

V18315  
**MACMILLAN**  
ALEXANDER



MAY - 6 1941

N.S. 113-MA-133

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full Alexander Macmillan (b) Reg'l. No. V 17315  
 2. (a) Arm of service NAVY (b) Unit RCAF (c) Rank SR PROR  
 3. (a) Date of birth 4 Nov 1914 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Kingsport  
 4. (a) Place of enlistment Kingsport (b) Date of enlistment 11 Apr 1941

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? NO  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 1/2 Years High Sch.  
 7. If you attended a university, give name of university and standing or degree secured NO  
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -  
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? NO

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 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 at which you actually worked. (b) State how long you had worked at this trade or occupation.  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.  
 15. Give details of last employer, if any: Name..... Address.....  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  
 17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Montano Hospital Address Kingsport  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Mental Hospital  
 20. (a) Your specific occupation Attendant (b) Number of years' experience at this occupation with any employer 2 years  
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, 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. (b) Where was it located?  
 23. (a) Number of years engaged in this business. (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? mixed  
 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 1 yr (c) In what provinces did you have experience? Ont

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO  
 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.)  
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.

DATE 5 May 1941 SIGNATURE Alexander Macmillan





|| Copy To  
VWD  
ES  
9-5-41



MEMORANDUM FOR

P. 64

Mrs. Mary H. MacMillan,  
28 Clergy Street, W.,  
Kingston, Ont.

Any further communication on this subject should be addressed to:—

THE SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO  
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 113-M-2133 FD.75

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

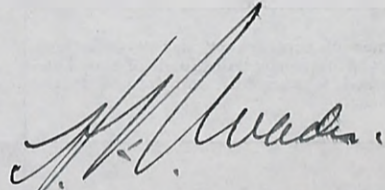
October 13, 1942, 194.....

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

MACMILLAN, Alexander, Sick Berth Attendant.

O.N. V-18315, R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.



(H.R. Wade) Lt.-Cdr.,  
for (L.M. Firth) Lt.-Col.,  
Administrator of Estates.





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 inquired for	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.....	Mary Helen Mac Millan	28	28 Clergy St. West Kingston, Ontario.
2	Children of the Deceased and dates of their Births.....	Mary Dorothy Mac Millan July 7th. 1939.	3 yrs.	28 Clergy St. W. Kingston, Ontario
3	Father of the Deceased.....	Alexander Mac Millan	-	deceased. Renfrew, Scotland.
4	Mother of the Deceased.....	Ellen Winters Mac Millan	-	(deceased) died about five yrs. ago, Renfrew, Scotland,
5	Brothers of the Deceased	Full Blood	Robert Mac Millan	2 1/2 yrs. Renfrew, Scotland now on active service in England.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Mrs. Mary Davidson, 15 Renfield St, Renfrew, Scotland Mrs. Robina Conway, 7 Burnside St, Renfrew, Scotland Miss Jessie Mac Millan, 25 Orchard St, Renfrew, Scotland Sarah Mac Millan, married name unknown, also of Scotland	
		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	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Alexander Mac Millan</i>
11	Give the month and year of his birth.	<i>November 14, 1914</i>
12	Where and when were his parents married?	<i>Glasgow, Scotland, (year of marriage) Oct 23, 1908</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>July 20, 1940, Kingston, Ontario.</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	— — —
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	— — —

PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>Glasgow, Scotland</i>
17	In what Province, Country or State did he reside, and in which last?	<i>Ontario</i>
18	How long in each?	<i>About 12 years in Ontario having lived in Scotland previously</i>
19	What was the nature of his employment?	<i>Male nurse</i>
20	Did he own the house or homestead in which he lived? If so, where?	<i>Was a tenant in a rented house.</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	—
22	State <u>your</u> postal address in full.	<i>28 Clergy St. West, Kingston, Ontario.</i>

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.



DECLARATION

\*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mary Helen MacMillan {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mary Helen MacMillan {Name of Informant} is the \* widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Kingston this 20<sup>th</sup> day of October 19 42

Signature of Clergyman, Priest or Magistrate } J. G. O'Hill Qualification: Rector of St. Mary's Cathedral  
Address: 279 Johnson St. Kingston Ont.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.





CANADA

N. V. 5  
15M-2-40 (4047)  
N.S. 815-11-5

# ATTESTATION FORM

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MacMillan..... OFFICIAL NO. V. 18315.....

CHRISTIAN NAMES Alexander..... MARRIED, SINGLE OR WIDOWER Married.....

