

179465

ORIGINAL

no D.H.  
to be



CANADA

N. V. 5  
50M-10-41 (1994)  
N.S. 815-11-5

1132-588

3

### ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME EVANS OFFICIAL NO. V-42620  
CHRISTIAN NAMES John James MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 14 King St. East Apt.2, Kitchener, Ontario RELIGION C of E

DATE OF BIRTH 18 February, 1924 PLACE OF BIRTH Town Guelph NAME AND ADDRESS OF NEXT OF KIN Mrs. Mona Evans, (Mother)  
County Wellington 14 King St. East,  
Province Ontario. Apt. # 2,  
Kitchener, Ontario.

\*Original Nationality of:  
Father British  
Mother British

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

#### (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>38 1/2</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on left knee.</u> <u>Birthmark on top</u> <u>of head.</u>
Inches <u>6 3/4</u>	Deflated <u>36 1/2</u>				
<u>188</u>	Mean <u>37 1/2</u>				

EDUCATIONAL STANDING Grade Eight - Sudaby School, Kitchener Ontario. TRADE OR CALLING AND IN WHOSE EMPLOY Labourer - B.F. Goodrich Rubber Co. Ltd. Kitchener, Ont.

DATE OF ENROLMENT Divisional Strength 20th July, 1942. RATING FOR WHICH ENROLLED Ord. Smn. (T) R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "Prevost" London, Ont.

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

I hereby declare as follows:  
(1) That I am a British Subject domiciled in Canada.  
(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force

\* (b) ~~I have not served, and am not serving in any Naval, Military, Reserve, or Territorial Force 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
	<u>NIL.</u>		

(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.

Personnel Records Division.

1. Noted in Records ... *J.R.*

2. Index Card ... *J.R.*

3. Non-Sub. Card ...

4. Statistical Card ...

5. ...

6. Pension Card ...

7. ...

8. ...

DATE 3/12/42

ENTERED IN PAY LEDGERS  
H.M.C.S. "BYTOWN"  
FAIR  
ROUGH

(5) On being enrolled as a member of the..... LONDON ..... 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..... 20th ..... day of..... July, 1942 .....

Signature of applicant..... John James Evans .....

(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..... 20th ..... day of..... July, 1942. .....

..... RA Gunnason .....

Signature of and rank of Attesting Officer.  
Sub-Lieutenant, V.R.

(D) OATH OF ALLEGIANCE

I,..... John James Evans ..... 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..... John James Evans .....

Witness..... RA Gunnason .....

Date..... 20th July, 1942 ..... Rank..... Sub-Lieutenant, V.R. .....

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

(E) CERTIFICATE OF ATTESTING OFFICER

..... John James Evans ..... 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..... London ..... Division of the R.C.N.V.R. or in the appropriate official documents.

..... RA Gunnason .....

Sub-Lieutenant, V.R. Attesting Officer.

..... 20th July, 1942 ..... 194..... R.C.N.V.R. Division  
(or other establishment)..... London .....

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.

Unemployment Insurance Book - Yes.

This is to acknowledge that I have not been induced to enter the Seaman ..... Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

..... John James Evans .....

Signature

BENBOW  
226  
7/20

CERTIFICATE of the SERVICE of

John James Evans

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax, Nova Scotia</i>	R.C.N.V.R. Division <i>London, Ontario</i>	Official Number <i>V-42620</i>
		"
		"

Date of Birth <i>18th. February 1924</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mrs. Mona Evans (Mother)</i>
Place of Birth <i>Burlington, Ontario</i>	<i>Same Address</i>
Place of Residence <i>14. King St. E. Apt 2 Kitchener, Ont.</i>	
Trade brought up to <i>Labourer</i>	
Religion <i>Church of England</i>	
Can Swim—P.P.T. Date..... 19.....	Signature..... Rank.....
P.S.T. Date..... 19.....	Signature..... Rank.....

O.H.F.

