



L/Sgt Mercer, William Thomas RCA
 Capt Merchant, Evatt Francis Anthony
 Camerons
 Pte Mercier, Philip Theodore CB Highrs
 F/O Meredith, Frederick Leonard RCAF
 Tpr Meredith, Howard William 12 H
 F/L Merinuk, Neil RCAF
Stwd Merk, George Adam RCNVR
 Pte Merkley, Albert James Camerons of C
 F/O Merkley, Harry Dwain RCAF
 Pte Merkley, Lylz Harry RCOC
 Pte Meroniuk, George Harry Essex Scot
 F/O Merral, William Robert RCAF
 Lt Merritt, John P. Hamps
 Pte Merrick, Charles Ernest RCASC
 Pte Merrick, George Broadhurst
 A & SH of C
 Cpl Merrick, Keith Warren RCE
 F/O Merrick, Peter William RCAF
 L/Sgt Merrifield, William James
 Line & Wellld R
 Cpl Merrill, George Alexander R Regt C
 P/O Merritt, Cecil Glen RCAF
 P/O Merritt, John Percival RCAF
 Tpr Merritt, Kenneth Franklin S Alta R
 Cpl Merry-Ship, Ivor William CHoPO
 Lt Mersereau, Cyril Seton N Shore R
 Pte Merson, Donald William Perth R
 Pte Merson, Joseph RCASC
 Rfn Meryyn, Percy Ivan RWpg Rif
 Lt Meszaros, Steve SSask R
 Gnr Metcalf, Lyle Elmer RCA
 EA3c Metcalfe, Donald Irving RCNVR
 Lt Metcalfe, Edward William RCA
 Pte Metcalfe, John Nth NS Highrs
 Sgt Methereil, Walter SD & G Highrs
 Pte Methot, Paul Fus MR
 Cpl supp Metivien, Roland Edward C Pro C
 P/O Metka, Joseph RCAF
 Sgmn Metsos, James RCSigs
 SL Metzlen, Harry Warren RCAF
 Pte Meunier, Ernest Vincent R de Mais
 L/Sgt Meyer, Amede Reeze LE dmn R
 Gnr Meyer, Arthur Martin RCA
 Lt Meyer, John Temple C Pro C
 P/O Meyer, Lawrence Marius RCAF
 Pte Meyer, Victor Louis Alg R
 Sgmn Meyers, Alfred Philip RCSigs

Pte Meyers, Melvin Herbert Westmr R
 Gnr Meyers, Philip RCA
 Cpl Meyers, Robert Waldo RWpg Rif
 F/O Michalec, John RCAF
 Tpr Michalkow, Orest 12 D
 Pte Michaluk, Michel C Scot R
 Sgt Michaud, Amedee RCOC
 Sgt Michaud, Gerald Fus MR
 Gnr Michaud, Herbert RCA
 L/Cpl Michaud, Herman Alexander
 S Sask R
 Sgt Michaud, Joseph David Albert
 Sher Fus R
 Sgt supp Michaud, Livain R22e R
 Pte Michaud, Philippe CB Highrs
 Pte Michel, Theodore Eugene
 Carl & York R
 P/O Michell, James Lloyd RCAF
 P/O Michie, Ernest Wilberforce RCAF
 Sgt Michie, Stanley Ross Fort Garry's
 Pte Middlebrook, Gordon Grant
 Line & Wellld R
 WO2 Middlemas, Robert James RCAF
 Pte Middlemiss, John Robert LE dmn R
 P/O Middlemiss, Kenneth Robert, DFC
 RCAF
 L/Cpl Middleton, Delbert Manson
 Essex Scot
 WO II Middleton, Frederick RCA
 Pte Middleton, Joseph John
 1 Cdn Spec Ser Bn
 L/Sgt Middleton, Melvin Cyril
 1 Cdn Para Bn
 Tpr Middleton, Robert LD SH (RC)
 Tpr Middleton, William George
 Fort Garry's
 Sgt Midgley, Eric George CH of O
 F/O Miettinen, Veikko Victor RCAF
 F/O Miff'lin, Frederick Manuel, DFC RCAF
 Cpl supp Migneault, Joseph Albert
 ELzean R de Mais
 Pte Mike, Sebastian Calg Highrs
 Pte Mikkelson, Mervil Lester RCASC
 Pte Miko, Joseph RCASC
 F/O Milburn, Philip Giles RCAF
 Rfn Milburn, Robert Cameron
 RWpg Rif
 F/O Mildon, Albert Harry RCAF

V32584
MERK
GEORGE

ADAM

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 George Adam HENK (b) Reg'l. No. V- 32584
2. (a) Arm of service NAVAL (b) Unit R.M.C.S. "QUEEN", Regina (c) Rank Prob/Stwd.
3. (a) Date of birth 30 Oct. '23 (b) Have you any dependents? Yes (c) Place of residence Regina, Sask. at time of enlistment
4. (a) Place of enlistment Regina, Saskatchewan. (b) Date of enlistment 2nd March '42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (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.) 2 Years 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

8
9

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 Can. Pacific Telegraph Address Regina, Sask.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Telegraph
20. (a) Your specific occupation Janitor (b) Number of years' experience at this occupation with any employer 2 months
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? 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, 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? None (c) In what provinces did you have experience? ---

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



DATE 2nd March 194 2 SIGNATURE George Adam Henk

APR 22 1942

Copy To
VWD
ES

Mrs. Angelina Merk,

1126 Albert Street,

Regina, Sask.