PERMANENT ADDRESS	RELIGION
<u>28, Clergy Street West, Kingston, Ontario.</u>	<u>Presbyterian</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>14, Nov. 1914</u>	Town <u>Glasgow,</u> County <u>Glasgow,</u> Province <u>Scotland.</u>	<u>Mrs. Mary H. MacMillan, (Wife)</u> <u>Same address.</u>

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u> .....	Inflated..... <u>35</u> .....	<u>Brown</u>	<u>Hazel</u>	<u>Clear</u>	<u>Appendix Scar</u> <u>Vacc upper L. arm</u>
Inches..... <u>5</u> .....	Deflated..... <u>33 1/2</u> .....				
.....	Mean..... <u>33 3/4</u> .....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Div. Str. 11, April, 1941</u> <i>Dec Dec 5 May 1941</i> <i>" " 23 June 1941</i>	<u>S.B. Prob.</u> <i>S.B.A. as per 113-M-2133</i>	<u>Hospital Attendant,</u> <u>Ontario Hospital,</u> <u>Kingston, Ont.</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..... 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.



(5) On being enrolled as a member of the Kingston. Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

~~and for the duration of hostilities~~  
(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 11 day of April 1941

Signature of applicant A. MacMillan

(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 11 day of April 1941

S. L. Hill  
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

Alexander MacMillan  
I, Alexander MacMillan 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 A. MacMillan

Witness S. L. Hill

Date 11, April, 1941 Rank Lieut.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Alexander MacMillan 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 Kingston, Ont. Division of the R.C.N.V.R.

S. L. Hill  
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.





Recheck  
Fit.  
2-1-42  
W. S. Burton

# Certificate of Medical Examination of Officers, Men and Boys

## 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 Alexander MacMillan

‡ candidate for entry as S.B.A.

and I believe him to be \* in all respects fit for His Majesty's Service.  
unfit for His Majesty's Service for the reason stated below. } He has signed the Certificate given below in my presence.

‡ Strike out if inapplicable. \* Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

**Urinalysis: negative**

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
25-4	136½	5 5	Good	35 33½ 33¾	right eye 6/6 left eye 6/9 *colour vision Normal	1920	Normal	Normal	Normal	Normal	Normal	Normal	2 deficient	normal

\*If colour vision is not normal by Ishihara test degree of colour blindness to be indicated.

X-ray { Not taken.  
Approved.  
Positive.  
Doubtful.

X-Ray

Negative. W. S. Burton  
G.S. Burton, Capt. RCAMC.

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY 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, vaccination, or inoculations as may be authorized.

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡ Strike out if inapplicable.

A. MacMillan  
Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

~~.....~~

\* { which renders him medically unfit for service,  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

\* Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at Kingston, Ontario, the 8 of April 19 41

H. C. Burleigh  
Examining Medical Officer

(Rank) Captain



V18315

OFFICIAL NUMBER

NAME MAC MILLAN  
(Surname)

Alexander  
(Given Names)

OFFICIAL NUMBER V18315

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
Kingston Div. Str.	S.B. Prob.	11	4	41		V.G.		13	9	42							
Duty Div. Hdqtrs.	" "	5	5	41		V.G.	Sat.	31	12	41							
" " "	S.B.A.	25	6	41													
Stadacona	" "	6	1	42													
Ottawa	" "	9	3	42	Rated Ldg. S.B.A. 15-8-42 (memo 28-8-42)												
DISCHARGED	Ldg. S.B.A.	13	9	42	"Missing, believed killed in action" (Casualty List)												

GENERAL REMARKS

Canadian Memorial Cross to:  
Wife: Mrs. Mary H. MacMillan,  
28 Clergy St., W.,  
Kingston, Ont. 24/11/42.

DATE OF BIRTH	PLACE	CIVIL OCCU.	RESIDENCE	PREV. ENL.	RANK OR RATE
BY MO YR	BIRTH	MAIN SUB (1815)	2-CITY TOWN/SEV/ DIV.	A BR. IRANK	
14 X 11/22	72510	50 X 1/13	61	0 05	0 R4 95
ENLIST. DATE	ACT. SERV. DATE	ALL SERV. DATE	SHIP	ESTAB.	A BR. BANK
BY MO YR	BY MO YR	BY MO YR			
11 04/41	05/05/41			0550	0 R4 95
SENIORITY	STR.	NON-SUB		CODED	CHECKED
BY MO YR	STR.	A B ST.			ER
13 09/42	09	00 00	20	13-09-42	7/25/41



V18315

OFFICIAL NUMBER

FILE NUMBER 113-M-2133

OFFICIAL NUMBER V18315

NAME MAC MILLAN (Surname) Alexander (Given Names) DATE OF BIRTH 14 Nov. 1914PLACE OF BIRTH Glasgow, Scotland OCCUPATION Hospital AttendantRELIGION Pres. EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 28 Clergy St. N. Town Kingston 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
11	4	41	H.O.	5'5"	Brown	Hazel	Clear	Appendix scar. Vacc upper lt. arm.				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Mary D MacmillanADDRESS (in pencil): Street and No. 28 Clergy St N Town Kingston 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	
				10	8	42	Qualified for Idg. S.B.A.				

