---------------------	----------------------------	---------------	-----------------

*nil*

*Jm9*

WILL: Attached.

Yours truly,

*G. G. Heard*

for  
SECRETARY, NAVAL BOARD.

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



DEPARTMENT OF DEFENSE  
PERSONNEL SECTION

PERSONNEL SECTION

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PERSONNEL SECTION

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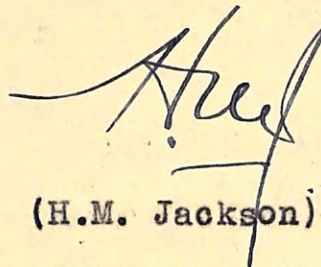
PERSONNEL SECTION



V.66845  
(WSR.12)

CERTIFICATE OF DEATH

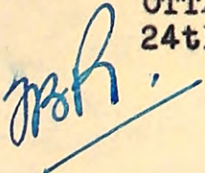
THIS IS TO CERTIFY that according to official information received at the Department of National Defence, V.66845, Ordinary Seaman Wallace Waddell LAING, Royal Canadian Naval Volunteer Reserve, was reported missing in action on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "Alberni", was lost while on operational duty at sea, and no further information concerning him being available he is for official purposes presumed to have died on that date.



(H.M. Jackson) Lt.-Col.,

Officer of Her Majesty's Forces  
authorized to sign certificates  
of death and/or presumption of  
death for the Canadian Naval Forces.

Department of National Defence,  
OTTAWA, Canada.  
24th November, 1954.





( Information extracted from Naval Service Headquarters' Records. )

Four copies to be rendered to Naval Service Headquarters

36

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

H.M.C.S. ~~NAVAL SERVICE HEADQUARTERS~~ at OTTAWA, Ont.

Name LAING Wallace Waddell  
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. 7-56845 R.C.N.V.R.  
(If unknown, date of first entry)

Place of Birth Winnipeg, Manitoba Date of Birth 1st April, 1924

Occupation in Civil Life Fireman Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N., (Temporary) or Reserve ratings) 1 year and 1 month

Date of Death 21 August, 1944 Place of Death AT SEA

Cause of Death Missing, presumed killed when the ship in which he was serving.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)  
R.M.C.S. "ALBERT" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mr. John A. Laing Relationship Father  
Address 725 Ingersoll St., WINNIPEG, Man.

Date on which the above was informed by Ship Naval Service Headquarters: 23rd Aug., 1944.

Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial No burial Date of Burial.....  
(if known) (if known)

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

Undertaker employed.....  
(if any)

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

*Noted  
D.N.P.A.  
14-3-45  
C.L.*

Commanding Officer,  
OTTAWA, Ont. 28 February 5.  
194.....

*H.B. Money*  
for.....  
SECRETARY, NAVAL BOARD. C

~~SECRETARY~~ Naval Board,  
The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

**C. R. P. A.**  
**NAVAL TREASURY**  
 DATE 4/1/45  
 INITIALS WIS  
 Sir:

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

26 001944  
 DEC 16 1944  
 (Date)

The following casualty has been reported -

NAME LAING, Wallace Waddell RANK or RATING Ordinary Seaman NAVAL NO. V-66845 R.C.N.V.R.

DATE OF ENLISTMENT - 9th July, 1943. Active Service: 28th July, 1943.

DATE OF DISCHARGE - 21 August, 1944.

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

SERVICE - Canada and 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 H.M.C.S.  
 when and where any disability "Alberni", which was sunk in the English Channel.  
 was incurred, or where death 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 - Father NAME - Mr. John Albert Laing,

ADDRESS - 725 Ingersoll Street, Winnipeg, Man.

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, DEPENDENT'S ALLOWANCE, etc.

COPIES CHECKED IN  
 BY.....

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>
NIL	NIL	NIL	NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	NIL
<u>To Whom Paid:</u>	do	<u>Address</u>	do
<u>Date of Enlistment:</u>	See other side.		
<u>Date of Discharge:</u>	do.		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>	NIL		
The final deduction of Assigned Pay for	NIL has been made for the period		
from 1st to	NIL	of NIL	194

Remarks:

Computed by P. FLEMING, (30/12/44).

Checked by [Signature]

Alec J. Roswell

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

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

This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, \$300," and properly addressed will pass through the mail "FREE"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality..... AT SEA .....Sec.....Twp.....Rge.....  
 (Name)  
 If in City, Town or Village.....Street.....House No.....  
 (Name) (If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)  
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED LAINO Wallace Waddell  
 (Surname) (Given name or names in usual order)  
 RESIDENCE 725 Ingersoll Street, Winnipeg, Man.  
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN <u>Scottish</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>Winnipeg, Man.</u>
9. DATE OF BIRTH Month <u>April</u> Day <u>1</u> Year <u>1924</u> (Write the word)	10. AGE IN Years <u>20</u> Months <u>5</u> Days If less than one day hrs. or min.			

