

V2256
FORWARD
ALBERT

EDWAR

MEMORANDUM FOR

Mr. James Forward,

351 City Road,

Saint John, N.B.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 113-F-128 FD.42

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

May 23, 1941

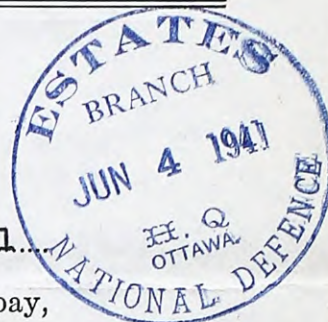
For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

FORWARD, Albert Edward, A.B. (Deceased)

No. V.2256, R.C.N.V.R.

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

(L.M. Firth) Major,
Administrator of Estates.



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 inquired for	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.....	James Ernest Forward	30	Mill Stream Kings Co. N.B.	
4	Mother of the Deceased.....	Cathel Arletta Forward	43	351 City Rd. St. John	
5	Brothers of the Deceased	Full Blood	Chris Lloyd Forward	13	351 City Rd. St. John
		Half Blood			
6	Sisters of the Deceased	Full Blood	Eleanor Margaret McDougall	23	5131 Canfield St. St. John, N.B.
		Half Blood	Evelyn Madeline Callaghan	19	Glen Falls. Lakelands St. John to
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Albert Edward Forward
11	Give the month and year of his birth.	Feb 5 th 1920
12	Where and when were his parents married?	Sussex Kings Co. NB 1917
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	Letter 2/1/41 from mother says no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	Marston Kings Co. NB
17	In what Province, Country or State did he reside, and in which last?	Kings Co. St John NB
18	How long in each?	13 yrs in Kings Co 7 ^{yrs} St John
19	What was the nature of his employment?	mechanic
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	
22	State <u>your</u> postal address in full.	Mrs Ethel A Forward 351 City Rd. St John NB

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

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

Mrs Ethel A. Forward {Signature of Informant

CERTIFICATE

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

*See above Mrs Ethel A. Forward {Name of Informant} is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Saint John this 29th day of May 1941

Signature of Clergyman, Priest or Magistrate Ed. C. Martin Qualification Clergyman

Address St Mary's Rectory Alma St Saint John ST-J

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



N. V. 5
2M-4-20
N.S. 815-11-5

DEPT. OF
NATIONAL DEFENCE

MAY 11 1936

N.S. 113-EL28
CANADA

P1887

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Forward OFFICIAL No. 2256

CHRISTIAN NAMES Albert MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>10 Brunswick St, Saint John. N.B.</u>		<u>Anglican.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>2nd: May 1918</u>	Town <u>Pleasant Ridge</u> County <u>Kings</u> Province <u>New Brunswick.</u>	<u>Father</u> <u>Same address.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36 1/2"</u>	<u>Brown</u>	<u>Grey</u>	<u>Med:</u>	<u>Nil.</u>
Inches <u>8 1/2</u>	Deflated <u>34</u>				
	Mean <u>35 1/2"</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>23rd: April 1936.</u>	<u>Ordinary Seaman.</u>	<u>Labourer.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

- (c) I have never been rejected 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 Saint John Division Company of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval 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 Company 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.

Dated this 23rd day of April 1936.

Signature of applicant Albert Forward

(C) CERTIFICATE OF COMPANY COMMANDING 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 23rd

day of April 1936.

James B. Cross
Signature of C. C. O.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant Albert Forward

Witness B. J. Green

Date 23-4-36 Rank Lieut

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

.....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.....

Company of the R.C.N.V.R.

James B. Cross
Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.



CANADA

RECEIVED
MAY 11 1936
113-F.128
CANADA

Can. B. 207
2M-5-35
N. S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Albert Forward
candidate for entry as Ord Seaman R.C.N.V.R.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at St John N.B. the 17 of April 1936

W. G. Forster
Examining Medical Officer
(Rank) Col

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age (Years Months)	(b) Weight without Clothes (lbs)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. defective and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
<u>18 4/11</u> <u>1 Dec</u>	<u>135</u>	<u>5 ft 8 1/2</u>	<u>good</u>	<u>36 1/2</u> (b) <u>32</u> (c) <u>35 1/2</u>	<u>20/40</u> <u>20/20</u> <u>normal</u>	<u>1934</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Albert C Forward
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of 25/4 0 Rye 20/20 L eye

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

W. G. Forster
Examining Medical Officer
(Rank) Col

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

EMC

N.S. V-2256
PERS. (N) "N" 5.