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. NS. V. 32584 FD 745

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.January 3 5
194.....

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

MERK, George Adam, Steward,

V.32584 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.

HRW/JL

A. Wade
 Commissioner
 Director of Estates.

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.....	Anton Merk	47	1126 Albert st Regina Sask
4	Mother of the Deceased.....	Angelina Merk	47	1126 Albert st Regina
5	Brothers of the Deceased	Full Blood	Joseph Merk Michael Merk Antonie Merk	17 14 6 1126 Albert st Regina do do
		Half Blood		
6	Sisters of the Deceased	Full Blood	Richard Merk (Mrs Bealy) Magdalena Merk (Mrs de Loman) Barbara Merk (Mrs S. Sewart) Mary Merk Constance Merk Angelina Merk	28 26 25 22 19 6 Fort William Ont 2320 Broder st Regina Sask do 1126. Albert st Regina do do
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		anna merk	died	August 22- 1917 name

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>George Adam Merk</i> <i>read</i> <i>George Adam Merk</i>
9	Date of his birth.	<i>October 30 1923</i>
10	Place and date of his marriage.	<i>nil</i>
11	Place and date of his parents' marriage.	<i>Kibank Sack</i> <i>November 23 1910</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Kibank Sack</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>1126 Albert Street</i> (b) <i>Regina</i> (c) <i>Sack</i> (d)
14	Nature of employment before enlistment.	<i>Janitor C.P.R. Co</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>no</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>not known</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<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?	<i>nil</i>
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?	<i>no</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>none</i> <i>\$10.00</i> <i>1126 Albert St Regina</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>none</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>no</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<i>none</i>

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>none</i> <i>nil</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.	<i>no</i>

(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

* Angelina Merk Mother of the deceased.

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

Mrs. Angelina Merk

{Signature of Informant

1126 Albert St Regina Sask

Address

CERTIFICATE

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

See above. Angelina Merk { 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 Regina this 26th day of January 1945.

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

Edmund Huck

Qualification a Commissioner of Oaths

Address Victoria Sask

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

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

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



CANADA

O.H.F.

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE.

SURNAME..... **MERK** OFFICIAL NO. **V- 32584**
CHRISTIAN NAMES..... **George Alan** MARRIED, SINGLE OR WIDOWER..... **Single**

PERMANENT ADDRESS	RELIGION
1126 Albert Street, Regina, Saskatchewan.	Roman Catholic

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
30th October, 1923	Town Vibank County Province Saskatchewan.	(Mother) Mrs. Angelina Merk, 1126 Albert Street, Regina, Saskatchewan.
*Original Nationality of: Father Russian Mother Russian		

*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..... 5	Inflated..... 38	Dark Brown	Brown	Medium	Scar under chin Scar inside left thumb Vacci. mark left arm.
Inches..... 10	Deflated..... 36				
Mean..... 37					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade Ten - Scott Collegiate Institute, Regina, Saskatchewan.	Janitor - Can. Pacific Telegraph, Regina, Saskatchewan.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
2nd March, 1942. (Divisional Strength)	Prob/Steward	R E G I N A

(B) **DECLARATION TO BE MADE BY APPLICANT**

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* ~~(b) I have served in the Royal Canadian Naval Volunteer Reserve Force, and I attach my record of service in cooperation of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

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

Dated this Second day of March, 1942

Signature of applicant George Adam Merk

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this Second day of March, 1942

E. Schoun Lieut., RCNVR.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, George Adam MERK 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 George Adam Merk
Witness E. Schoun

Date 2nd March, 1942. Rank LIEUTENANT, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

George Adam MERK having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the REGINA Division of the R.C.N.V.R. or in the appropriate official documents.

E. Schoun Lieut., RCNVR.
Attesting Officer.

2nd March 194 2 R.C.N.V.R. Division REGINA
(or other establishment)

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

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

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

E. Schoun (WITNESS)
This is to acknowledge that I have not been induced to enter the Steward Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.
George Adam Merk Signature



CANADA

NSA CANADA
NATIONAL DEFENCE **Can. B. 207**
100 M-11-40 (7881)
N.S. 815-2-207
P068783 -7 1942
NS 13 275829
2.3.4
CANADA

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 G. A. MERCK

‡ candidate for entry as R/Squad

and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. } He has signed the Certificate given below in my presence.

‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Variocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
18-3	158 lbs.	5'10" ins.	Good	38 inches (a) maximum 36 (b) minimum 37 (c) mean	right eye 20/70 left eye 20/70 *colour vision N	1937	120/80	nom	nom	nom	nom	nom	nom	nom

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

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

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.

Signature of Candidate

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

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

[Empty box for UNFIT notation]

Dated at Regina the 19 of Feb 1942

Examining Medical Officer
(Rank) Sgt

B-1

DECEASED 21 August 1944

AWARDS NAVY

D.D.