OCCUPATION  
 11. Trade, profession or kind of work as Fireman  
 spinner, teamster, office clerk, etc.  
 12. Kind of industry or business, as City of Winnipeg.  
 cotton-mill, lumbering, bank, etc.  
 13. Date deceased last worked at this occupation  
 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased  
 PARENTS  
 16. Name of father  
 17. Birthplace of father (same as item No. 8)  
 18. Maiden name of mother  
 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant A.B. Money  
 Address Paymaster, C.M.R., R.C.N.R., Naval Service Headquarters, Ottawa, Director of Personnel Records.  
 21. Relationship to deceased  
 22. Place of burial, cremation or removal No burial Date of burial  
 23. Burial Permit was issued by Address  
 24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 21 August 1944  
 (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from 19..... to 19....., and last saw him alive on 19.....

CAUSE OF DEATH  
 Immediate cause Missing, presumed dead.  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) due to He was serving in H.M.C.S. "ALBERTI", which was sunk in the English Channel.  
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to  
 (c)  
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

27. If a woman, was the death associated with pregnancy?  
 28. Was there a surgical operation? Date of operation  
 State findings Was there an autopsy?  
 29. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide? Date of injury  
 (State which)  
 Manner of injury (How sustained)  
 Nature of injury  
 Specify whether injury occurred in industry, in home, or in public place

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge

Signed by

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

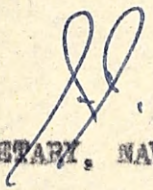
EMC

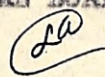
28

N.S. V-66845 PERS. (N)

26 December, 1944.

THIS IS TO CERTIFY that according to official information Wallace Waddell Laing, Ordinary Seaman, Official Number V-66845, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

  
SECRETARY, NAVAL BOARD.





16

OTTAWA, Ont., 28th August, 4

N.S. V-66845 PERS. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name..... LAING ..... Wallace Waddell .....  
(Surname) (Christian Names)

Rank/Rating ..... Ordinary Seaman .....

Official No..... V-66845 R.C.N.V.R. ....

Nature of Casualty Missing at sea when ship in which serving was lost by enemy action in English Channel.

Date of Casualty ..... Will be reported later. ....

Address at time of Enlistment 725 Ingersoll Street, Winnipeg, Man.

Marital Status at time of Enlistment..... Single .....

Occupation..... Fireman .....

Name & Address of Next of Kin Father: Mr. John Albert Laing .....

725 Ingersoll Street, Winnipeg, Manitoba.

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD. *e*

*B.D. 44  
30 APR 15  
e*

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.



LA/CM

REGISTERED  
AIR MAIL

N.S. V-66845, PERS.(N)

23 August, 1944.

Dear Mr. Laing:

It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Wallace Waddell Laing, Ordinary Seaman, Official Number V-66845, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.




Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mr. John Albert Laing,  
725 Ingersoll Street,  
WINNIPEG, Man.

# Passing Certificate

*pa* *J*

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This is to Certify

that Wallace Waddell LAING

046874

Rating Ord. Smn. (w/T), R.C.N.V.R. Official Number V.66845

has passed

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

held on 14 March, 1944.

For advancement to Petty Officer

*J. Richards*

Instr. Cdr., R.C.N.

Director of Naval Education

Naval Service Headquarters

Ottawa, this 1st day of April, 19 44.

# 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 Wallace Waddell LAING (b) Reg'l. No. V66845
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Smm. WT
3. (a) Date of birth 1 Apr 24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Winnipeg, Man.
4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment 9 July, 1943

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.) Grade XI
7. If you attended a university, give name of university and standing or degree secured -----
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? ----- (c) Did you finish it? ----- (d) If you did not finish it, how long did you serve at it? -----
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

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

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

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

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

18. Name of employer City of Winnipeg Fire Dept. Address Winnipeg, Man.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Fire Dept.
20. (a) Your specific occupation Fireman. (b) Number of years' experience at this occupation with any employer 1 1/2 Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? 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 ----- (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? No (b) How many years' actual farming experience have you had? 2 Yrs (c) In what provinces did you have experience? Manitoba

## 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.) Radio Work
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form -----

9th July,

3

DATE 9th July, 194 3 SIGNATURE W. W. Laing

RECEIVED

| Copy To  
VWD  
ES

AUG 7 1943



VERIFICATION FORM

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

..RANK/RATING *Ord. Surgeon* OFF. NO. *V. 6684* ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
<i>at.</i>							ATLANTIC		
<i>at.</i>							FRANCE G.		
<i>UK</i>							AFRICA		
							PACIFIC		
							BURMA		
<i>Dis. Dead</i>	<i>"</i>	<i>"</i>					ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>+ Clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY ..... *J.B.* .....  
*Geo*

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

*Wallace Waddell LAING*  
*I.C.N.S. 71317*  
 in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>J-66845</i>
	<i>Chippawa</i>	"
		"