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  
O. WSR-5418-7  
DATE

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

SECOND CLASS FOR CONDUCT  
From To





DECEASED 13 September 1942

## AWARDS NAVY

D. D.

MACMILLAN	Alexander	V-18315	L/SBA.	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	215-7
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "OTTAWA" Mar. /43. - R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO

Mrs. Mary H. MacMillan - Widow

ADDRESS:

28 Clergy Street, W.,  
Kingston, Ont.

13-8-48

(1)

(2) MEMORIAL CROSS

WIDOW

Mrs. Mary H. MacMillan

ADDRESS:

28 Clergy Street West  
KINGSTON, Ontario

(2) 25 November 1942

(3) MEMORIAL CROSS

MOTHER

DECEASED

ADDRESS:

(3)

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

1832







## CERTIFICATE of the SERVICE of

.....Alexander MacMILLAN.....

### in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V. 18315</i>
<i>Halifax</i>	Kingston, Ont.	“
		“

Date of Birth..... <i>14, Nov. 1914</i> .....	Name and Address of Nearest Relative or Friend <small>(in pencil)</small>  <i>Mrs. Mary H. (Wife)</i>  <i>Same Address</i>
Place of Birth..... <i>Glasgow, Scotland.</i> .....	
Place of Residence..... <i>28 Clergy St. W. Kingston, Ont.</i> .....	
Trade brought up to..... <i>Hospital Attendant.</i> .....	
Religion..... <i>Presbyterian</i> .....	

Can Swim:—P.P.T. Date..... <i>19</i> .....	Signature.....	Rank.....
P.S.T. Date..... <i>19</i> .....	Signature.....	Rank.....

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>Div. Str.</i>	<i>11, Apr, 41</i>	<i>Hostilities</i>	<i>S.B. Prob.</i>			
<i>Ret. Ser</i>	<i>5 May 1941</i>	<i>1 year</i>	<i>S.B.P.</i>			
	<i>25 June 41</i>	<i>11</i>	<i>S.B.A.</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>5</i>	<i>33 3/4</i>	<i>136 1/2</i>	<i>Brown</i>	<i>Hazel</i>	<i>Clear</i>	<i>Appendix scar. Vacc scar upper L. arm</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











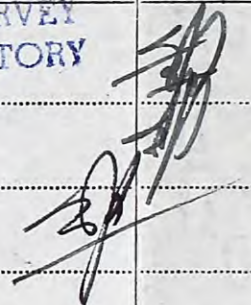
Official No. V. 18315

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered Enrolled: 11, April, 1941  
 When entered .....  
 Date of Birth 14, November, 1941  
 Age at entry 25 years

NAME  
Alexander MacMillan.

Where Born Glasgow, Scotland  
 Previous Occupation Hospital Attendant.

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalided, where? and when?	Medical Officer of Hospital's Initials
S.B. Prob.	H.M.C.S. "KINGSTON."	V 18315	June 2/41	T.A.B.T.	1cc.	A				RAY SURVEY SATISFACTORY	
			June 10/41	T.A.B.T.	1cc.						
			June 19/41	T.A.B.T.	1cc.						
S.B.A.	H.M.C.S. "Ottawa"			Discharged Dead:		"Missing, believed killed in action"					
				Date of Death:		September 13, 1942					
				M.C. 2011.							











R.C.N.V.R.

3-7771-5

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.

Alexander Mac Millan IN THE ROYAL CANADIAN NAVY V.R.

Halifax Kingston, Ont. Official Number V. 18315

Date of birth 14, Nov. 1914. Where born Glasgow, Scotland. Trade brought up to Hospital Attendant. Religious denomination Presbyterian.

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

Table with 6 columns: Date of actually volunteering, Commencement of time, Period volunteered for, Date of actually volunteering, Commencement of time, Period volunteered for.

Medals, Clasps, Etc.

