



CANADA

P088143

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

DEPT.
NATIONAL DEFENCE

NOV 27 1940

NS 113 B1296
CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BURROUGHS OFFICIAL NO. V17304
CHRISTIAN NAMES Walter Payne MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
Mitchell, Ontario		Methodist
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
February 19th, 1919	Town Mitchell	Mrs Florence Burroughs,
	County	mother, same address
	Province	
	Ontario	

*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 <u>5</u>	Inflated <u>40</u>	Brown	Brown	Med	Nil
Inches <u>10 1/2</u>	Deflated <u>36</u>				
<u>166 1/2</u>	Mean <u>37</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
18th November, 1940	Ord. Smn.	Butter Maker, Wilgrove Creamery
R.C.N.V.R. Division (or other establishment) at which enrolled	London	

(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 Perth Regiment (M.G.) for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division
Perth Regiment	Gunner	Aug 15/40	Nov 15/40
			1. Noted in Records <u>S.M.</u>
			2. Index Card <u>S.M.</u>
			3. Non-Sub. Card <u>S.M.</u>
			4. Service Card <u>S.M.</u>
			5. Roneo Strip <u>S.M.</u>
			6. Photo Card <u>S.M.</u>
			7.
			8.
			DATE <u>28.11.40</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.

(3) On being enrolled as a member of the.....London.....Division of
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.....18th.....day of.....November, 1940.....

Signature of applicant.....W. P. Burroughs.....

(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.....18th.....day of.....November, 1940.....

.....J. R. Hunter.....
Signature of and rank of Attesting Officer.
Lt. - Lieut, R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I,.....Walter P. Burroughs.....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.....W. P. Burroughs.....

Witness.....J. R. Hunter.....
Lt. - Lieut, R. C. N. V. R.

Date.....18th November, 1940..... Rank.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Walter P. Burroughs.....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.

.....J. R. Hunter.....
Attesting Officer.

.....18th November, 1940..... R.C.N.V.R. Division.....London.....
(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.

CAMPAIGN STARS, DEFENCE MEDAL, VERIFIED
 NAVAL GENERAL SERVICE

NAME IN FULL *RIPPOUGHS, WALTER PAYNE* RANK/RATING

SHIP	SERVICE			AREA	FROM
	FROM	TO	DAYS		
<i>London</i>	<i>9.12.40</i>	<i>21.4.40</i>			
<i>Saskatoon</i>	<i>30.7.41</i>	<i>9.8.41</i>	<i>11</i>	<i>Atlantic</i>	
<i>Ottawa</i>	<i>22.8.41</i>	<i>13.9.42</i>	<i>387</i>	<i>Atlantic</i>	
<i>Discharged</i>				<i>"Dead"</i>	<i>to</i>
			<i>13.9.42</i>		

VERIFIED BY *R. Drake*

VERIFIED BY

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

/RATING *AB* OFF.NO. *V/17304* 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	<i>star</i>
							ATLANTIC	1	<i>star</i>
<i>Tic</i>							FRANCE G.		
<i>entire lost</i>							AFRICA		
							PACIFIC		
<i>ad^b to date</i>							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*
[Signature]

V-17304

TRUE COPY
OF THE
CERTIFICATE of the Service of

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

BURROUGHS Walter Payne
IN THE ROYAL CANADIAN NAVY

<i>Halifax N.S.</i>	<i>RENAVY</i> <i>LONDON</i>	Official Number <i>V 17304</i>
Date of birth <i>February 19th 1919</i>	Nearest known Relative or Friend (To be noted in pencil)	
Where born { Province <i>MITCHELL ONTARIO</i> Town or county <i>MITCHELL ONTARIO</i>	Name: <i>FLORENCE BURROUGHS</i>	Relationship: <i>MOTHER</i>
Trade brought up to <i>BUTTER MAKER</i>	Address: <i>SAME ADDRESS</i>	
Religious denomination <i>METHODIST</i>		
Date passed swimming test		
Man's signature on discharge to pension }		

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>SEPT 27/40</i>	<i>NOV 18/40</i>	<i>HOSTILITIES</i>	5. <i>and so on</i>		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....	<i>5</i>	<i>10 1/2</i>	<i>37</i>	<i>BROWN</i>	<i>BROWN</i>	<i>RED</i>	<i>nil</i>
On advancement to man's rating or on entry under 28 years.....							
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name BURROUGHS Walter Payne

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
1940 RESUR LONDON	-	-	DEC 9	apr 21	<i>Drifted to Stadacona</i>
'41 Stadacona	-	-	22 apr	29 July	
'4 VENTURE (ackatoo)	-	-	30 JULY.	8 AUG.	
" Stadacona	-	-	10 AUG.	21 AUG.	
" Ottawa	-	-	22 AUG '41	20 DEC '41	
" Ottawa	-	-	21 DEC '41	13 Sept 42	R.D.