WERK	George Adam	V-32584	Stwd.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>				
<u>BADGE</u>				
(CLASS)	No.	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Fr. Ger. Star XXXXXX	
Defence Medal	
C.V.S.M. & Clasp	
War Medal	208
	15.10.49

* (THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
HMCS "ALBERNI" Sept. /45. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Angelina Merk - Mother

ADDRESS: 1126 Albert Street,
Regina, Sask.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Merk
1126 Albert Street
REGINA, Sask.

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

193

(2)

(3) 17 January 1945

Identification Card # 50317

N.V. 17
60M-11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

George Adam MERK

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-32584</u>
	<u>REGINA</u>	"
		"

Date of Birth 30th October, 1923.

Place of Birth Vibank Sask.

Place of Residence 1126 Albert St., Regina Sask. Ms. Angelina Merk,
1126 Albert Street,
Regina, Sask.

Trade brought up to Printer **O.H.F.**

Religion Roman Catholic

Can Swim:—P.P.T. Date 7 April 1942 Signature [Signature] Rank S/Lt
(Good) 15th June 42 Signature [Signature] Rank for CO

P.S.T. Date 19 Signature [Signature] Rank [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	
<u>5 Nov. '41</u>	<u>2 March '42</u>	<u>Duration</u>	<u>Prob. Stud.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<u>5</u>	<u>10</u>	<u>37</u>	<u>158</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Med.</u>	<u>Scar under left thumb</u> <u>Scar inside left thumb</u> <u>Vacc. mark left arm</u>
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

G

NAME IN FULL MERT, George Adam RANK/RATING Lt

SHIP	SERVICE			AREA	QUANTIFICATION	
	FROM	TO	DAYS		FROM	TO
	9-4-42					
<i>Dundas</i>	<i>16-8-42</i>	<i>30-9-42</i>	<i>46</i>	<i>APC</i>		
<i>Avon</i>	<i>1-10-42</i>	<i>12-9-42</i>	<i>347</i>	<i>NE</i>		
<i>Avon</i>	<i>13-9-43</i>	<i>8-3-44</i>	<i>178</i>	<i>NE</i>		
<i>Albemarle</i>	<i>9-3-44</i>	<i>21-8-44</i>	<i>166</i>	<i>All of Sea Lane</i>		
<i>District: Pres - 46/124</i>						
	<i>21-8-44</i>					

VERIFIED BY Louise Milne

VERIFIED BY

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

NAME OFF. NO. *V-32584* ADDRESS

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

VERIFIED BY *R. L. Linton*
 Lc

NAME A. Mark G. A. RATING O.D. BRANCH RCNVR
OFFICIAL NUMBER U.S. PLACE Regin DATE 20 Jan 42

The Following Questions Must Be Answered "YES" or "NO"

Para. 1

Have you ever, at any time in your life, had any of the following?

Rheumatism... No Sore Joints... No Pleurisy... No Tuberculosis... No
Bronchitis... No Asthma... No Heart Diseases... No Kidney or Bladder
Diseases... No Stomach or Intestinal Trouble... No Chronic Indigestion
... No Stomach Ulcer... No Rupture... No Piles... No Varicose Veins... No
Trouble With Your Feet... No Nose Trouble... No Ear Trouble... No
Eye Disease... No Fits... No Dizziness... No Nervous or Mental Disease
... No Gonorrhoea... No Syphilis... No Skin Trouble... No Albumin in
your Urine... No Sugar In Your Urine... No

Para. 11

Have you ever worn glasses... Yes Have you ever been in hospital... No
Have you ever had an operation... No Have you ever had any broken
bones... No Have you ever had a dislocation... No Have you ever had
an injury... No Have you consulted a doctor in the last five years
Yes Have you ever been rejected for Life Insurance... No
Have you ever received compensation from any Workman's Compensation
Board... No Have you ever received a War Pension... No Have you ever
been rejected for the Navy, Army, or Air Force.....

Para. 111

Have any members of your family ever had any of the following:

Tuberculosis... No Diabetes... No Asthma... No Nervous or Mental
Diseases... No

DETAILS:

① Wears glasses for reading

Medical Officer

D. Chivers
Surg.-Lieut., RCNVR

Signature of Candidate

A. Mark

EMPLOYMENT RECORD

NOTE—To be filled up on termination of service under a particular Accountant Officer. The record is not normally to be completed in respect of periods of less than three months; the Accountant Officer may, however, at his discretion make an entry for a shorter period if he has particular reasons for so doing.

Ship 1	Rating 2	Date		Mess in which employed 5	Capacity in which employed e.g., Admiral's Ch. Std., Captain's Valet, W.R. Mess- man, Gun Room Messman, etc. 6	Remarks as to ability, whether recommended for Valet, Wine Steward, Messman, Steward, Admiral or Captain's Steward, etc., Ability to take charge of staff. 7	Signature of Accountant Officer if of Paymaster- Lieutenant's rank or above, otherwise Captain 8
		From 3	To 4				
Naden	Prob. Sturd.	8 June '42	15 Aug '42	Wardroom	Training & general duties	Willing & keen to learn. With experience should develop into a very satisfactory steward	<i>[Signature]</i> PAY LIEUT. R.C.N.V.R.
Stivenchy (Dundas)	— " —	16 Aug '42	13 Sept '42				
Stadacona (— " —)	— " —	14 Sept '42	30 Sep '42				
Avalon	— " —	1 Oct '42	6 Jan '43				
— " —	Sturd.	7 Jan '43	12 Sep '43				
Stadacona	— " —	13 Sep '43	12 Sep '43				
Avalon	— " —	13 Sep '43	8 Mch '44	Wardroom	General duties	An average steward rating, willing worker & reliable	<i>[Signature]</i> APO Pay Lieut
Alberni	— " —	9 Mch '44					

Passing Certificate

This is to Certify

that..... George Adam MERK,.....

