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N. V. 5 25M-9-40 (6793) N.S. 815-11-5

## ATTESTATION FORM

#### (HOSTILITIES FORM)

### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

.....

SURNAME RUDD

OFFICIAL NO V.13701

CHRISTIAN NAMES John Sidney MARRIED, SINGLE OR WIDOWER Single

PERM	PERMANENT ADDRESS								
1206 12th Ave. N.W	United								
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN							
7 February 1923 *Original Nationality of: Father Mother	Town Blairmore County Alta. Province	Mother Mrs. J. Rudd same address							

\*If not the son of natural born British parents, particulars to be given at foot of next page.

#### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST M	EASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
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DATE OF ENI	ROLMENT	RATING ENRO	OLLING FOR	TRA	ADE OR CALLING	AND IN WHOSE EMPLOY
30 Jan. '	41	Ord. V	/ 5		Student	
R.C.N.V.R. Division	(or other	Calgary		-		
establishment) at	t which enrolled	Calgary				

#### (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) L served in for the period shown and attack myx records of service, in Editoberation of this statement.

\*Cross out Clause not applicable.

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(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.

(3) On being enrolled as a member of the Calgary 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 30th day of January 1941 Syd Redd Signature of applicant.....

## 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 30th

day of January 1941

ne

.....

Signature of and rank of Attesting Officer.

#### (D)

(C)

## OATH OF ALLEGIANCE

I, John Sidney RUDD 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.....

Date 30th January 1941

Witness 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

#### John Sidney RUDD

John Sidney RUDD	having been duly enrolled to serve in the Royal
Canadian Naval Volunteer Reserve Force	e, I have caused his name and every prescribed particular to be
recorded in the Record Book of the	Calgary Division of the R.C.N.V.R.
or in the appropriate official documents.	is k .

30th January 194 1

R.C.N.V.R. Division (or other establishment) Calgary

Attesting Officer.

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.

N.V. (15M-4-40 (4717) N.E. 815-11-17	J.					ant			
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# NAVAL TRAINING and ACTIVE SERVICE

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# NAVAL TRAINING and ACTIVE SERVICE

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FORM 5

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(Surname)							Stud	lontant		••••••				
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FOR COMPLETION AND RETURN BY

Mrs. Doris Rudd,

406-12th Ave. N.W.,

Calgary, Alta.

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.O. V.13701 FD 517

### DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

April 9, 1945

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

 RUDD,	John S	Sydney,	L/Cdr.	
	13701			
 No.	V.31701	F	.C.N.V.R.	

it is necessary that certain information regarding the deceased and his relatives should way be furnished the Estates Branch. You are asked therefore to read the enclosed way 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.

en Director of Estates

JUN

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22 1945

DEF

HRW/MK

M.F.W. 77 16M-10-44 (5854) H.Q. 1772-39-972

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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-

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:

egrees	RELATIVES		INFORMANT'S STATEMENT						
of Rela- tion- ship	RELAT required to be		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite hi or her name, and date of death of each deceased relative				
1	Widow of the De	eceased	Not Married						
2	Children of the Deceased and dates of their Births		None						
			· · · · ·						
3	Father of the Do	eceased	John Rudd		346 - 3rd Ave N.E. CALGARY,				
4	Mother of the D	veceased	Doris Rudd		346 - 3rd Ave N.E. CALGARY. Alta.				
5	Brothers of the Deceased	Full Blood	One. Robert Whiston Rudd. 12 Years Old.						
		Half Blood							
		Full	One. Joyce Doreen Rudd.						
6	Sisters of the Deceased	Blood	7 Year Old.						
		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 $\mathbb{N}$ on $\Theta$		Address of their children				

#### A questionnaire for candidates.

For entry in the 9019 NATIONAL ROYAL CANADIAN NAVAL VOLUNTEER RESERVE. Name (in full) ... forther ... Sychney tel Date and place of birth, (Birth certificate, declaration by parents or affidavit as to date of birth must be attached) Permanent place of residence, #26. 12ave h. W. Calgary..... Nearest town to residence (if living in country) ...... Are you a British subject? ..... es. Are you single, married or a widower? .... In what capacity do you wish to enrol? . Chilinory Seaman. (See standards of qualification in attached pamphlet.) Present occupation or trade ..... (Attach any testimonials or recommendations) Do you belong to any Naval, Military, Reserve or Territorial Force . Have you ever served with such forces? Give dates and details undaun goay sea year. Have you ever been discharged from any of HM. Forces as medically unfit? no Have you ever offered to serve in any of HM. Forces and been rejected? What is your chest measurement(Not inflated) ..... 3.5. ..... Are you free from, all physical defects or malformation, and not subject to fits? ... y 600.... Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities ..... I hereby declare that the above answers are true in every respect. ude .... Signature -. /1. . Date W....Address . 406-12ave (Witness to signature)