11 September, 1945.

Dear Mr. Forward:


Information has been received from the Canadian Naval Authorities overseas that the exact location of the grave of your son, the late Albert Edward Forward, Able Seaman, Official Number V-2256, Royal Canadian Naval Volunteer Reserve, in the Naval Section of Gillingham Cemetery, Chatham, Kent, England, is Grave Number 1283.

Your son's grave has been temporarily marked with a specially designed wooden cross bearing his official particulars until such time as a permanent headstone can be erected by the Imperial War Graves Commission.

Yours sincerely,


Deputy SECRETARY, NAVAL BOARD.

Mr. James Forward,
Mill Stream,
Kings Co., N.B.


H. B. MONEY
Commander, S. P. O. N. R.
Director
PERSONNEL RECORDS

Despatched by
Sec. N. B.

2
Date 12 9. 45
Time 16 30

See 9275-166/22
F.D. 7815.



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-F-128

DEPT.
NATIONAL DEFENCE

APR 24 1941

N.S. 113-7128

C.F.D. #42

23 April, 1941.

P 45248

126a

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</u>	<u>RANK/ RATING</u>	<u>NO.</u>	<u>PLACE & DATE OF DEATH</u>	<u>NEXT OF KIN</u>
FORWARD, Albert Edward	A. B.	V.2256 RCNVR.	Overseas: killed by enemy action (Bombing) on the 16th of April, 1941. London, England.	Father: Mr. James Forward, 351 City Road, SAINT JOHN, N.B.



WILL: No record.

Yours truly,

J. O. Gossette
(J. O. Gossette)
NAVAL SECRETARY.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

BM/IF

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

H.S. 115-P-123

Ottawa, Canada,

.... 23 April, ..., 1941.

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
FORWARD, Albert Edward	Able Seaman	V.3256, R.C.N.V.R.
DATE OF ENLISTMENT -	(Previous Service: Enrolment 23 April, 1936 25 January, 1940. Discharged 10 June, 1937)	
DATE OF DISCHARGE -	16 April, 1941.	

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

SERVICE - Canada, High Seas & Overseas.
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).Reason for discharge and - Killed by enemy action (Bombing)
when and where any disability in London, England.
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. James Forward
ADDRESS 351 City Road, SAINT JOHN, N.B.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT -

\$ 334.00 PAID TO Stop paid April 1941

MARRIAGE ALLOWANCE AT \$ NIL PER DIEM PAID TO - NIL

DEPENDENTS ALLOWANCE AT \$.35/ PAID TO - Stopped Apr. 1941

TOTAL MONTHLY PAYMENT TO - WIFE \$ nil
DEPENDENTS \$ 334.00

Computed by _____

Checked by _____

(J. O. Cossette)
NAVAL SECRETARY.

Copy to: The Secretary, D.P. & N.H.

The Secretary,
The Canadian Pension Commission.

(See reverse for further instructions).

49

M.W.
23/4/41

1944

The following summary has been reported -

NAME: [REDACTED] RANK: [REDACTED] BRANCH: [REDACTED]

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]

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

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]

REMARKS:

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

HMCSX Naval Service Hdqrs. at OTTAWA

Name FORWARD, Albert E.
(Christian names in full)Rank of Rating Able Seaman Official No. V.2256, R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Pleasant Ridge, N.B. Date of Birth 2nd May, 1918.

Occupation in Civil Life Labourer Religion Anglican

Number of years service in the Navy (Long Service R.C.N. or mobilized service in case of R.C.N.)
Previous Service: 23 April, 1936 - 10 June, 1937.
(Temporary) or Reserve ratings) 25 January, 1940 - 16 April, 1941.

Date of Death 16 April, 1941. Place of Death London, England.

Cause of Death Killed by enemy action (Bombing).
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mrs. Ethel A. Forward, Relationship Mother
Address 351 City Road, SAINT JOHN, N.B.