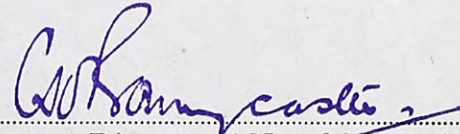
Rating..... Steward Probationer,..... Official Number V.32584 ✓
RCNVR.,

has passed

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

held on..... 7th July, 1942.

For advancement to Petty Officer


..... Cdr., RCNVR.
Director of Naval Education

Naval Service Headquarters

Ottawa, this..... 1st..... day of..... August..... 1942.

C.N.S. 2431

10M-5-42 (4453)

N.S. 815-9-2431

DEPARTMENT OF NATIONAL DEFENCE

REVISED EXAMINATION "M"

No. 101004

Last Name: Merk Christian Name: George A.
 Regimental No.: V32584 Rank: P/ stud.
 Unit: RCNVR Date: May 13 - 19 42
 Age: 18 Previous Occupation: Janitor
 Schooling: X Language: English

SCORE

COMMENTS

Test 1.	16			
Test 2.	14			
Test 3.	14			
Test 4.	22			
Test 5.	21			
Test 6.	12			
Test 7.	19			
Test 8.	31			
TOTAL:	149			
RATING:	C			

63

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "NIobe for ALBERNI" ending 30th September 19 44

List 12.2 No. 58 (Name) MEIK, George Rank Rating STWD. No. V 32584

When entered F.B. Date of appearance F.B. Whither discharged Missing.

				\$	c.
CREDIT from former account.....				4	97
Pay as.....	<u>STWD.</u>	from <u>1st July</u>	to <u>31 Aug.</u> (<u>62</u> days at \$ <u>1.95</u> a day)	120	90
"	"	"	" " ")		
"	"	"	" " ")		
"	"	"	" " ")		
"	"	"	" " ")		
Kit Upkeep Allowance.....				10	00
OTHER CREDITS:	<u>HLM</u>			12	00
	<u>LA</u>			2	00
	<u>GM</u>			3	12
Total credits.....				152	99

DEBT from former account.....

PAYMENTS:—	1st	2nd	3rd	4th	5th	Total		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month.....								
2nd month.....								
3rd month.....								
Allotment.....	<u>\$46.80 chg'd July & Aug. st. Pd. 31st. Aug.</u>					93	60	
Pension deduction (Officers) charged to..... of.....								
Hospital stoppages.....								
Mulcts.....								
OTHER CHARGES:.....								
						Total debits	138	30
						Balance Cr. or Dr.	14	69

(Balance Dr. to be shown in red)

Handwritten notes:
 Total
 P.N.P. 4 1/2
 1-8-45
 J.S.

Number of days actually victualled during period mentioned above..... 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	<u>Leave</u>	<u>11 Aug.</u>	<u>14 Aug.</u>	<u>4</u>	

Date..... 14th MAY 19 45

Handwritten Signature
 Lieutenant (S) for Supply ACCOUNTANT OFFICER

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only. No. 19

PROVINCE OF SASKATCHEWAN RECORD OF REGISTRATION OF DEATH

Registration Division of... Municipality No...

1. PLACE OF DEATH At Sea (If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

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

3. PRINT FULL NAME OF DECEASED George Adam MERK RESIDENCE 1126 Albert Street, REGINA, Saskatchewan (Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX Male 5. CITIZENSHIP Canadian 6. RACIAL ORIGIN Russian 7. Single, Married, Widowed or Divorced (Write the word) Single 8. BIRTHPLACE (Province or Country) Vibank, Saskatchewan

9. DATE OF BIRTH October 20, 1923 (Month, day and year) 10. AGE in Years 20 Months 10 Days If less than one day hrs. or min.

11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. Janitor 12. Kind of industry or business, as agriculture, lumbering, bank, etc. Can. Pacific Telegraph, Regina, Sask. 13. Date deceased last worked at this occupation... 14. Total years spent in this occupation...

15. Name of father... 16. Birthplace of father... (Province or Country) 17. Maiden name of mother... 18. Birthplace of mother... (Province or Country)

19. Signature of informant Payr. Commander, R.C.N.R. Address Naval Service Headquarters, Ottawa 20. Relationship to deceased Director of Personnel Records

21. Place of burial, cremation or removal No Burial Date of burial, cremation or removal 19

22. Signature of Undertaker or person acting as Undertaker... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 21 19 44 (Month) (Day) (Year)

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

Table with columns: CAUSE OF DEATH, DURATION (Yrs., Mos., Dys.). Immediate cause: Missing, presumed dead. Morbid conditions: He was serving in H.M.C.S. "ALBERNI" which was sunk in the English channel.

