

YOUNG
JAMES

EARL

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

Mrs. Eileen Mary Young,
541 Albert Street,
Ottawa, Ont.

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. V- 6388 FD 516

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11

1944

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

YOUNG, James Earl, Able Seaman,

V-6388, Royal Canadian Volunteer Reserve.

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.

GC/

H. J. Waddy
Commander Royal
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.....	MRS Eileen Young	23	541 Albert St. Ottawa
2	Children of the Deceased and dates of their Births.....	Exida Young Oct. 6/42	2	541 ALBERT ST OTTAWA
3	Father of the Deceased.....	NORMAN Young	57	541 Albert St.
4	Mother of the Deceased.....	MRS. EDITH Young	50	541 Albert St.
5	Brothers of the Deceased	CLAUDE Young	28	Western Ont
		BEVERLY Young	20	R.C.M.F. Newfoundland
		ROYDEN Young	18	541 Albert St Ottawa
		Full Blood		
		Half Blood		
6	Sisters of the Deceased	THELMA KEATING - MRS	30	Wellington St Ottawa
		MABLE Young	16	541 Albert St Ottawa
		SyBLE Young	13	541 " " "
		Betty Young	14	541 " " "
		Full Blood		
		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	
	Eric Young - March 17 1934			
	Walter Young Oct 1937			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JAMES EARL YOUNG
9	Date of his birth.	April 5/1920.
10	Place and date of his marriage.	AUGUST 1ST - 1941 CHRIST CHURCH - OTTAWA - ONT.
11	Place and date of his parents' marriage.	Ottawa -

PARTICULARS OF DOMICILE

12	Place where deceased was born.	OTTAWA, ONT.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 541 ALBERT ST. OTTAWA - ONT (b) (c) (d)
14	Nature of employment before enlistment.	LEFT High School
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.	OTTAWA, ONT

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?	
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?	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.	PRUDENTIAL INSURANCE COMPANY \$1000 - (Eileen M. Young - (wife) BENEFICIARY
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	None THAT I know of
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.	
<p>(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.)</p>		

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

* Widow 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.

Eileen Young

{ Signature
of
Informant

571, Albert St. Ottawa Address

CERTIFICATE

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

Eileen Young

*See above.

{ Name of
informant } is the

Widow

of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at

Ottawa

this

13th

day of

October

19

44

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

H. H. Clark

Qualification

Clergyman

Address

436 Sparks St., Ottawa.

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

C. R.

N.P. 4/5-8.

P. A.

FORM "B"

FILE: N.S. V-6388 PERS.

NAVAL TREASURY

DATE 3/18/44

INITIAL

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

12017

Sir:

(Date)

The following casualty has been reported -

NAME

RANK or RATING

NAVAL NO.

YOUNG, James Earl

Able Seaman

V-6388 R.C.N.V.R.

DATE OF ENLISTMENT - 8 September, 1939 Active Service: 30 April, 1941.

DATE OF DISCHARGE - 7 May, 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 -
when and where any disability
was incurred, or where death
occurred.

Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
was torpedoed and sunk by enemy action in the Atlantic.

(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 -

Wife:

NAME - Mrs. Eileen Mary Young.

ADDRESS -

541 Albert Street, Ottawa, Ontario.

NOTE:

If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF WAR-
RIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

A'S CHECKED IN

C.R. BY.....

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. Eileen Young	Wife	----	-----
Young, Exida S.	Daughter		October 6, 1942.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$51.12	50.00	\$101.12
To Whom Paid:	Mrs. Eileen Young		Address 541 Albert Street, Ottawa, Ontario.
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 50.00 has been made for the period			
from 1st to 31st of May 1944.			

Remarks:

Reviewed by.....L.D.....

Checked by.....a.m.p.....

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

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

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

Sir:

12 May, 1944

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
YOUNG, James Earl, Able Seaman V-6388, R.C.N.V.R.

DATE OF ENLISTMENT - 8 Sept. 1939 Active Service: 30 April, 1941.

DATE OF DISCHARGE - Will be reported later.

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

SERVICE - Canada and High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death occurred.
is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

(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- Wife: NAME- Mrs. Eileen Mary Young,
ADDRESS- 541 Albert Street, Ottawa, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the separation Agreement, etc., to be furnished.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

H.B. Money

for

SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

B7
12/18/44
NPR/15
C

REMARKS:

.....

The following summary has been reported -

NAME
DATE OF BIRTH
DATE OF DEATH
HOSPITAL
SERVICE

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (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.