Date on which the above was informed by HMCSX N.S. H.Q. 21 April, 1941.

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 Gillingham Cemetery Date of Burial 24 April, 1941.
Naval Reserve, Chatham, England. (if known) (if known)Location, Number, etc., of grave Naval Section
(if known)

Undertaker employed (if any)

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

Commanding Officer,

8 December, 1941

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.(Sgd.) G. A. Y.
for (J. O. Cossette)
NAVAL SECRETARY.

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.

V2256

OFFICIAL NUMBER

NAME FORWARD
(Surname)

Albert
(Given Names)

OFFICIAL NUMBER

V2256

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Saint John	Ord. Smm.	23	4	36		V.G.	Sat.	10	10	36	Q.R. III	10	8	40			
HMCS "Stadacona"	"	27	9	36	--10-10-36												
DISCHARGED	"	10	6	37	Non-attendance at drills (memo 15-6-37)												
Div. Str. Saint John	"	25	1	40													
HMCS "Stadacona"	"	29	5	40													
HMCS "Assiniboine"	"	24	8	40													
"	A.B.	1	4	41													
DISCHARGED	"	16	4	41	Killed by enemy action (Bombing) in London, England. (W/T 1709/19/4/41)												

GENERAL REMARKS

Memorial Cross: To his mother:
Mrs. E.A. Forward, 351 City Road,
St. John, N.B. Issued 21-7-41.

DATE OF BIRTH		PLACE	CIVIL	OCCU.	RESIDENCE	PREV.	ENL.	SHIP OR		BATH OR		AVE	
DY	MO	YR	BIRTH	MAIN	RES	PREV	ENL	SHIP	OR	BATH	OR	AVE	
02	5	18	15	900	0	30	X	5	11	01	3	02	0
ENLIST. DATE		ACT. SERV. DATE	BY	MO	YR	CAT.	BY	MO	YR	CAT.	BY	MO	YR
25	01	40	29	05	40								
BENEFIT V.		STR.	NON-SUB	BY	MO	YR	CAT.	A	B	ST.	ER		
01	04	41	09	12	00	20	16	04	41				

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Feb. 42

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mr. James E. Forward - Father

ADDRESS:

351 City Road,
ST. JOHN, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs E. A. Forward
34 Shore Road
DARTMOUTH, N.S.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN. NO

554

(2)

(3) 21 July 1941

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

DECEASED 16 April 1941D.D.

FORWARD	Albert Edward	A.B.	V-2256	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGECLASS

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2404
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VERIFICATION

CAMPAIGN STARS. DEFENCE MEDAL. WAR M

NAVAL GENERAL SERVICE ME

NAME IN FULL

F.O.R.W.A.R.D. Albert Edward

RANK/RATING

A. B...

SHTP

SERVICE

AREA

FROM

TO

DAYS

FROM

TO

Stadrona

30-5-40

23-8-40

86

Assinihaine

24-18-40

16-4-41

236

Alunkia

Discharged "Dead"

to date

16-4-41

VERIFIED BY E. Parkes

VERIFIED BY

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

A 13 OFF. NO. V-2256 ADDRESS

[illegible]

DIR. OF PERSONNEL RECORDS.

N. V. No. 17
1M-5-35
N.S. 815-11-17

Name in full ^{Edward} Albert / FORWARD ~~Company Saint John Division~~

Training Headquarters

H A L I F A X, N. S.

Official Number V2256

2nd May 1918

Pleasant Ridge, Kings Co., N.B.

355 City Road, Saint John N.B.

Labourer

(Father) James, Mill Stream, N.B.

Anglican

Can Swim

PARTICULARS OF SERVICE

[illegible]

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	8½	Med.	Brown	Grey	Nil.
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING AND

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE E

[illegible]

[illegible][illegible]

5

"Stadacoma"	-	-	Ord. Linn	38 May '40	23 Aug '40			
Assiniboine			- " -	24 Aug '40	31 Dec '40			
— " —	-	-	— " —	1 Jan '41	31 March '41			
— " —	-	-	A.B.	1 April '41	16 April '41	U.S.	Sat.	10.0. K. S. 12

12. 1948

☒ Navy
☐ Army
☐ Air Force

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

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(Canadian Armed Forces)

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

1. Surname on termination of service Forward (Print)

2. Christian Names Albert Edward (Print)

3. Service No. V-2256 4. Paid rank or rating at date of termination of Service AB

5. Address, in full, to which payments of gratuity are to be forwarded

Ethel A Forward

34 Shore Rd

Marblehead N.S.