25. If a woman, was the death associated with pregnancy?...

26. Was there a surgical operation? Date of operation... 19 State findings... Was there an autopsy?...

27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide? Date of injury... 19 Manner of injury... (State which) Nature of injury... (How sustained) Specify whether injury occurred in industry, in home or in public place...

Signed by... M.D. Address... Date... 19

28. I hereby certify that the above return was made to me at... Dated... 19... (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions)

In case of Stillbirth consult definition on reverse side before making out certificate.

C.R. P.A.
 NAVAL TREASURY
 DATE: 10/1/44
 INITIAL: Mrs.

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

26
 DEC 26 1944
 (Date)

53

The following casualty has been reported -

NAME MERK, George Adam RANK or RATING Steward NAVAL NO. V-32584, R.C.N.V.R.

DATE OF ENLISTMENT - 2nd March, 1942. Active Service: 9th April, 1942

DATE OF DISCHARGE - 21 August, 1944.

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

SERVICE - CANADA & HIGH SEAS
 (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.
 when and where any disability was incurred, or where death occurred. "ALBERNI" which was sunk in the English Channel.

(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. Angelina Merk
 ADDRESS - 1126 Albert St., REGINA, Sask.

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.

P.A.'S CHECKED IN
 C.R. BY: A

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 Angelina Merk	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:		30.00	30.00
To Whom Paid: Mrs Angelina Merk		Address	1126 Albert St. Regina Sask.
Date of Enlistment:	See other side		
Date of Discharge:	See other side		

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

The final deduction of Assigned Pay for 30.00 has been made for the period from 1st to 31st Aug. of 1944

Remarks:

Computed by B.D. 9/1/45.....

Checked by.....

Alfred J. Roswell
Alfred J. Roswell

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

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

AL/GW.

45

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

V-32584 PERS. (N)

123584

29 August, 1944.

Dear Mrs. Merk:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

P.A.'S CHECKED IN
C.R. BY *P*

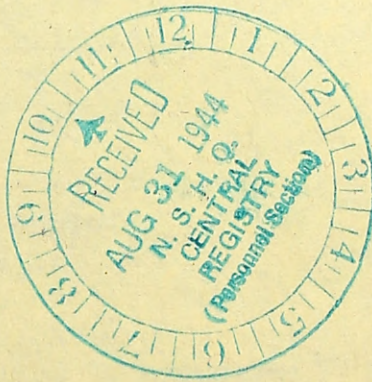
SECRETARY, NAVAL BOARD.

FILE
ACTION TAKEN

Mrs. Angelina Merk,
1126 Albert St.,
REGINA, Sask.

ml

7
a





142482

44

F.M.O., Halifax, N.S.,
August 26th, 1944.

N.S. N V-32584. PERS.(N)

P.A.'S CHECKED IN
C.R. BY *R*

My dear Mrs. Merk:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. George was an excellent man, both reliable and efficient. He was studying signalling as he was going to be a telegraphist. He has been with me for some time and I was very fond of him. He was very well liked by all the officers and men and seemed quite happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Regina you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Angelina Merk,
1126 Albert St.,
REGINA, Sask.

File Number.

SERVICE

NAME: MERK, GEORGE ADAM

O.N. V-32584

37

PRESENT RANK/RATING: STEWARD

DATE TAKEN ON ACTIVE SERVICE: 9.4.42

SERVICE

SHIP OR ESTABLISHMENT

From

To

H.M.C.S. "QUEEN" DIV. STR.	2.3.42	
" " Act. SERVICE	9.4.42	
" CHIPPAWA	12.4.42	
" WADEN	11.6.42	
GIUENCHY (DUNDAS)	16.8.42	

WILL: YES

NAME & ADDRESS OF
NEXT OF KIN:

Mother
Mrs. Angelina Merk
1126 Albert St.,
Regina, Sask.

DISCHARGED PREVIOUSLY? No.

REASON:

DATE:

Initialed by: JEM

Date:

Section:

28.8.44

3.

(TO BE COMPLETED IN INK.)

ORIGINAL

H.M.C.S. "CHIPPAWA"

27
JUN - 9 1942
H.Q. File No. 599
17

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... MERK			
	Christian Names } George Adam	P/Steward	V-32584	\$1.35

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... MERK				
Christian Names } Mrs. Angelina	Mother	1126 Albert St., Regina, Saskatchewan	\$21.00	New June, 1942

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

*Dependent Allowance
Claims attached*

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
		--- NIL ---	

Allotment Declarations	Initials	Date
Ent'd on Index Card	<i>[Signature]</i>	<i>1/4/42</i>
Ent'd on Allotment Ledgers	<i>[Signature]</i>	<i>1/4/42</i>

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Witness:

Thos. H. Williams
Writer, R.C.N.V.R.

Allotter's Signature authorizing charges..... *Ga merk*
Rank or Rating **P/Stwd., RCNVR**

ENTERED IN FAIR LEDGER
[Signature]

ENTERED IN ROUGH LEDGER
[Signature]

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

[Signature]
Paymaster - Lieut Cr. - R.C.N.V.R.
Accountant Officer

Accountant Officer
H.M.C.S. *[Signature]*
Forwarded..... **JUN - 9 1942**

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

S. 63

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

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

TWENTY ONE *
 * 2 1 . 0 0
 V-32584
 MRS. ANGELINA MERK,
 1126 ALBERT ST.,
 REGINA, SASK.