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature

Date
3/6/41
14/7/41

A-80

6

M.F.M. 16A
100M-6-40 (5692)
H.Q. 1772-39-1665

DEPT
NATIONAL DEFENCE

JUN 21 1941

N.S. 113 B/1296
CANADA

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(NAVAL)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16 **P 75828**

The names required by Questions 1, 2 & 3 must be shown in black capitals.

- 1. Surname of applicant **BURROUGHS**
- 2. Full Christian name or names **WALTER P.** 3. Age **22**
- 4. Official Number: **V. 17304** 5. Rank **ORDINARY SEAMAN**
- 6. Unit, Station, or Establishment **STADACONA**
- 7. Date appointment or enlistment **15th August 1940**

Question 8: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 8. Date reported for duty **9th December 1940**
- 9. Are you a member of the permanent forces, military or air? **NO**
If so (a) State permanent establishment, unit or station
..... (b) Are you receiving permanent force rates of pay and allowances? **YES**

Questions 10 & 11: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

- 10. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment **NO**
- 11. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month **NO**
- 12. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment **BUTTER MAKER.**
EMPLOYED FULL SIX MONTHS. TOTAL EARNINGS \$450.00

13. Name of dependent **BURROUGHS** **FRANK** **MR.**
Surname Christian Name Mr. Mrs. or Miss

Question 14: Give street name and number or post office box number, R.R. No. city, town or village and province.

14. Address **MITCHELL, ONTARIO.**

15. Age of dependent.....59..... 16. Relationship.....FATHER.....

Questions 17 to 30
Have a bearing
on the eligibility for
the allowance and the
amount payable.

17. With whom did the dependent reside in the 6 months' period preceding your enlistment?
(WIFE) MRS. FLORENCE BURROUGHS. MITCHELL, ONTARIO.
State name, address and relationship to dependent

18. With whom will the dependent make his or her home hereafter?.....SAME.....
(State relationship)WIFE.....

19. 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

20. 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.....PERMANENTLY DISABLED / FALL.....
.....DR. K.W. McLANDRESS, MITCHELL, ONT.....

21. From what date have you been contributing to the support of this dependent?.....
.....SINCE 1934.....

22. Are you the sole or partial support?.....PARTIAL.....
State whether sole support or partial support

23. (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.....\$20.00 PER MONTH.....
.....TOTAL OF \$120.00.....

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings?.....RECEIVED BOARD & LODGINGS.....
.....IN RETURN.....

24. 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?.....
.....
.....

25. Is the dependent your mother, step mother or foster mother?.....NO.....
state which

26. Is your father, step father or foster father living?.....YES.....
Yes or No
If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons, and give his age.
.....REASONS STATED ABOVE.....

27. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
DORLAND	MITCHELL, ONT.	31	TRUCK DRIVER	SINGLE
JACK	THOROLD, ONT.	29	BUTTER MAKER	SINGLE
MARGARET	41 THOMAS CRESC. TORONTO	24	STENOGRAPHER	SINGLE
FRED	41 THOMAS CRESC. TORONTO	19	CLERK	SINGLE

28. (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.

DORLAND \$15.00 PER MONTH

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

AWAY MOST OF THE TIME.

(c) Did any of the above relatives serve during the South African War 1899-1902 or during the First Great War? NO.

Yes or No

If "yes" give name and unit or regimental number

29. 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.

		REMARKS
Insurance Annuity	\$ ----	
Dividends or Interest on Bonds and Shares	\$ ----	
Interest on Mortgages or Loans	\$ ----	
Rentals	\$ ----	
Workmen's Compensation*	\$ ----	
Old Age Pension*	\$ ----	
Mother's Allowance	\$ ----	
War Pension No.*	\$ ----	
War Veterans Allowance No.*	\$ ----	
Applicant's Assigned Pay	\$ 23.00	
Other Assigned Pay	\$ ----	
Other Family Contributions	\$ 15.00	
Other Income	\$ ----	
Total	\$ 38.00	

*Give Pension No. if in receipt of Pension.

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

30. What amount of pay have you assigned per month on behalf of this dependent? \$23.00 15 days' pay.

[OVER]

31. Date assigned pay effective..... **1st JULY 1941**

32. Have you made a prior assignment of pay. If so state number of days and to whom
..... **NO**

33. 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.