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>navy</u>	<u>V-2256</u>	<u>AB</u>	<u>May 1st 1940</u>	<u>Apr 16th 1941</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? no If so, state name of Force or Forces NA

8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? no If so, state the Force or Forces, with dates of commencement and termination of service. NA

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

Oct 19th 1945
(Date)

Ethel A Forward
(Signature of Applicant)

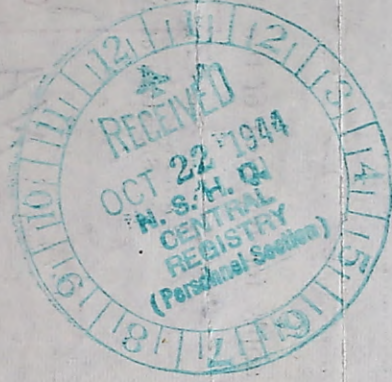
If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

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

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

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





(Continued on next page)

Application for Military Service

UNITED STATES OF AMERICA / DEFENSE

637

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

Name of
Deceased Member Albert Edward Howard Rank or
Rating A.B. O.No. V-2256

1. Dependents' Allowance
and Assigned Pay in
force at date of death: D.A. .35 Mrs Ethel A. Howard (Mother)
94 Shore Road
Dartmouth, N.S.
A.P. 34.00
D.A. _____
A.P. _____

2. Pension awarded or
being awarded to: None - as above

3. War Service Gratuity
Application(s) received
from: None - as 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 Mrs. Ethel A. Howard In the in full
34 Shore Rd., proportion of: /
Dartmouth, N.S.
- and -

to: In the
proportion of: /

() 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 February 10, 1945

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

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
Total Days				

(%)

OVERSEAS SERVICE:

<u>Where Serving</u>	<u>From</u>	<u>To.</u>	<u>No. of Days</u>
Assembline	24 Aug '40	16 Apr '41	236

82

8
 30
 31
 30
 31
 31
 28
 31
 16

 236

U.S. Navy
 Bureau of Naval Personnel
 Washington, D.C.

637

TO: D.N.P.A.

FILE No. NS V-2256

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

FORWARD

Albert Edward V-2256
SURNAME CHRISTIAN NAMES
IN FULL

A.B.

RANK OR RATING
ON DISCHARGE

CAUSE OF DISCHARGE: Killed by enemy action (Bombing) in London.

Mother in receipt of Pension

Application filed by
mother of deceased rating
30 May '40 - 29 May '41 - 365
Less 16 Apr '41 43
322

TOTAL SERVICE

Date of Active Service 30 May '40
Date of Discharge 16 Apr '41
Total No. of Days 322
Less non qualifying service nil

Total Days 322

OVERSEAS SERVICE

% Total No. of Days 236
Less non qualifying service nil

Total Days 236

Record of Service in other Forces (per Naval Records)

Branch of Service nil
Date of Active Service nil
Date of Discharge nil

& % Overleaf

Computed By
Checked By

DATE:

OCT 31 1944

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer-in-Charge
Naval Personnel Records

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

4
NAVY

Deceased member's NAME Albert Edward FORWARD
(CHRISTIAN NAMES) (SURNAME)
Payee: Mrs. Ethel A. FORWARD
ADDRESS 34 Shore Rd.,
Dartmouth, N.S.