18/6/42
AG

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

JUN 9 1942

CANADA

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

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

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

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

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

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

1. Surname of applicant..... **MERK**
2. Full Christian name or names..... **George Adam**
3. Official Number..... **V-32584** 4. Rank..... **P/Steward.**
5. Unit, Station, or Establishment..... **H.M.C.S. "CHIPPAWA", Winnipeg, Manitoba.**
6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay..... **9. 4. 42** D.O. No..... d/.....
7. (If "Officer") (a) Date of appointment..... D.O. No..... d/.....
(b) Date reported for duty..... D.O. No..... d/.....
8. Are you a member of the permanent forces, military or air?..... **NO**
If so, (a) State permanent establishment, unit or station.....
..... (b) Are you receiving permanent force rates of pay and allowances?
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
.....
10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension....."
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment..... **Employed as Janitor with Canadian Pacific Rly. at Regina. Earned \$80.00 per month.**
Employed by C.P. Telegraph for 1 year as collector. \$60.00 per month. Approx. \$380.00 in six months.
12. Name of dependent..... **MERK** **Angelina** **Mrs.**
Surname Christian Name Mr. Mrs. or Miss
13. Address **1126 Albert Street, Regina, Saskatchewan.**

14. Age of dependent..... 43 years 15. Relationship Mother

Questions 16 to 25:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?
with self, and six brothers and sisters and my father
.....
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....
(State relationship) with my 3 brothers and 3 sisters.

18. Is dependent being maintained in a Public Institution at the public's expense?..... NO
Yes or no
.....
If yes, give name and location of institution

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

20. From what date have you been contributing to the support of this dependent?.....
Since September 1940.

21. Are you the sole or partial support?..... Partial
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room)
given by you to this dependent in each of the 6 months prior to enlistment and total of
same for the 6 months..... Contributed approximately \$30.00 per month
.....
or a total of \$180.00 in six months.

(b) Did your contributions entitle you to board and lodgings in return or did you pro-
vide your own board and lodgings?..... Yes, I lived at home.

23. If this dependent became dependent upon you within the six months preceding enlist-
ment, what change in the dependent's financial circumstances has made him or her so
dependent upon you?.....

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

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

Father earns \$12.00 per week at odd jobs. Unable to do heavy work.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Donna MERK	1126 Albert St., Regina	3		
Vern MERK	" " "	5		
Mickey MERK	" " "	12	School	
Joe MERK	" " "	14	School	Single
Connie MERK	" " "	16	Works at home	Single
Mary MERK	" " "	19	Beautician	Single
Babs EISWORTH	2320 Broder St., "	22	House Wife	Married
Peggy EHMAN	2359 Reynold St., "	23	House Wife	Married
Rex BEATTY	2323 Toronto St., "	25	House Wife	Married

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

Mary earns \$9.00 per week and pays for her board and room.

Approx. \$4.00 or \$5.00 a week

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

Mary lives at home.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings \$ ---	Workmen's Compensation Award. \$ ---
Contributions and allowances from other members of family. \$ 52.00	Widow's Pension \$ ---
Insurance \$ ---	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$ ---
Dividends from shares, bonds, etc. \$ --- \$ ---
Interest on loans or mortgages. \$ --- \$ ---
Rentals. \$ --- \$ ---
Other \$ --- \$ ---
Total \$ 52.00	Total \$ ---

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

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

fifteen days' pay \$ 21.00

29. Date assigned pay effective ^{1st} June, 1942.

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

NO

[OVER]

31. Have you made a previous claim for dependent's allowance?..... NO.....

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement.

for
W. S. Snider, Paymaster
Paymaster (Rank) **Lieut. C. - R.C.N.V.R.**
Accountant Officer
Treasury Officer

A. A. Merck
Signature of Applicant

Date **22nd May, 1942.**

Establishment, unit or station
H.M.C.S. Bytown
Place **Ottawa, Ont.**

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

ROYAL CANADIAN MOUNTED POLICE

DIVISION "F" SUB-DIVISION Regina DETACHMENT Regina Town Station.

PROVINCE Saskatchewan DATE March 10th, 1942.



