QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

6
Name (in full)
Date and place of birth (Birth certificate, declaration by parents or affidavit as to date of birth must be attached)
Permanent place of residence. La Somersey 199
Nearest town to residence (if living in country)
Are you a British subject?
Are you single, married or a widower?
In what capacity do you wish to enrol? (See standards of qualifications in attached pamphlet)
Present occupation or trade
Do you belong to any Naval, Military, Reserve or Territorial Force?
Have you ever served with such forces? Give dates and details
W.
Have you ever been discharged from any of H. M. Forces as medically unfit?
Have you ever offered to serve in any of H. M. Forces and been rejected?
What is your weight? What is your height? 5.
What is your chest measurement (not inflated)?
Are you free from all physical defects or malformation, and not subject to fits?
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.
Signature
1991 29 1890 Date
John en ex Al Address
D BA
(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 certfy his date of birth, according to legal documentary evidence, to be
Signed Lane/Bloose
Commanding Officer

N.V. 3 5M—9-39 (1815) N.S. 815-11-3

SERVICE CERTIFICATE

Name in full SEAMAN, William John Company/ Saint John Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

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CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
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	MEMORIALS—DECEASED PERSONNEL 2 "SPIKENARD"	REGISTRATION No. DATE OF DESPATCH
MEDALS PERSON ENTITLED TO ADDRESS:	Mr. William J. Seaman - Father 90 Somerset Street, St.John, N.B.	DATE DESP (1) REGN. NO. 526
(2) MEMORIAL CI	ROSS	
ADDRESS:		(2)
(3) MEMORIAL C	Mrs. Georgia Seaman	
ADDRESS:	90 Somerset St., St. John, N.B.	1-4-42

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