REGISTER NO. 637
FILE NO. NAV-2256
DATE 24 Feb/45
SERVICE NO. V-2256
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 16 Apl/41

DATE OF TERMINATION OF OVERSEAS SERVICE 16 Apl/41
A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 322 EQUAL TO 10 COMPLETE PERIODS AT \$7.50
30

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 236 LESS 22 INELIGIBLE DAYS, EQUAL TO 214 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 53.50

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUSTINENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY Q.R. III \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$.35

TOTAL \$ 3.75 X7 = \$ 26.25

NO. OF DAYS 214 X \$ 26.25
183

\$ 30.69

D. WAR SERVICE GRATUITY

\$ 159.19

E. DEDUCTIONS

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

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ 159.19

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	<u>159.19</u>								
CHEQUE No.	<u>111859</u>								
DATE	<u>10/3-45</u>								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 BJD CHECKED BY V.H. Ammer TREASURY
DATE 5/3/45
for Dir. Naval Pay. Accting. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name Albert Edward FORWARD
(Christian Names) (Surname)

Payee M^{rs} Ethel A. FORWARD
Address 34 Shore Road
Dartmouth N.S.

Register No. 637
File No. V2256
Date 1 Nov. 44
Service No. V 2256

Date of termination of overseas service 16 Apr 41 Final Rank or Rating A-B
Date of Discharge 16 Apr 41

A. TOTAL QUALIFYING SERVICE
No. of days 322 equal to 10 complete periods at \$7.50
30 75.00

B. QUALIFYING OVERSEAS SERVICE
No. of days 236 less 22 ineligible days equal to 214 days @ 25¢ per day 53.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE 128.50

Pay	\$	<u>1.85</u>	
Subsistence or Lodging	\$	<u>1.45</u>	
and Provision Allowance			
Additional Pay	<u>Q.R.III</u>	\$	<u>.10</u>
Dependents' Allowance 1/30 of \$ <u>.35</u>			
Total	<u>3.75</u>	x 7 = \$	<u>26.25</u>
No. of days	<u>214</u>	x \$	<u>26.25</u>
	<u>183</u>		<u>30.69</u>

D. WAR SERVICE GRATUITY 159.19

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

F. TOTAL AMOUNT PAYABLE 159.19

G. YOUR PORTION OF GRATUITY IS
Dependents' Allowance in issue to you \$ _____ of \$ = \$ 159.19
Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <u>SWG</u>	6
2 <u>SWG</u>	7
3 <u>SWG</u>	8
4 <u>SWG</u>	9
5 <u>SWG</u>	10

S. 2063 WGP
1,500-123
N.S. 815-9-2063

No. 778

113 MAY 22/1941
N.S. CANADA
NATIONAL DEFENCE
DUPLICATE

P 58358
STOP NOTICE
(Navy Allotments)

DUPLICATE ONLY
FORWARDED IN CASE
ORIGINAL IS LOST IN
TRANSIT.

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
ASSINIBOINE" -2/219	FORWARD	Albert E.	A.B. V-2256

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which Allotment is to be paid)	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
34.00	30th April	Not known Mrs. Ethel A Forward 351 City Rd. St John N.B.	--	--

Entered in:—

Fair Ledger.....

Rough Ledger.....

Previously noted
M.C. 23/5/41

Ent'd on Index Card
Ent'd on Allotment Ledgers

Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Rating D.D. XX 16th April, 1941

Stoppage

Reference "Niobe" W/T 1404/21

Credit of D.A. made to 30th. Apr 1941 incl.

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

Pay. Sub. Lieut. RCNVR
for Accountant Officer.

H.M.C.S. "NIOBE"

Date forwarded..... 23 apr. 1941

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE

Object 111 \$
113 \$
116 \$
119 \$
121 \$34.00
Total : : : \$34.00

Enclosure to A. 23-4 of 14th July, 1941,
from the Commanding Officer, H.M.C.S. "ASSINIBOINE"

LIST OF PERSONAL EFFECTS OF
A.E. FORWARD, A.B., O.N. V-2256 - DECEASED.

1 Book - "Pilgrim's Progress
Identification tag - fibre
Identification Tag - Silver
1 Small Bible
1 bundle letters
1 silver spoon
1 silver comb
1 wrist watch
1 pay and identification book
1 wrist watch and strap
1 marking stamp
1 ring with purple stone

J.H. Stubbs
(J.H. Stubbs)
LIEUTENANT, R.C.N.

H.M.C.S. "ASSINIBOINE"
15th July, 1941

24th April, 1941.