<p>FILE REFERENCES</p>	<p>RE: George Adam MERK - Regina Sask. Department of National Defence (Navy.) Regina Town Station Detachment Case.</p>
<p>HEADQUARTERS</p>	<p>1. Reference to the above enquiries have been made in Regina regarding the loyalty of the captionally noted and his parents, and the following information is submitted:</p> <p>(a) George Adam MERK is 18 years of age; he is Canadian born and of Russian descent.</p> <p>(b) Mr and Mrs Anton MERK, parents were born in Russia and were naturalized in Canada through their respective parents.</p> <p>(c) George Adam MERK was born in Vibank Sask.</p> <p>(d) Mr MERK has resided in Canada for 40 years and Mrs MERK for 36 years. They lived Vibank and district for 20 years and in Regina for the past 8 years.</p> <p>(e) Enquiries reveal that the applicants associations are of the best; they are all employees of the C. P. R.</p> <p>(f) The applicants ambition is to join the Navy to do his part in winning the present war, and expressed his desire to fight for Canada.</p> <p>2. The applicant has been employed by the C. P. Telegraph for the past year, and his reputation there is excellent according to J. P. KILLEEN, assistant agent. A. B. GERIEN and P. DEIS, barristers, Regina; Father JENSEN, rector of Little Flowers Church, (R.C.), Dr. E.T. FRENCH M.D., and Mr H. MACDONALD, proprietor Capitol Auto Wreckers all vouch for the loyalty and patriotism of the applicant and his parents. At Vibank Sask., Adam HUCK, merchant, and B. DEIS, hotelkeeper were interviewed and they vouched for the loyalty and patriotism of the MERK family.</p> <p>3. This applicant has no Police Record and has never been suspected of being engaged or interested in subversive activities.</p> <p>4. This report written under the xxxxxx supervision of Cst Moxham. <u>H.O.D.C.</u> <u>EXPENSES NIL.</u></p> <p style="text-align: right;">3/cst Reg.No.14271 Geo. E. Ferguson, Regina Town station.</p> <p>The O/C., R.C.M.P., Regina Sub-Division, Regina, Sask.</p> <p>Sir: FORWARDED.</p>
<p>SUB-DIVISION</p>	
<p>DETACHMENT</p>	
<p>RTS 2-1385</p>	
<p>P. C. R.</p>	
<p>RTS 1st.</p>	
<p>A. R. V. No.</p>	
<p>DIARY DATE</p>	<p>11-3-42</p>
<p>SET FOR</p>	<p style="text-align: right;">Cpl. R.S. Miller. Reg. No. 11294. (Temp) I/C Regina Town Station Det.</p>

STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAME

George Adam

(CHRISTIAN NAMES)

MERK

(SURNAME)

REGISTER NO.

11595

FILE NO.

NS V-32584

DATE

18 Oct. '45

SERVICE NO.

V-32584

FINAL RANK OR RATING

Stwd.

DATE OF DISCHARGE

21 Aug. '44

PAYEE

Director of Estates

for service Estate of

ADDRESS

308 Sparks Street,
Ottawa, Ont.

George Adam MERK

NS V-32584

21 Aug. '44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

866

EQUAL TO

28

COMPLETE PERIODS AT \$7.50

\$

210.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

212

LESS

26

INELIGIBLE DAYS, EQUAL TO

186

DAYS @ 25C. PER DAY

46.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

\$ 1.95

\$ 1.45

ADDITIONAL PAY

HLM \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

nil

\$ nil

TOTAL

\$ 3.65

X 7 = \$ 25.55

NO. OF DAYS

212

X \$

25.55

183

29.60

D. WAR SERVICE GRATUITY

286.10

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

286.10

G. YOUR PORTION OF GRATUITY IS—

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

= \$

286.10

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher 3068 - Oct. 27/45

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

LJM

CHECKED BY

R J Hendry

TREASURY

CHECKED BY

R J Hendry

DATE

10/10/45

For Dir. Naval Pay Acct'ng.

AT

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

NAME of Deceased Member GEORGE ADAM MERK Rank or Rating Stund. O.No. V.32584

1. Dependents' Allowance and Assigned Pay in force at date of death: D.A. Nil Mrs. Angelina MERK ^(mother)
A.P. \$ 30.00 Wibank
D.A. _____
A.P. _____

2. Pension awarded or being awarded to: NO RECORD.

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

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

() To be paid to: _____ In the proportion of: _____

- and -

to: _____ In the proportion of: _____

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

+Group "B" (ii)
~~Group "C"~~ of the above mentioned Directive.

Date 2 Aug '45

[Signature]
for D.N.P.A. (G) Em

W.S.G. Application No. 11595

TO: D.N.P.A. "G"

FILE NO. N.S. V-32584

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MERIK</u>	<u>GEORGE ADAM</u>	<u>V-32584</u>	<u>STEWARD</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (NAME ANBERN.)

APPLICANT MOTHER - AP. 30.00

		43- 365	
		44- 366	
	<u>TOTAL SERVICE</u>		22
Date of Active Service	<u>9 APR 42</u>		31
Date of Discharge	<u>21 AUG 47</u>		30
			31
Total No. of Days	<u>866</u>		21
			<u>866</u>
# Less non qualifying service	<u>NIL</u>		
			Total Days <u>866</u>

OVERSEAS SERVICE

% Total No. of Days	<u>334 212</u>	
# Less non qualifying service	<u>NIL</u>	
		Total Days <u>334 212</u> 9. dem

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By G. Dewar

Checked By G. H. Boucher

W. H. Heather
for (H.B. Money)
Payr. Cndr. R.C.N.R.
Director of Personnel Records

DATE: JUL 5 1945

710
DD-00F

NON QUALIFYING SERVICE

(*) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Total days

DATE OF DISCHARGE

DATE OF RECALL

(%)

OVERSEAS SERVICE:

Where Serving

From

To

No. of Days

DUNDAS

10 AUG 42

30 SEP 42

166 ✓

ANDERNI

9 MARCH

21 AUG 42

166 ✓

16 23

30 30

44 31

30

31

21

166

337 ✓

2129 dew ✓

ESTATES BRANCH

H.Q.N.S.V-32548 FD 745

September 8, 1945.