Table with 4 columns: Date received or forfeited, Nature of decoration, Date received or forfeited, Nature of decoration.

Table with 5 columns: Description of Person, Stature (Feet, In., Chest, In.), Colour of (Hair, Eyes, Complexion), Marks, Wounds and Scars.











# CONDUCT SHEET.

NAME *MacMillan, Alexander*

RATING *S.B.A.*

PORT DIVISION and OFFICIAL NUMBER

*Kingston*  
*V 18315*

NAME OF SHIP.	Date of Entry.	No. of G.C. Badges held.	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5). If conduct is not "very good" insert "Nil."	Class for Conduct.		Class for Leave.			Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8).			Efficiency. (Art. 607).	For Art. 413 ratings only. (See Notes 5, 6 and 7.)		Ship Discharged to (giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge).	Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9).	R.M.G. or R.R. (where applicable).	Commanding Officer's Signature.
				If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	If in 2nd class, insert date from which entitled to restoration to 1st class. (Art. 573, cl.2)	From.	To.	Character Assessment.	Whether recommended for advancement (Must be fit for immediate advancement, and fully qualified).	Whether recommended with a view to accelerated advancement. (Must also be fit for immediate advancement but not necessarily fully qualified).								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
<i>Kingston</i>	<i>11 Apr 1941</i>		<i>5 May 41</i>	<i>1</i>	<i>1</i>	<i>1 May 41</i>	<i>1 June 1942</i>	<i>V.G.</i>	<i>Sat.</i>	<i>Yes.</i>	<i>Stadacona</i>							
<i>Stadacona</i>	<i>6 Jan 42</i>			<i>1</i>	<i>1</i>	<i>6 Jan 1942</i>	<i>9 March</i>	<i>V.G.</i>	<i>Sat.</i>	<i>NY(NQ)</i>	<i>No</i>	<i>Ottawa</i>						

*W. H. P.*  
*A. Adams*

## NOTES.

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15).
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
  - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a seagoing ship, will count as a seagoing recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
  - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
  - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII., Part 1, para. 10) in relation to the individual rating concerned.
- Advancement to Acting rating.**—The rating and date on which a man is *actually* advanced to the Acting Leading or Acting Petty Officer rate in the Seaman, Signal, Telegraphist or Stoker branch, or to Acting Sailmaker are to be noted across columns 11 & 12. If, in accordance with Note 1 or otherwise, the conduct sheet is destroyed prior to the man's confirmation, the notation is to be transferred to the new conduct sheet.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S.507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S.507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S.507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.A.s, E.A.s, O.A.s, C.P.O.s, P.O.s and Leading Ratings of the Seaman, Signal, W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No."







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

RATING *1st Lt. S.B.A.* OFF. NO. *V-18315* 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>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*  
*LM*

BY ..... DIR. OF PERSONNEL RECORDS.



P290512

113-m-2133



# ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

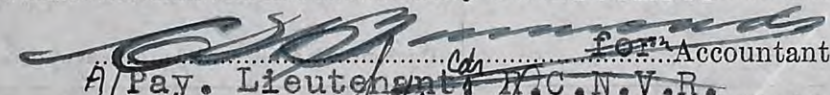
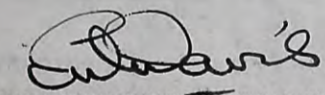
Name MacMillan, Alexander Rating L/S.B.A.  
 Official No. V-18315 H.M.C.S. "OTTAWA" List 502/6  
 Who\* D.D. on the 13th September 1942

	\$	cts.
Net sum due on ledger on account of Wages.....	64	71
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Ninety five dollars</u> charged to <u>30. Sep.</u>		
Name of ship from which transferred <u>"OTTAWA"</u>		
Total† <u>Creditor</u>	64	71

52

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "OTTAWA" amounting to a net balance† Creditor of Sixty four dollars dollars seventy one cents.

Dated on board H.M.C.S. "Avalon" at St. John's Newfoundland this Thirteenth day of November 1942.

Approved  for Accountant Officer  
 Pay. Lieutenant H.C.N.V.R. Initials of the Assistant Accountant Officer  
 PAY LIEUTENANT R.C.N.V.R.  
 Lieut. Commander, R.C.N.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate  
 No.....to.....  
 Signature.....  
 Date.....19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 ‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.









CANADA

# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-M-2133

1st October, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
MacMILLAN, Alexander, Sick Berth Attendant, O.N. V-18315, RCNVR	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Wife: Mrs. Mary H. MacMillan, 28 Clergy Street W., KINGSTON, Ontario.