Dear Sir:

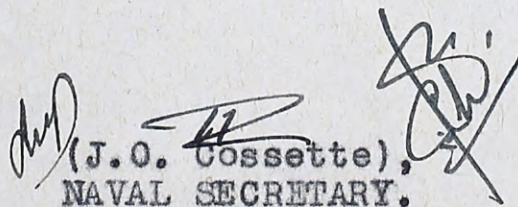
Further to my letter of the 22nd April and telegram of the 23rd April, 1941, the following additional information has been received from England concerning your son, Albert Forward, Able Seaman, R.C.N.V.R., O.N. V.2256.

Able Seaman Forward was in London on leave and was killed in the Victoria League Hostel during the very heavy enemy air attacks on the 16th April.

Burial took place with full Naval honours on Thursday the 24th April at 2 P.M. English time from the Royal Naval Barracks, Chatham, to Gillingham Cemetery, Naval Section.

I wish to again express sincere sympathy in your bereavement on behalf of the Chief of the Naval Staff and the Officers and men of the Royal Canadian Navy.

Yours truly,


(J.O. Cossette),
NAVAL SECRETARY.

Mr. James Forward,
351 City Road,
SAINT JOHN, N.B.

22nd April, 1941.

Dear Sir:

It is with very deep regret that I must confirm the telegram of the 21st April from the Minister of National Defence for Naval Services informing you that your son, Albert Edward Forward, Able Seaman, R.C.N.V.R., O.N. V.2256, had been killed by enemy action in London, England.

The sad death of your son was due to an enemy bombing attack on London, England, on the 16th April, 1941. It is assumed that your son was visiting London on leave.

May I, therefore, express the sincere sympathy of the Chief of the Naval Staff and the Officers and men of the Royal Canadian Navy in your bereavement.

Yours sincerely,

(J.O. Cossette),
NAVAL SECRETARY.

Mr. James Forward,
351 City Road,
SAINT JOHN, N.B.

Service:
Canada
High Seas
Overseas

Will ? No record
Date of entry on Active Service:
Rating: Old Ann in records. 29-5-40 *OC*

No. 568. 28 Oct '40

M.F.M. 16A
75M-4-40 (4683-9)
H.Q. 1772-39-1665

P079758 32

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(.....)

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

FORWARD

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

1. Surname of applicant.....
2. Full Christian name or names..... **Albert Edward**
3. Official Number..... **V-2256**
4. Rank..... **Ordinary Seaman**
5. Unit, Station, or Establishment..... **ROYAL CANADIAN NAVAL VOLUNTEER RESERVE**
6. Date appointment or enlistment..... **25th January, 1940.**
7. Date reported for duty..... **30th May, 1940.**
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? **Yes**
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment..... **No**
10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month..... **None**
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....
3 months trucking at 9.00 per week - 108.00
2 weeks attendant in service station- 16.00
Remainder of time unemployed.
12. Name of dependent..... **FORWARD, Mrs. Ethel Arletta** **Mrs.**
Surname Christian Name Mr. Mrs. or Miss
13. Address..... **351 City Road, St. John, New Brunswick.**

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

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

Questions 16 to 28
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?

Rating and Mother lived together 351 City Road, S^t. John, N.B.

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....herself.....

(State relationship)

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 does part time housework.....

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

Since leaving school, 1936

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.....15.00 per month for 6 months - 156.00.....

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

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

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 does not live with mother and does not contribute to support

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
Margaret Eleanor MacDougal	12 ¹ / ₂ Luke St., Moncton, N.B.	23	housewife	Married
Glahan, Evelyn	Glen Falls, St. John, N.B.	19	housewife	Married
Elmo Forward	Pleasant Ridge Kings, Co., N.B.	13	student	Single

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

.....the above relatives do not contribute to support
.....of Mother.

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

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

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

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

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

.....15.....days' pay.

29. Date assigned pay effective Month of October, 1940.

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

[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. None

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

Paul J. Coquer
Paymaster *Lieutenant* Rank

Albert E. Forward
Signature of Applicant
ORDINARY SEAMAN

Date 9th September, 1940.

31/10

Establishment, unit or station

Stadacona
H.M.C.S. "ASSINIBOINE"

Place *Halifax*

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

A6906.