Mrs. Angelina Merk,
1126 Albert Street,
Regina, Saskatchewan.

MERK, George A., Stwd. (Deceased)
No. V.32584 R.C.N.V.R.

Dear Mrs. Merk:

Distribution can now be made of the amount
of money here at credit of your late son.

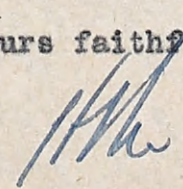
The total amount available to this Branch
for distribution is made up as follows:

Balance of Pay and Allowances.....	\$17.79
Refund of payments on Victory Loan Bond.....	67.20
	<u>\$84.99</u>

The above mentioned sum will be paid to you
as sole beneficiary named in the last Will of your son.

Treasury has been requested to forward to you
a cheque payable to your order in the amount of \$84.99, and on
receipt of same will you kindly sign and return the enclosed
receipt form to the Director of Estates, 308 Sparks Street,
Ottawa.

Yours faithfully,


(L.M. Firth) Colonel.
Director of Estates.

HRW/NM ✓
Encl.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

JG

No. MERK. Surname George A. Christian Names No.: V32584

Rank Steward Unit R.C.N.V.R. O/S Date of Death 21-8-44

AMOUNT

Date: 10-8-45

L.P.C.....\$ 84.99
 Other Credits.....
 Total..... 84.99

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Angelina Merk, 1126 Albert St., Regina, Sask. (Sole beneficiary underwill)	84.99

Handwritten signature in red ink

P4. TO TREAS. 10-9-45, Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	84.99
CLASSIFIED BY			EXAMINED BY		
<i>Handwritten initials</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Handwritten signature

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

APR 13 1942

IN THE NAME OF GOD, AMEN *NS 113-M-3829*

I, *George Adam MERK, Prob/Steward, V-32584* of His Majesty's Ship "QUEEN",

~~XXXXXX PATENT XXXX~~

12

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Dear Mother:

Mrs. Angelina Merk,
1126 Albert Street,
Regina, Saskatchewan.

P071879

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Canadian Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint My Dear Mother:

Mrs. Angelina Merk,
1126 Albert Street,
Regina, Saskatchewan.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at REGINA, SASK. hereunto set my hand, this Second day of March, in the Year of Our Lord One Thousand Nine Hundred and Forty-Two.

X *George Adam Merk*

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

E. Schouen
R. M. Martin

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by *A. J.*

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

R. McMartin } Signature of the person
by whom the Will was prepared.

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
APR 13 1942
REFERRED TO

P.I.B.

V32584 OFFICIAL NUMBER

NAME MERK George Adam
(Surname) (Given Names)

OFFICIAL NUMBER V32584

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
HMCS "Queen"	Stwd. Prob.	2	3	42	Div. Str. Regina	V.G.	Sat.	31	12	42							
" "	"	9	4	42	Active Service	V.G.	Sat.	31	21	43							
HMCS "Chippawa"	"	12	4	42	D.I.	V.G.	Sat.	21	8	44							
HMCS "Naden"	"	11	6	42	A # 2355												
Givenchy (Dundas)	"	16	8	42	EDC-639												
Avalon	"	11	10	42	Service Cert.												
	Steward	7	1	43	RATED (249A, 23640)												
Stadacona	"	14	9	43	DRD H-2598.												
Hochelaga	"	29	10	43	DRD H-3026.												
Avalon	"	25	2	44	DRD 2832.												
Alberni	"	8	3	44	DRD 2939.												
DISCHARGED	"	21	8	44	Missing per Casualty. (249A, A22987)												
		21	8	44	"Presumed Dead" Per Sub. of 16.1.45.												

GENERAL REMARKS

Hosp. from 7-5-42 to 9-5-42.
RCN Hosp. from 1-11-42--16-11-42.
Awarded Canadian Memorial Cross to
Mother: Mrs. Angelina Merk,
1126 Albert St.,
Regina, Sask.
dated 17.1.45.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE OF ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK
30	0	23	19	793	0	10	3	7	06	35	0	19	0	21	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.			A	BR	RANK		
02	03	42	09	04	42						1520	0	21	94		
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
07	01	43	13	00	00											

25

V32584

OFFICIAL NUMBER

FILE NUMBER

113-M-3829

OFFICIAL NUMBER V32584

NAME MERK (Surname) George Adam (Given Names) DATE OF BIRTH 30 Oct. 1923PLACE OF BIRTH Vibank, Sask. OCCUPATION JanitorRELIGION R.C. EDUCATION Grade 10RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1126 Albert St. Town Regina, Province, etc. Sask.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
2	3	42	H.O.	5' 10"	D. brown	brown	medium	Scar under chin, scar inside left thumb, Vacc. mark left arm.				

NEXT OF KIN, RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs Angelina Merk
ADDRESS (in pencil): Street and No. 1126 Albert St. Town Regina Province, etc. Sask.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				15	6	42	P.P.T. "Good"				
				31	7	42	Passed Stwd. Prob. Exam. (Sat.)				
				7	7	42	Passed E.T. "One" RCN				
				18	10	43	Qual. Anti-Gas				

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

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

O.H.F. Received
Last Will & Testament dated 2-3-42 Received
Un. Ins. Book, Regina, Sask.

SECOND CLASS FOR CONDUCT

From

To