<u>In favour of:</u>	<u>ALLOTMENTS IN FORCE.</u>	<u>Amount.</u>	<u>Initials.</u>
(wife)	Mrs. Mary H. MacMillan 28 Clergy Street, W., Kingston, Ontario.	\$95.00	V.M.G.
Mrs. Mary H. MacMillan	Marriage allowance	1.55 \$1.95	



WILL: No record.

Yours truly,

*R. A. ...*  
SECRETARY, NAVAL BOARD,  
*per [signature]*

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
OTTAWA.



Name *Mac Mellon, A.* .....

Sub-Rating and Seniority *S: B: A* .....

O.N. *V 18315* S.B. No. .... W.B. No. ....

Joined Ship *5 May 41* from *Shore* .....

Engagement: Period *Duration* Expires .....

Date of Birth *14 Nov 1914* Religion *Presbyterian* .....

Character *V. E.* Efficiency *3 sub* Date *5 Jan 42* .....

Badges ..... Class for Conduct *1* Class for Leave *1* .....

Date due for: Next Badge .....

Progressive Pay .....

L.S. & G.C. Recommended .....

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt. 1 .....

Higher Educ. Test. ....

Professional for higher Sud-rating .....

do Non-Sub. ....

Any Non-Service Attainments .....

Swimming Qualification .....

Athletic capabilities .....

General Remarks (including intelligence, energy, initiative, powers of command).

H.M.C.S. "*Cataraque*" .....

*W. Hill*  
Officer of Division.

Date *5 Jan 42* .....

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.  
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.  
 (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.



# ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects  
and the other Credits of Men Discharged to the  
Shore, D. D. or Run

Name MacMillan, Alexander Rating L/S.B.A.  
 Official No. V-18315 H.M.C.S. "OTTAWA" List 502/8  
 Who\* D.D. on the 13th September 19 42

Net sum due on ledger on account of Wages.....	\$	cts.
	64	71
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Ninety five dollars</u> charged to <u>30 Sep.</u>		
Name of ship from which transferred <u>"OTTAWA"</u>		
Total †.....	64	71

50

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "OTTAWA" amounting to a net balance † Creditor of Sixty four dollars dollars seventy one cents.

Dated on board H.M.C.S. "Avalon" at St. John's Newfoundland this Thirteenth day of November 19 42.

Approved [Signature] Accountant Officer  
[Signature] H/ Pay. Lieutenant, R.C.N.V.R. Initials of the Assistant Accountant Officer  
[Signature] PAY. LIEUTENANT R.C.N.V.R. Commanding Officer.  
[Signature] Lieut. Commander, R.C.N.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate  
 No.....to.....

Signature.....

Date.....19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

**C.N.S. 46**



## - NAVAL SERVICE -

1st October, 1942.

36

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
MacMILLAN, Alexander, Sick Berth Attendant, O.N. V-18315, RCNVR	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Wife: Mrs. Mary H. MacMillan, 28 Clergy Street W., KINGSTON, Ontario.

<u>In favour of:</u>	<u>ALLOTMENTS IN FORCE.</u>	<u>Amount.</u>	<u>Initials.</u>
(wife) Mrs. Mary H. MacMillan	Mrs. Mary H. MacMillan 28 Clergy Street, W., Kingston, Ontario.	\$95.00	V.M.G.
	Marriage allowance	\$1.55 <del>\$1.75</del>	

WILL: No record.

Yours truly,

*R. C. Robertson*  
SECRETARY, NAVAL BOARD,  
*per [signature]*

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
OTTAWA.



19th September, 1942. 33

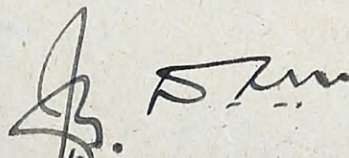
Dear Madam,-

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your husband Alexander MacMillan, Sick Berth Attendant, R.C.N.V.R., O.N. V-18315, is missing believed killed in action.

It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your husband is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, 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 truly,



Deputy Secretary, Naval Board.

Mrs. Mary H. MacMillan,  
28 Clergy St.,  
KINGSTON, Ontario.





P 53245

113-207.2133

ORIGINAL

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... MACMILLAN	Prob.	V18315	\$1.35
	Christian Names..... Alexander	S.B.A.		

NAME OF WIFE OR GUARDIAN	Noted in Service Records by	ADDRESS
Surname..... MAC MILLAN	<i>[Signature]</i>	28 Clergy St. West, Kingston, Ontario.
Christian Names..... Mrs. Mary Helen		

Date of Mar.: July 20th, 1940.