If necessary indicate that return was received from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation agreement, etc., to be furnished.

Coastal Force "B" Two
to Alford (H) on
M.B.S. 1/5

SECRETARY, NAVAL BOARD

Secretary, Canadian Pension Commission
Room 222, City Building, Ottawa, Ont.


Indicate copies of this form (Form 20) have been forwarded to the
Chief Treasury Officer (Alliance Section), Department of National
Defense, Naval Service, for completion respecting the details of
Military Allowance, Independent Allowance, etc., and subsequent
transmission to you.




LA/HS



N.S. V-6388, PERS. (N)

14 November, 1944.

THIS IS TO CERTIFY that according to official information James Earl Young, Able Seaman, Official Number V-6388, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.


SECRETARY, NAVAL BOARD.

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL YOUNG, James Earl RANK/RATING A-13 OFF. NO. 16388 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
												1939-45	1	Star
Madagascar	30.4.40	31.12.40	246											
												ATLANTIC	1	Star
Cartier	31.8.41	1.1.42	124	Atlantic										
												FRANCE G.		
Charney	2.1.42	16.1.42	15	Atlantic										
												AFRICA		
Valleyfield	8.12.43	7.5.44	152	Atlantic										
												PACIFIC		
Ship "Dead"	7.5.44													
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	@ Clasp
												" CLASP		

[illegible]

RCNVR Feb. 47 "VALLEYFIELD"
 MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

<p>(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO Mrs. Eileen M. Young - Widow</p> <p>ADDRESS: 68 McLaren Street, Ottawa, Ont.</p>	<p>(1)</p>
<p>(2) <u>MEMORIAL CROSS</u> <u>WIDOW</u> Mrs. E.M. Young</p> <p>ADDRESS: 541 Albert St., Ottawa, Ont.</p>	<p>(2) 13-10-44</p>
<p>(3) <u>MEMORIAL CROSS</u> <u>MOTHER</u> Mrs. Norma Young</p> <p>ADDRESS: 541 Albert St., Ottawa, Ont.</p>	<p>(3) 13-10-44</p>
<div style="border: 2px solid red; padding: 10px; width: fit-content; margin: auto;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">MEMORIAL BAR</p> <p style="color: red;">DATE DESP</p> <p style="color: red;">REGN. NO. 612</p> </div>	

D OF D 7-5-44

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

H

YOUNG	James Earl	V-6388	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	77/3
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL NUMBER

NAME.....
(Surname)

...YOUNG

James Earl

.....J. All
(Given Names)

OFFICIAL NUMBER.

Y6388

GENERAL REMARKS

Mother: Mrs Norman Young,
541 Albert St.,
Ottawa, Ont.

WIFE: Mrs Eileen Mary Young,
541 Albert St.,
Ottawa, Ont.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU	REL	ED	PERM RESIDENCE			PREV	ENL	RANK OR RATE		
DY	MO	YR	BIRTH	MAIN	SUB	GION	P	CTY	TOWN	SERV	DIV	A	BR	RANK		
04	4	20	11	XXV	0	30	X	1	05	62	0	03	0	08 95		
ENLIST DATE			ACT SERV DATE			STR	ACT SERV DATE			SHIP OR		RANK OR RATE				
DY	MO	YR	DY	MO	YR		CAT	DY	MO	YR	ESTAB	A	BR	RANK		
08	09	39	30	04	40											
SENIORITY			STR	NON-SUB		M				CODED		CHECKED				
DY	MO	YR	CAT	A	B	ST										
31	09	41	13	00	00											

OFFICIAL NUMBER V6388

NAME	YOUNG	James Earl	DATE OF BIRTH	4 April 1920.
	(Surname)	(Given Names)		

PLACE OF BIRTH.....Ottawa, Ont.....OCCUPATION.....Student.....

RELIGION.....Church of England.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 541 Albert St. Town Ottawa Province, etc. Ont.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mr. Charles M. Young

ADDRESS (in pencil): Street and No. 341 Albert Town Winnipeg Province, etc. Manitoba

[illegible][illegible][illegible]

W.S.G.
APPLICATION
3265
RECEIVED

N. V. No. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

CONFIDENTIAL

Training Headquarters	Halifax	Official Number V.6388
-----------------------	---------	-------------------------------

Place of Birth Ottawa, Ont.