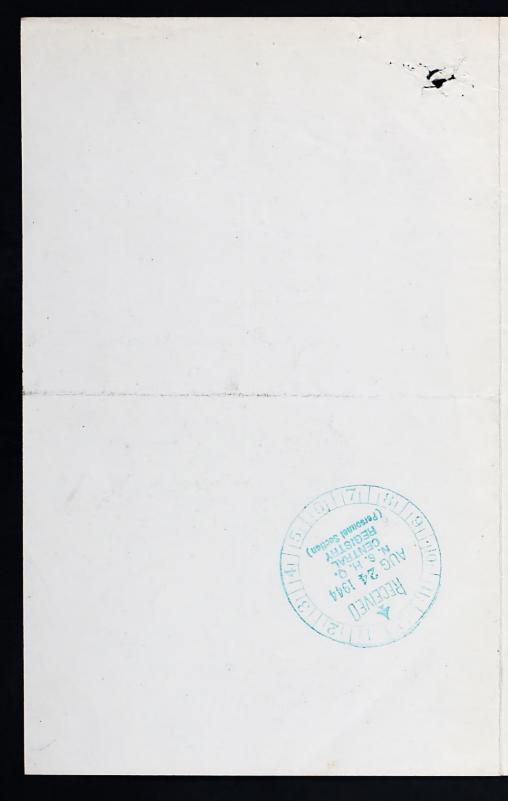
This is to certify that I have personnally seen the birth certificate of this applicant or a sworn declaration as to his date of birth. I certify his date of birth, according to legal documentar

evidence to be. The state of birth, according to legal documentary

Signed. .

Commanding Officer.

N.V. 3



Puro (m) 11/8 / V-13701 Soronto, ant. 120290 aug. 23/44 Slepartment Records (Maral) Slept Mational War Amices # 121 32 Ottana. Dear Sirs -I was wondering if you could trace or give me some information concering a sailor who was uported as "missing" when the frigate Nalley field was sunk last may. We have had no word as yet whither he has been taken a prisoner, a whither he is safe or daid, nor has his

Grace Dospital

133 Bloor St. E.

his nother who lives in lalg any we would all be very gratful if you could give us some information whether good or lad. Dis Mame + rating is as follows: Leading loder John Sydney Rudd N. m. G. S. Nally field. Atis home is B46 Brd arenue M.E. lalg any alto Apping to hear from you soon. I remain,

Mour's truly

(miss) N. gibbs



REGISTERED

A I R M A I L NS: V-13701 PERS (N)

8 May, 1944.

Dear Mrs. Rudd:

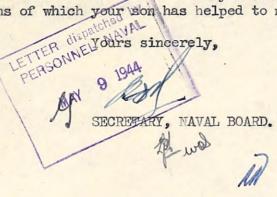
I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, John Sydney Rudd, Leading Coder, Official Number V13701, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.



Mrs. Doris Rudd, 346-3rd Ave. N.E. CALGARY, Alta.

OCCUPATIONAL HISTORY FORM 113 - R	- 757
THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GEN MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERIN HELP TO THE COMMITTEE.	
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLE	
Section A-GENERAL INFORMATION 1. (a) Print name in full	A / PLEAS
2 (a) Arm of service (A) (b) Unit K. C. M. W. K. (c) Bank (A. K.	mm
3. (a) Date of birth any dependents?	
4. (a) Place of enlistment <u>COLOANI</u> (b) Date of enlistment <u>30/1/</u>	4.1.
5. (a) State age on (b) Were you attending school	
<ul> <li>5. (a) State age on (b) Were you attending school School</li> <li>finally leaving school or college up to the time of enlistment?</li> <li>6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Two YEARS HIGH</li> <li>7. If you attended a university give page of</li> </ul>	
Matriculation", or "4 years technical course in printing", etc.)	1
7. If you attended a university, give name of university and standing or degree secured.         8. (a) Did you ever       (b) If so,         (d) If you did not	, F
enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
9. (a) What languages ENGLISH (b) What languages ENGLISH do you speak fluently? ENGLISH	
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10. (a) State whether you were WORKINGorNOTWORK- (b) At time of en- ING at time of enlistment. listment of what	
(Enter here only "Work- ing" or "Not Working", trade union or	×
as case may be; particu- Not WORKING professional society NONE	
Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIL	ME
OF ENLISTMENT OUESTIONS 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 (b) State how long you had worked at this	10
at which you actually worked trade or occupation	and the second second second
<ul> <li>13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified</li></ul>	1
when you last worked fairly regularly before enlistment	Contraction of the second s
employer, if any: Name	
17. (a) If your last employment was	And the second se
in a business of your own, state nature and address of business	the second se
Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIM OF ENLISTMENT	
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AN TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	ND REPLY
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18	TO 21
18. Name of employerAddress	
<ol> <li>Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)</li></ol>	
20. (a) Your consistence at specific occupation	
definitely to give you refuse to promise you to return to your employment on discharge?former employment?	
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	
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	
or professional practiceit located? 23. (a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	
Section F—PARTICULARS OF FARMING EXPERIENCE	-
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what to operate a farm? kind of farmino?	
25. (a) Were you (b) How many years' actual (c) In what provinces farming experience have you had?	- 7
Section G-MISCELLANEOUS	
26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	0
<ul> <li>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.).</li> <li>28. State any employment preference or ambition you</li> </ul>	2
may have, other than indicated elsewhere in this form	
	1
DATE Jan 18 194 SIGNATURE John Sydny Rud	A
2 19 A	