DEPT.
NATIONAL DEFENCE

ORIGINAL

OCT 10 1940

NS 1137128
CANADA H.O. File No. P072035

31

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"ASSINIBOINE" Surname FORWARD, 5-2/219 ✓ Christian Names } Albert Edward	152031	O. Smn.	V-2256 ✓	1.25 ✓

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Mrs. Forward Christian Names } Ethel Arletta	Mother	351 City Road, St. John, N.B.	NEW 19.00 ✓	October ✓

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials	These allotments are to be disposed of as indicated below. (See Note 2):—
5.00 ✓	H. Star & Son,	Halifax, N.S.	10/10/40	To be continued

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.

Allotter's Signature authorizing charges..... Albert C. Forward.
ORDINARY SEAMAN Rank or Rating

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER

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



Assigned Pay to Wives	Object No. 111 \$.....
Assigned Pay to other Dependents	113.....
Marriage Allowance	116.....
Dependent Allowance	119.....
Other Elements	122.....
	10.00
	10.00

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

Paymaster Lieutenant RCNVR
for Accountant Officer

H.M.C.S. Stadacona

Forwarded 8/10/40

6053032

DECLARATION OF ALLOTMENT

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.....		



Handwritten signature and date 11/10/40

THE NAVAL SECRETARY
Department of the Navy
Bureau of Naval Personnel
Chief Clerk

P7899 20
APPLICATION FOR DISCHARGE FROM R.C.N.V.R.
AND REPORT ON RETURN OF KIT

R.C.N.V.R. Company Headquarters at Saint John, N.B.

10th June 1937

MEMORANDUM—

It is recommended that A. Forward Ord: Sea 2256
(Name) (Rating) (Official number)
should be discharged from the Saint John Division Company of the R.C.N.V.R.
in view of Non-attendance at Drills

(Summary of reasons)

2. The following information is submitted with respect to the kit of this rating:—

- (i) Condition of kit when issued: New Yes Part worn No
Per cent serviceability 75%
- (ii) Has full kit been returned complete? Yes
- (iii) If not, state shortages
- (iv) Condition of articles returned Good
- (v) Bounty pay due to this rating, \$ Nil
- (vi) Explanation given by man for shortages or damages
- (vii) Is blame attributable? If not, why?

*Approved
Wally
15.6.37
DNR*

(viii) Action in hand in accordance with Section V, Articles 516-519, V.R.O.I.—

- (a) Was (will be*) interviewed by P.O. Instructor on 193...;
- (b) Registered letter was (will be*) sent on 193...;
- (c) Information was (will be*) laid with Police on 193...;
- (d) Further action which it is proposed to take

(ix) C. C. O's additional remarks:—

*Return of kit
noted
18/6/37*

(*) Cross out words not applicable.

*Norman Magnusson Leckie
for
Out of Town*
Company Commanding Officer

RECEIVED
NAVY OFFICE
MAY 11 1936
113-F/28
CANADA
2

QUESTIONNAIRE FOR CANDIDATES
FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

P4988

Name (in full) Albert C Forward
Date and Place of Birth Mar 2nd 1918 Pleasant Bridge
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)
Permanent Place of Residence 351 City Road St John N.B.
Nearest Town to Residence (if living in country)
Are you a British Subject? Yes
Are you single, married or a widower? Single
In what capacity do you wish to enrol? Ordinary Seaman
(See standards of qualifications in attached pamphlet)
Present occupation or trade Casual Labour
(Attach any testimonials or recommendations)
Do you belong to any Naval, Military, Reserve or Territorial Force? no
Have you ever served with such forces? Give dates and details no
.....
Have you ever been discharged from any of H. M. Forces as medically unfit? no
Have you ever offered to serve in any of H. M. Forces and been rejected?
What is your weight? What is your height? no
What is your chest measurement (not inflated)?
Are you free from all physical defects or malformation, and not subject to fits? yes
Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate
authorities? yes

I hereby declare that the above answers are true in every respect.

Albert C Forward Signature
April 23rd 1936 Date
10 Brunswick St. Address
Saint John, N.B.

(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be as stated

Signed James B. Cross
Company Commanding Officer