59 St. Francis St., Ottawa, Ont.

Usual Place of Residence 541 Albert St., Ottawa

Trade brought up to None - Student

Name and Address of next of kin Wife, Eileen Mary. — 301 11th St. S.E. —
Father — Norman Young — same address

Religious Denomination_____C of E

Can Swim Yes

PARTICULARS OF SERVICE

[illegible]

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	8 $\frac{1}{2}$	Fresh	Brown	Blue	Nil
On attaining 28 years						
Further Description if necessary						

R 25
817

NAVAL TRAINING AND

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE ENT

DATE	WOUNDS AND HURT CERTIFICATE. MERITORIOUS SERVICE. SPECIAL RECOMMENDATIONS	CAPTAIN'S SIGNATURE	DATE
			May 19, 1941.
			13 Nov '43
			15 Nov '43

RAINING AND DRILLS

[illegible]

ER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

[illegible]

SHIP'S NAME	LIST AND NO.	RATING	FROM	TO	CHARACTER	ABILITY	CAPTAIN'S SIGNATURE
STADACONA FOR NS-HQ.		ORD SEA.	APRIL 30. 1940	DEC 31 1940	V.G.	Sat	W. Bidwell
STADACONA FOR NS-HQ.		ORD SEA	1 Jan /41	29 Apr /41			
STADACONA FOR NS-HQ.		A/ABLE SEA.	30 Apr /41	21 June /41			
Bytown		" "	22 June /41	17 July /41			
Ottawa Div.		" "	18 July /41	12 Aug /41			
Stadacona		A/A.B.	13 Aug.	30 Aug '41			
Stadacona (barrier)	✓	---	31 Aug '41	29 Sep '41	V.G.	Sat.	E. P. Shaw
Stadacona (Charny)	✓	A. B.	30 Sep '41	1 Jan '42			
Stadacona		---	2 Jan '42	16 Jan '42			
Bytown		---	17 Jan '42	20 Jan '42			
"		---	21 Jan '42	31 Dec '42	V.G.	Sat.	C. Strong
"		---	1 Jan '43	22 Nov. '43			
Stadacona		---	23 Nov '43	26 Nov. '43			
Hochelaga		---	27 Nov. '43	7 Dec '43			
Stadacona (Valleyfield)		---	8 Dec '43	31 Dec '43	V.G.	SAT	W. Pickart
Stadacona (Valleyfield)		---	1 Jan '44	19 Feb '44			
Arabo (- " -)		---	1 March	7 May '44	V.G.	Sat	W. Davis
			"Discharged Dead"	7 May 1944			

[illegible]



N. V. 5
2nd-10-37
N.S. 815-11-5

15609

SEP 10 1939
113-2425

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Young OFFICIAL NO. 6288

CHRISTIAN NAMES James Earl MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
541 Albert St., Ottawa Ont.	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
April 4th, 1920	Town <u>Ottawa</u> County <u>Carleton</u> Province <u>Ontario</u>	Father <u>Norman Young</u> same address

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>Nil</u>
Inches <u>8 1/2</u>	Deflated <u>33 1/2</u>				
Mean <u>34</u>					

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Sept. <u>8th</u> , 1939	<u>Ord. Seaman</u>	<u>Student</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 Not applicable 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.

Noted in Service
Records by OB

(5) On being enrolled as a member of the Ottawa Division 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 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.

Dated this 8th day of September, 1939

Signature of applicant

James Earl Young

(C) CERTIFICATE OF DIVISIONAL 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 8th day of September, 1939

F. H. Sherman

Lieut. RCNVR

Signature of Commanding Officer.

(D)

OATH OF ALLEGIANCE

I, James Earl Young 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

James Earl Young

Witness

F. H. Sherman

Date Sept. 8th, 1939

Rank

Lieut. RCNVR

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

(E)

CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

James Earl Young 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 Ottawa Division of the R.C.N.V.R.

F. H. Sherman

Commanding 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. 5
25M-9.40 (6793)
N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....**YOUNG**.....OFFICIAL NO.....**6388**
CHRISTIAN NAMES.....**James Earl**.....MARRIED, SINGLE OR WIDOWER.....**single**

PERMANENT ADDRESS	RELIGION
541 Albert St., Ottawa, Ont	C. of Eng

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
4th April 1920	Town Ottawa, County Carleton Province Ontario	Father: Norman Young same address
*Original Nationality of: Father Mother		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 36				
Inches..... 8$\frac{1}{2}$	Deflated..... 33$\frac{1}{2}$	Brown	Blue	Fresh	Nil
	Mean..... 34				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
6th Sept 1939	O. Sea	Student
R.C.N.V.R. Division (or other establishment) at which enrolled.....	OTAWA	

(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 **non applicable** 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 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..... OTTAWA 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. **for the duration of hostilities**

(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 6th day of September 1939

Signature of applicant..... James Earl Young

(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 6th day of September 1939

Signed: F.H.Sherwood
Lieut RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Earl Young 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..... James Earl Young

Witness..... F.H.Sherwood

Date..... 6th September 1939 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

James Earl Young 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..... OTTAWA Division of the R.C.N.V.R. or in the appropriate official documents.