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>10 July 42</i>	<i>20 July 42</i>	<i>(Hav. Str.) Hospital-steris (1)</i>			<i>24 Feb 44</i>	<i>Canadian Volunteer Service Medal + clas. 1939-1943 Star, Pres. Award.</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 3/4</i>	<i>37 1/2</i>	<i>188</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar on left knee. Birthmark on left of head.</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	<i>(Active Service)</i>					
1942	HMCS "BYTOWN" (PREVOST)		Quadrant	27 July 42	4 Aug 42	
1942	MCS "Queen Charlotte"		Quadrant	5 Aug 42	7 Dec 42	
	La. ornwallis		Quadrant	8 Dec 42	8 Feb 43	
	Stadacona		"	9 Feb 43	9 Feb 43	
	Stadacona (Shawinigan)		"	9 Feb 43	26 July 43	
	"		A.B.	27 July 43	24 Nov 44 (A5856)	D.D.

**Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants**

Date	Details	Captain's Signature
25 Nov 43	SCTW B97187	Approved 28-2

Date  
11 Jan 44  
8 Feb 44  
30 Jan 44

# NAVAL TRAINING and ACTIVE SERVICE

DISCHARGE	Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

D.D.

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
11 Jan 43	Qual #1/9, 1 day	B. Lake			
30 Jan 43	"TR"	B. Lake			



V42620

OFFICIAL NUMBER

FILE NUMBER

113-E-588

OFFICIAL NUMBER

V42620

NAME

EVANS

(Surname)

John James

(Given Names)

DATE OF BIRTH

18 Feb., 1924

PLACE OF BIRTH

Guelph, Ont.

OCCUPATION

Labourer

RELIGION

C. of E.

EDUCATION

Grade VIII

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

14 King St. East, Apt. #2,

Town

Kitchener,

Province, etc

Ont.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
										From	To	
20	7	42	Hostilities only	5'6 $\frac{3}{4}$ "	Brown	Blue	Fair	Scar on left knee. Birthmark on top of head.				

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs. Mona Evans

ADDRESS (in pencil): Street and No.

14 King St. E., Apt. #2,

Town

Kitchener,

Province, etc

Ont.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
24	2	44	Awarded C.V.S.M. (R&C) 249A A 10266	11	1	43	Qual Anti-Gas 1 day (249A/35188)				
24	2	44	" 1939-1943 Star "	8	2	43	Marked "TR" (249A-#25326)				

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

DAYS FORFEITED

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received

Last Will &amp; Testament Dated 20-7-42 Received

SECOND CLASS FOR CONDUCT

From

To

**FILM**  
NO. WSP 83-94-6  
**DATE**

**W.S.G.**  
APPLICATION  
8301  
RECEIVED

V42620

OFFICIAL NUMBER

NAME EVANS  
(Surname)

John James  
(Given Names)

OFFICIAL NUMBER

V42620 **P.I.B.**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. "Prevost"	Ord. Smn.	20	7	42	Div. Str. LONDON	V.G.	Sat.	31	12	42							
" "	"	27	7	42	Active Service D.L. 28.7.42	V.G.	Sat.	31	12	43							
"Queen Charlotte"	"	5	8	42	D.L. 7.8.42	V.G.	Sat	24	11	44							
Cornwallis	"	8	12	42	O.C. D.L.												
Stadacona.	"	9	2	43	D.R.D.#H-634.												
Shawinigan.	"	10	2	43	D.R.D.#H-638.												
	Able Seaman	27	7	43	Rated. 249A 5856												
DISCHARGED	"	24	11	44	"Missing" per Casualty List (Presumed Dead)												

GENERAL REMARKS

Canadian Memorial Cross awarded to:  
Mother: Mrs. Mona Evans,  
14 King St. E., Apt 2,  
KITCHENER, Ont. to date  
26th March, 1945.

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK		
18	7	24	11	900	0	30	1	1	57	05	0	16	0	08195		
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			
20	07	42	27	07	42					2530	0	08	94			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
27	07	43	13	00	00		0.74			78						





VERIFICATION FORM

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

NAME ..... A.B. ..... OFF. NO. V-42620 ..... ADDRESS .....

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

VERIFIED BY ..... *[Signature]* .....  
*[Signature]*

DIR. OF PERSONNEL RECORDS.