Date of Birth *1 April 1924*

Place of Birth *Winnipeg, Manitoba.*

Place of Residence *725 Ingersoll St Wpg*

Trade brought up to *Fireman*

Religion *United Church*

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) *19/10/43*  
*Father*  
*John Albert Laing*  
*725 Ingersoll St*  
*Wpg Man*

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>9 July 43</i>	<i>Duration of Hostilities</i>	<i>Red Cross</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>6</i>	<i>1 1/2</i>	<i>37</i>	<i>172</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Scar on Forehead</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









THE CANADIAN ARMY—RESERVE PERSONNEL

2nd BATTALION  
Winnipeg Grenadiers

CERTIFICATE OF DISCHARGE

JUL 13 1943

ORDERLY ROOM  
Winnipeg, Canada.

This Certifies that H. 425,629 Pte LAING, Wallace Waddell  
(Regtl. No.) (Rank) (Name in full)  
of 725 Ingersoll Ave., County of Winnipeg

Province of Manitoba served continuously in the

2nd (R) Bn, THE WINNIPEG GRENADIERS (Canadian Army)  
(Regiment or Corps)

from the 8th day of March 1943, to

the 8th day of July, 1943, and is now discharged  
therefrom, and that he attended ~~and completed Annual Training for the years~~  
drills and training. Struck off strength upon enlisting with the  
R.C.N.V.R.

(Each year separately, in figures)

One hundred & twenty four days.  
(Total number of years, in words)

W. W. Laing  
(Signature of Soldier)

Place Winnipeg, Manitoba.

Date 13th July, 1943 1943

Commanding \_\_\_\_\_  
(Sqn., Bty. or Coy.)

H. A. Clarke  
(H.A. Clarke) Major & Adjt.,  
† Commanding for (S.M. Scott) Lt-Col.,  
(Regt. or Corps)  
2nd (R) Bn. THE WINNIPEG GRENADIERS

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

# Passing Certificate

## This is to Certify

that ..... Wallace Waddell LAING .....

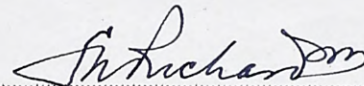
Rating ..... Ord. Smn. (W/T), R.C.N.V.R. Official Number ..... V.66845 .....

has passed

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

held on ..... 14 March, 1944. ....

For advancement to Petty Officer



..... Instr. Cdr., R.C.N.

Director of Naval Education

Naval Service Headquarters

Ottawa, this ..... 1st ..... day of ..... April, ..... 19 44.

C.N.S. 2431

10M-6-43 (354)

N.S. 815-9-2431



I.C.N.S. 71517

CANADA

**ATTESTATION FORM**  
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **LAINO** ..... OFFICIAL No. **1-66845**  
CHRISTIAN NAMES..... **Wallace Wallace** ..... MARRIED, SINGLE OR WIDOWER..... **Single**

PERMANENT ADDRESS	RELIGION
<b>725 Ingersoll St., Winnipeg, Man.</b>	<b>United Church</b>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>1st April, 1924</b>	Town <b>Winnipeg</b> County Province <b>Manitoba</b>	<b>John Albert LAINO (Father), 725 Ingersoll St., Winnipeg, Manitoba.</b>
*Original Nationality of:		
Father <b>Scottish</b>		
Mother <b>Scottish</b>		

\*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..... <b>6</b>	Inflated..... <b>40</b>	<b>Brown</b>	<b>Brown</b>	<b>Fair</b>	<b>Scar on forehead</b>
Inches..... <b>11</b>	Deflated..... <b>36 1/2</b>				
<b>172</b>	Mean..... <b>37</b>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<b>Grade XI</b>	<b>Fireman, City of Winnipeg, Winnipeg, Man.</b>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<b>Divisional Strength 9th July, 1943</b>	<b>Ord. Smn. (W.T.)</b>	<b>H.M.C.S. CHIPPAWA</b>

(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, Air Force, Reserve or Territorial Force.  
\* (b) I served in **2nd(R) Bn., Winnipeg Grenadiers (CA)** for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<b>2nd(R) Bn., The Winnipeg Grenadiers (Canadian Army)</b>	<b>Private</b>	<b>8th March '43 Discharged at Winnipeg, #H.425,629</b>	<b>8th July '43</b>

(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.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Ord. Sqn. (W.R.) by the prospect of being transferred at some future date to any other branch or rating.

Dated this 9th day of July, 1943

Signature of applicant W. W. Laing

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 9th

day of July, 1943

My authority for attestation is ED 7-3-2, 24th June, 1943

N. F. Hale  
Signature and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE Sub. LIEUTENANT R. C. N. V. R.

I, Wallace Haddell LAING 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 N. F. Hale

Witness W. W. Laing

Date 9th July, 1943 Rank Sub. LIEUTENANT R. C. N. V. R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.