Signed..... F.H.Sherwood
Lieutenant R.C.N.V.R.
Attesting Officer.

..... 6th Sept 1939 194.....
R.C.N.V.R. Division
(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.



15610

10 1939

113-425

Can. B. 207
20M-8-38
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 Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Young James Earl
candidate for entry as O.S.
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 Ottawa the 4th of Sept. 1939.

George W. B. York
Examining Medical Officer

Dental Care

(Rank) Surg. Lieut. R.C.N.V.R.

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. defi- cient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
<u>19 yrs. 5 mos.</u>	<u>136.</u>	<u>5' 8 1/2"</u>	<u>Good.</u>	inches (a) maximum <u>36</u> (b) minimum <u>33 1/2</u> (c) mean <u>34</u>	right eye <u>6/6</u> left eye <u>6/6</u> colour vision <u>normal</u>	<u>Childhood</u>	<u>Nil.</u>	<u>Nil.</u>	<u>Nil.</u>	<u>None on face</u>	<u>Nil.</u>	<u>Nil.</u>	<u>25 teeth</u> <u>6 defective</u> <u>throat</u>	<u>Nil.</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.

James Earl Young
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 six carious teeth none on face

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

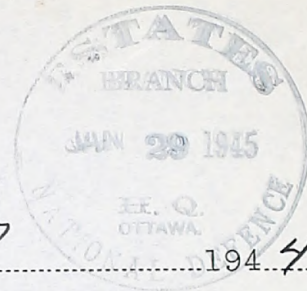
George W. B. York
Examining Medical Officer
(Rank) Surg. Lieut. R.C.N.V.R.

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

Department of National Defence

Ottawa, Canada

Date Dec 27 1944



Received this date from the Treasury Branch cheque for the sum of

FOURTEEN - - - - - 08 Dollars (\$ 14.08)
100

being in connection with my husband's Service estate.

YOUNG, James E., A.B. (Deceased)
No. V.6388, R.C.N.V.R.

Mrs Eileen Young
Signature

R

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA



Date *Feb. 21* 194 *7*

W
check
RECEIVED this date Treasury cheque for the sum of

FIVE ----- $\frac{00}{100}$ Dollars (\$ 5.00)

in connection with the estate of the below-named deceased,

YOUNG, J.E. A/B (DEC'D)
NO.V.6388, R.C.N.V.R.

Mrs. Ellen Young
Signature

10

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

4
NAVYDECEASED
MEMBER'S
NAMEJames Earl
(CHRISTIAN NAMES)YOUNG
(SURNAME)

(25)

REGISTER NO.

3265

FILE NO.

NB. 7-6388

DATE

13 Feb 45

SERVICE NO.

V-6388

FINAL RANK OR RATING

A.D.

PAYEE

Mrs. Eileen Mary Young,
44 Lloyd Street,
Ottawa, Ont.

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1469 EQUAL TO 48 COMPLETE PERIODS AT \$7.50

360.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 291 LESS 29 INELIGIBLE DAYS, EQUAL TO 262 DAYS @ 25C. PER DAY

65.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45
ADDITIONAL PAY G.O.B.	\$.05

DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 \$ 1.70TOTAL \$ 5.05 X7 = \$ 35.35NO. OF DAYS 262 X \$ 35.35

183

50.61

D. WAR SERVICE GRATUITY

476.11

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

NIL

F. TOTAL AMOUNT PAYABLE

476.11

G. YOUR PORTION OF GRATUITY IS—

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

= \$

476.11

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque # 116621 - 20/3/45

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

SJD

CHECKED BY

Jade

TREASURY

CHECKED BY

Mary E Burns

DATE

10/1/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay/Accounting.

WHEN REPLYING PLEASE QUOTE:



NATIONAL REGISTRATION

New Supreme Court,
OTTAWA, January 21, 1947.

Director of Estates,
Department of National Defence
Naval Service,
Estates Branch,
O T T A W A.