I certify that the above is a true statement.

A. Wright
Paymaster

~~X~~
Rank

W. P. Bennoughs
Signature of Applicant

Date..... **17th JUNE 1941**

Establishment, unit or station

STADACONA

Place..... **HALIFAX, N. S.**

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

00.33
Total

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

23 September, 1942.

(Date)

Sir:

The following casualty has been reported -

19

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
BURROUGHS, Walter Payne	Able Seaman,	V.17304, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> - 19th November, 1940. Active Service: 9th December, 1940.		
<u>DATE OF DISCHARGE</u> - 15th September, 1942.		
<u>HOSPITAL</u> - _____ (If discharged in hospital under jurisdiction of D.P. & N.H.)		
<u>SERVICE</u> - Canada & High Seas. (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		

Reason for discharge and when and where any disability was incurred; or where death occurred.

"DEAD" - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".

(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 -

<u>RELATIONSHIP</u>	Father	<u>NAME</u>	Mr. Frank Burroughs
<u>ADDRESS</u>	MITCHELL, 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.

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

\$ 23.00	PAID TO WIFE stop paid 30th Sept 1942	
<u>MARRIAGE ALLOWANCE AT \$</u>	Nil	<u>PER DIEM PAID TO</u> - Nil
<u>DEPENDENTS ALLOWANCE AT \$</u>	Nil	<u>PAID TO</u> Nil
<u>TOTAL MONTHLY PAYMENT TO - WIFE \$</u> _____		

Computed by RL DEPENDENTS \$ _____
Checked by Wiley

Not in receipt of Dependent's Allowance
The Secretary,
The Canadian Pension Commission.

R. A. ...
SECRETARY,
NAVAL BOARD.

(See reverse side for further instructions.)

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

LA/RK

N.S. 113-R-1296

17th November, 1942.

26

THIS IS TO CERTIFY that according to official information Walter Payne Burroughs, Able Seaman, Official Number V-17304, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

Red
SECRETARY, NAVAL BOARD.
H.M.C.S.

V17304

OFFICIAL NUMBER

FILE NUMBER 113-B-1296

OFFICIAL NUMBER V17304

NAME BURROUGHS (Surname) Walter Payne (Given Names) DATE OF BIRTH 19th February, 1919

PLACE OF BIRTH Mitchell, Ont. OCCUPATION Butter maker

RELIGION Methodist EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Mitchell Province, etc. Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
18	11	40	H.O.	5'10 $\frac{1}{2}$	Brown	Brown	Med.	None	Perth Regiment	Gunner	15-8	15-11
											40	40

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Florence Burroughs
 ADDRESS (in pencil): Street and No. Mitchell Town Mitchell Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				3	6	41	Passed P.P.T. (Good)				
				3	6	41	"TR"				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
 NO. WAR 5401-3
DATE

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received.

W.S.G.
 APPLICATION
 10433
 RECEIVED 6/6/45

V17304

OFFICIAL NUMBER

NAME BURROUGHS
(Surname)

Walter Payne
(Given Names)

OFFICIAL NUMBER

V17304

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
London Div. Str.	Ord. Smn.	18	11	40		V.G.	Sat.	13	9	42	A/O.R.3	14	7	41			
Duty Div. Hdqts.	" "	9	12	40		V.G.	Sat.	31	12	40							
Stadacona	" "	22	4	41		V.G.	Sat.	31	12	41							
Saskatoon	" "	30	7	41													
Stadacona	" "	10	8	41													
Ottawa	" "	22	8	41	S.C.												
"	Able Smn.	21	12	41	Rated (249A/21730)												
DISCHARGED	" "	13	9	42	"Missing, believed killed in action" (Casualty List)												

GENERAL REMARKS

Awarded Canadian Memorial Cross to Mother: Mrs. Florence Burroughs, Mitchell, Ontario. 5 January, 1943.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL STATUS	OCCUPATION	RELIGION	PERM. RESIDENCE	PROV. ENL.	ENLISTMENT
19 11 1911	360	0	43	x-1	34	03	9 16 0 08 95
ENLIST. DATE	ACT. SERV. DATE						
16 11 40	09 12 40						0350 0 08 94
SENIORITY							024 mmm
21 12 41	09 12 00	20	13	09 42			

D OF D 13-9-42

D.D.

BURROUGHS	Walter Payne	V-17304	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6634
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 43 "OTTAWA"

(1) MEDALS
PERSON

ENTITLED TO Mr. Frank Burroughs - Father

ADDRESS:

MITCHELL, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. F. Burroughs

Mitchell, Ontario.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

(2)

(3)

5-1-43