TFH/C

REGISTERED  
AIR MAIL

N.S. V-42620 PERS. (N)

28

7 December, 1944.

Dear Mrs. Evans:


Further to my letter of the 29th of November, 1944, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "SHAWINIGAN", a Royal Canadian Navy corvette, was lost while on operational duty at sea. Seven officers, including her Captain, Lieutenant W. J. Jones, R.C.N.R., and seventy-eight ratings are missing. The bodies of five other ratings have been recovered and identified. There are no known survivors.

It is requested that you will regard this information as confidential until an official announcement is made.

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

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mrs. Mona Evans,  
14 King St. East, Apt. 2,  
Kitchener, Ont.

A.S.  
J  
R.T.

113-E-588

M.F.M. 16A  
200M-11-40 (8110)  
H.Q. 1772-39-1665

5

CANADIAN ACTIVE SERVICE FORCE

P198991

SERVICE: MILITARY OR AIR

(.....NAVAL.....)

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

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

1. Surname of applicant.....EVANS.....

2. Full Christian name or names.....John James.....

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

3. Official Number..... 4. Rank.....Ordinary Seaman.....

5. Unit, Station, or Establishment.....H.M.C.S. "QUEEN CHARLOTTE".....

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

6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay.....July 20th, 1942..... D.O. No.....d/.....

7. (If "Officer") (a) Date of appointment..... D.O. No.....d/.....

(b) Date reported for duty..... D.O. No.....d/.....

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

8. Are you a member of the permanent forces, <sup>Naval Service</sup> ~~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.....

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

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. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....NO.....

(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension....."

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....Rubber Worker.....

.....\$720.00.....

12. Name of dependent.....Evans.....Mona.....Mrs. ✓  
Surname Christian Name Mr. Mrs. or Miss

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

13. Address .....14 King St. East. Kitchener, Ontario..... ✓

14. Age of dependent.....40..... 15. Relationship .....Mother.....

Questions 16 to 23:  
Have a bearing on  
the eligibility for the  
allowance and the  
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

With son Evans John James 14 King St. E. Kitchener, Ont.  
State name, address and relationship to dependent

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

(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.....Not Strong Enough.....

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

.....3 1/2 Years.....

21. Are you the sole or partial support?.....Sole.....  
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.....\$90.00 Per month.....

.....\$540.00 Total for 6 Months.....

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

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?.....NO.....  
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.

Question  
(If "SO  
teen da  
month  
signed  
If 15 d  
month  
signed  
wife an  
addition  
per mo  
assigned  
pendent.  
(If "OF  
days' p  
must b  
this dep

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
Joanne Marie Evans	Kitchner Ont	2	NONE	Single
George A. Evans	Kitchner Ont	16	Working	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.

George Evans contributes about \$4.00 per week  
 \$96.00 for 6 Months.

(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 ..... \$ 16.00	Workmen's Compensation Award ..... \$
Contributions and allowances from other members of family. \$	Widow's Pension ..... \$
Insurance ..... \$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) ..... \$
Dividends from shares, bonds, etc. .... \$	..... \$
Interest on loans or mortgages. .... \$	..... \$
Rentals. .... \$	..... \$
Other ..... \$	..... \$
Total ..... \$ 16.00	Total ..... \$

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

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

15 days' pay \$ 19.00

29. Date assigned pay effective 1st August, 1942

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

NO

[OVER]

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

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

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

I certify that the above is a true statement.

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

*John J. Evans*  
Signature of Applicant

Date August 10th, 1942

Treasury Officer

Establishment, unit or station

H.M.C.S. "QUEEN CHARLOTTE"

Place CHARLOTTETOWN

*Witness*  
*S. W. Ford*

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

D.K.  
For Allot. Acc.  
*[Signature]*

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "SHAWINIGAN"

REGISTRATION No.	DATE OF DESPATCH
<b>MEMORIAL BAR</b>	
DATE DESP	(1)
REGN. NO	2267

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Mona Evans - Mother

ADDRESS: 14 King St. East, Apt. # 2,  
KITCHENER, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs M. Evans  
14 King Street East, Apt. #2  
KITCHENER, Ont.

ADDRESS:

(2)

(3)

26 March 1945



DECEASED 24 Nov. 1944

## AWARDS NAVY

D.D.

EVANS	John James	V-42620	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	1268
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)