Your File: HQ.NS.V.6388

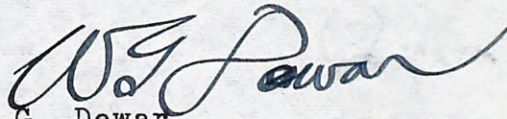
Dear Sir:

Re: YOUNG, James Earl, A/B (Deceased)
No. V.6388, R.C.N.V.R.

Receipt is acknowledged of your letter of January 13, 1947, with regard to the whereabouts of Mrs. Eileen M. Young, wife of above named deceased person.

We understand that Mrs. Young is at present residing with her mother at 68 McLaren St., Ottawa.

Yours truly,


W. G. Dewar,
Custodian, National
Registration Records.

WGD/RM

ESTATES BRANCH

HQ.NS.V.6388

January 13th, 1947.

W.G. Dewar, Esquire,
Custodian and National Registration Records,
Department of Labour,
Third Floor,
New Supreme Court Building,
OTTAWA, Ontario.

YOUNG, James Earl, A/B (Deceased)
No. V.6388, R.C.N.V.R.

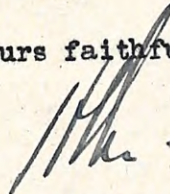
Dear Sir:

We are endeavouring to locate Mrs. Eileen M. Young, formerly of 541 Albert Street, Ottawa, Ontario, wife of the late James Earl Young, A/B, R.C.N.V.R. official number V.6388.

The Post Office authorities inform us that she left the above address about a year ago without furnishing any instructions whatever for the disposal of her mail.

If you can supply us with the present specific address of this party we shall be greatly obliged. Please be good enough to address your reply to Director of Estates, Department of National Defence, 304 Sparks Street, Ottawa, Ontario.

Yours faithfully,



(M.R. Wade) Commander,
for Director of Estates.

HRW:PM

Every item of information
should be carefully supplied.
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH (County or District of AT SEA Township of
(If in City, Town or Village Street House No.
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED YOUNG, James Earl
(Family name) (Given name or names in usual order)

RESIDENCE No. 541 Street Albert City, Town, Village or Township Ottawa Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>Married</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	--	------------------------------------	--

8. BIRTHPLACE Ottawa, Ontario.
(Province or Country)

9. DATE OF BIRTH April 4th 1920
(Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
24 1 hrs. or min.

11. Trade, profession or kind of work as Student.
spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc.

13. Date deceased last worked 14. Total years spent in
at this occupation this occupation

15. If married give name of wife Mrs. Eileen Mary Young.
or husband of deceased

16. NAME
17. BIRTHPLACE
(Province or Country)

18. MAIDEN NAME
19. BIRTHPLACE
(Province or Country)

20. Person giving information H.B. Money
sign here Paymr. Cdr., R.C.N.R., Officer i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ontario.
Relationship to deceased

21. Place of Burial, Cremation or Removal Body not recovered.
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 7th 1944
(Month) (Day) (Year)

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

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complica-
tion which caused death, not the
mode of dying, such as heart
failure, asphyxia, asthenia, etc.

Morbid conditions, if any, giving rise to
immediate cause (stated in order
proceeding backwards from im-
mediate cause).

II. Other morbid conditions (if important)
contributing to death but not
causally related to immediate cause.

(a) "MISSING" presumed dead, when
H.M.C.S. "VALLEYFIELD" was
due to
torpedoed and sunk by enemy
due to
action in the Atlantic.

PHYSICIAN

Underline
the cause
to which
death
should be
charged
statistically

26. If a communicable disease
is mentioned on this cer-
tificate, give { (a) Date of appearance 19.....
(b) Duration of disease days

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

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

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? Date of injury 19.....
(State which)

Manner of injury
(How sustained)

Nature of injury
Specify whether injury occurred in industry, in home, or in public place

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

30. Division Registrar's Record No.

31. Filed 19.....
(Division Registrar)

TFH/DJW.

REGISTERED

NSIV-6388APERS.(N).

11th May, 1944.

Dear Mrs. Young:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your husband has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D.T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Eileen Mary Young,
541 Albert Street,
OTTAWA, Ontario.

8th May, 1944.

47

Dear Mrs. Young:

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 husband, James Earl Young, Able Seaman, Official Number V-6388, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your husband, 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 husband'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 husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Eileen Mary Young,
541 Albert Street,
OTTAWA, Ontario.