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DEPARTMENT OF VETERANS AFFAIRS	A 14	ARDS NAV	WAR SERVICE RECOR		
D OF D 7-5-44	AM	D.D.			
RUDD John Sydney		V-13701	L/Coder	FILE No.	
SURNAME (IN BLOCK LETTERS) CHRI	STIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	
WAR SERVICE BADGE					
(CLASS) No.Nil	DATE DESP	ATCHED:			
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CAMPAIGN MEDALS 1939-45 Star Atlantic Star		25-		ESPATCHED	

MEDALS AND MEMORIALS-DECEASED PERSONNEL	
RCNVR May 46 "VALLEYFIELD"	REGISTRATION NO. DATE OF DESPATCH
(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO Mrs. Doris Rudd - Mother - Benef. 346 - 3rd Ave., N.E., ADDRESS: CALGARY, Alta.	DATE DESP
(2) MEMORIAL CROSS	
WIDOW	
	(2)
ADDRESS:	
(3) MEMORIAL CROSS MOTHER Mrs. Doris Rudd	
346 - 3rd Ave., N.E., Calgary, Alta.	(3) 10-10-44

F	CANADA V-13701
	REGISTRATION DISTRICT OF BLAIRMORE
	Certificate of Registration of Birth This is to Certify that the Birth
	of
	is registered as having taken place atBLAIRMORE
	on the SEVENTH day of FEBRUARY 19_23
	Registered 7th APRIL 19_23 M. Registrar.

8	Full names of the deceased.	John Sydney Rudd.					
9	Date of his birth.	February 7th. 1924.					
10	Place and date of his marriage.						
1	Place and date of his parents' marriage.	Coleman. Alberta. 1923					
•	PARTICULARS OF D	OMICILE					
12	Place where deceased was born.	BLAI RMORE, Alta.					
.3	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) Alberta. (d)					
14	Nature of employment before enlistment.	Attending Schobl					
15	State whether he owned the premises in which he lived, and, if so, where situated.	No					
16	Name place where deceased stated he intended to make his permanent home.	CALGARY, Alberta.					
	PARTICULARS OF	ESTATE					
17	Did he leave a Will? If in your custody, please forward.	No.					
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?						
9	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?	No.					
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None.					
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None					
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Two small educational policie both expired two years ago.					
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No other assets.					
	OTHER PARTICU	ILARS					
24	<ul> <li>Did the deceased after enlistment incur any debts for:— <ul> <li>(a) His own separate board and lodging while on service.</li> <li>(b) Service clothing and equipment.</li> </ul> </li> <li>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.</li> </ul>	All clear of any debts.					
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	.No.					

and the second second

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3.

....

*hts tegree	DECLARATION
for example, I hereby dec	lare that all the particulars shown on this form are correct, and a true and complete the relatives that the deceased ever had in the degrees specified; and that I am the
* Mat	herof 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 Doris Rudd Signature of 346-32 anne. Calgary alto Address
I hereby cert	CERTIFICATE ify that the best of my knowledge and belief. Mus Doris Rudd
*See above. Hoth	[Name of ] is the* Mother of the Deceased
	The above Declaration was made by the Informant and signed in my presence.
Dated atCalgary Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com- missioned Officer of any of His Majesty's Forces.	Alberta this 19th day of June 1945 Nesper Qualification Commissioner for Oaths
Add	ress 14-21-3 - St WW. Baljary alta
NOTE.—Before granting the abo Relative stated by him or her to ha proper place in the Statement opposi	ve Certificate, care should be taken to see that the informant gives particulars concerning the death of any ve died, and that the full name and address and age of each surviving Relative specified is stated in its te.

4.

(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