C. 179

1941
N.S. 113425
CANADA

ORIGINAL

Number

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE 24874

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
"CARTIER" 12 ^{II} / 48	Surname..... <u>YOUNG</u>	A/A.B.	✓ 6388	✓ \$1.85 M.A. .75 ✓
	Christian Names..... <u>EILEEN MARY James</u>			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... <u>YOUNG</u> Christian Names..... <u>EILEEN MARY</u>	44 Lloyd Street, Ottawa, Ont.

Noted in Service
Records by AA

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1)..... <u>N I L</u>			
(2).....			
(3).....			
(4).....			

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

BS Jondrey Signature.....James E. Young
L. Writer Rank or Rating.....A/Ab.

Marriage Date: 1st. August, 1941

Marriage Allowance in force per diem.....NIL

Marriage Allowance claimed per diem.....\$.75

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

J. Edwards
A/ Captain R. Commanding Officer.

This amount per day has been credited from..... 1st August..... 19. 41

at List 12-2 No..... Ledger ending..... 30 September 19. 41

Allotment of \$51.00..... in force from the month of..... September..... 19. 41 in accordance with regulations.

Arrears of \$51.00 paid to wife by "Stadacona" Off. Cheque No. 15529 Cheque mailed 90/8/41 Pay. Sub Lieut. RCNVR Accountant Officer.

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

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

Forwarded..... 12/9/41

SEP - 8 1941

N.S. 113-425
CANADA

ORIGINAL

H.Q. File No.

120363

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
CARTIER 125/48	Surname..... <u>YOUNG</u> Christian } Names }..... <u>James E.</u>	<u>A/A.B.</u>	<u>V.6388</u>	<u>\$1.85</u> <u>M.A. .75</u>

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..... <u>Band Clothing</u> Christian } Names }..... <u>Co.</u>	<u>NIL</u>	<u>Castle Bldg.,</u> <u>1410 Stanley St.,</u> <u>Montreal, Quebec</u>	<u>\$5.00</u>	<u>September</u> <u>NEW</u>

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
<u>\$51.00</u>	<u>Mrs. Eileen Young,</u>	<u>44 Lloyd Street,</u> <u>Ottawa, Ontario</u>	<u>To be continued.</u> <u>Initials</u> <u>RB 12/14/41</u>

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.

Allotor's Signature authorizing charges.....

A/A.B.

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.....
Dependents Allowance	119.....
Other Allotments	122.....
Total	\$ 5.00

Pay. Sub Lieutenant, R.C.N.V.R.
Accountant Officer

H.M.C.S. "STADACONA"

Forwarded.....

6/9/41

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

S. 63

100M-2-41 (9291)
H.Q. 815-9-63



Department of National Defence
Naval Service

Ottawa, Canada.

February 19th, 1941.

IN REPLY PLEASE QUOTE

No. 10-Y-2

P 18156

9

FROM: The Commanding Officer,
Ottawa Division, RCNVR.,
O T T A W A.

TO: The Naval Secretary,
Naval Service Headquarters,
O T T A W A.

DEPT
NATIONAL DEFENCE

FEB 19 1941
N.S. 113 2/25
CANADA

Re: Ord. Sea. J. E. Young, O.N. 6388

SUBMITTED:

The above mentioned rating has applied for transfer to Fleet Air Arm, if and when such transfer is possible.

This rating has graduated from The Ottawa Technical High School in the Day Industrial Course. He has been on Active Service with this Division and at Headquarters since September 6th, 1939, and is a reliable and intelligent rating.

His transfer is recommended.

W.J.F. Hose,
Lieut.-Cdr. RCNVR.,
Commanding Officer

WJFH/KS

QUESTIONNAIRE FOR CANDIDATES

For entry in the Royal Canadian Naval Volunteer Reserve

1939

15611

113-25

Name (in full).....James Earl Young.....
 Date and place in birth.....April 4, 1920 Ottawa Ont.....
 Permanent place of residence.....Ottawa.....
 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?.....Seaman.....
 Present occupation or trade.....~~none~~ student.....
 Do you belong to any Naval, Military, Reserve or Territorial Force?
No.....

Have you ever served with such forces? Give dates and details.....

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
No.....

What is your weight? 145.. What is your height.....5' 10 1/2".....

What is your chest measurement (not inflated)35".....

Are you free from all physical defects or malformation, and not subject
 to fitsYes.....

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

.....James Earl Young.....Signature
September 4, 1939.....Date
541 Albert Street.....Address

.....
 Witness to Signature

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

I certify his date of birth, according to legal documentary evidence
 to beApril 4, 1920.....

Commanding Officer

Signed

.....

Finished Ottawa
 Dick.