Name	Sex	Date of Birth	Attains majority
(1) Mary Dorothy MacMillan	Female	7th July, 1930	7th July 1956
(2).....			
(3).....			
(4).....			

**M/A APPLICATIONS**

Initials	Date
<i>[Signature]</i>	17/5/41
<i>[Signature]</i>	17/5/41
<i>[Signature]</i>	17/5/41

Ent'd. in Birth Record Ledger  
Ent'd. on M/A Card  
Ent'd. in Allotment Ledger

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

Signed in the presence of:

Signature..... *[Signature]*  
Rank or Rating..... Prob. S.B.A.

Marriage Allowance in force per diem..... *nil*  
Marriage Allowance claimed per diem..... \$1.00 *OK*

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

*Mar. Cert. & proof of birth produced - D.F. - 14.5.41*

*[Signature]*  
Lieut. R.C.N.V.R.  
Commanding Officer.

This amount per day has been credited from..... *May 5th*..... 19*41*  
at List..... No..... Ledger ending..... *Kingston Dist. Ledger*..... 19*41*

Allotment of \$..... *56.00*..... in force from the month of..... *May*..... 19*41* in accordance with regulations.

*[Signature]*  
D.M.A.  
Accountant Officer.

THE NAVAL SECRETARY,  
Department of National Defence,  
Ottawa.

H. M. C. S..... *[Signature]*  
Forwarded..... *14-5-41*



This form is for the use of applicants for entry as Officer, Engine-Room Artificer or Engineman, Artisan, Clerical, or Sickberth rating, in the R.C.N.R. or R.C.N.V.R. It may also be sent in by Seamen and Stokers of the Mercantile Marine who wish to enter the R.C.N.R. in those ratings. Other ratings will only be entered through R.C.N.V.R. Divisions where they must present themselves in person, and applications forwarded on this form will not be considered.

APR 3 1941  
62212M

DEPT. OF NATIONAL DEFENCE

CANADA

2

**OFFER OF SERVICE FOR HOSTILITIES (NAVAL)**

Name MacMillan, Alexander Address 28 Clergy Street W  
Surname Christian Names Town or City Kingston, Ontario.

Nationality Scottish Telephone No. 3012R (Neighbour)  
if not a natural-born British subject give full details on back

Date and place of birth 14, Nov, 1914 Glasgow Rank or rating last held (if any).....  
Scotland

Class and No. of any Mercantile Marine Certificate held.....  
Masters, Mates or Engineers

Class and No. of any Stationary Engineer's Certificates held.....

Brief Summary of Naval and/or Marine experience.....

(if left the sea, state below date of last sea service and give a short outline of experience since leaving the sea)

Educational standing: (state school grade attained, or matriculation, etc., senior or junior, passed, or university degree, or number of years at university stating course studied, any extra mural studies, business or technical courses taken)..... 4 1/2 Years High School

Any other special qualifications likely to be of value to the Navy..... 2 Years Attendant at  
Mention any yachting experience

Ontario Hospital. General Experience in medicine. 2 Months course

St. John's Ambulance. Waiting to try exams. 4 years Gen. Hosp<sup>3</sup> Running  
Milk Pasteurizer.

Any physical defects (especially eyesight) None

Languages spoken..... English

Profession, Trade or Occupation in Civil Life..... Medical Attendant

Are you (1) Actively pursuing your profession or trade on your own account?.....

or (2) In employment, if so, in what capacity and under what employer? Ontario Hospital

Are you applying for entry as an Officer or as a rating (i.e. in the ranks)?.....

If you cannot be accepted as an Officer (or not immediately) are you willing to enter as a rating? S.B.A.

sgnd. Alex. MacMillan Signature of Applicant. 24, March 1941 Date

**Please do not write any further with regard to this application, and do not call in person, unless requested to do so.**

**The completion of this form does not bind the applicant to accept any position offered in the Naval Service, and does not debar him from seeking a position in the other defence forces.**

In the case of candidates residing in a city where there is a Division of the R.C.N.V.R., this form must be taken to the Commanding Officer, who will interview the candidate and forward the form to Ottawa with his remarks. Certificates, testimonials, etc. should be brought.

In other cases the form should be sent to:

The Naval Secretary,  
The Department of National Defence,  
Ottawa, Ontario.

**(Certificates, testimonials, etc. should not be forwarded to the Naval Secretary. If required they will be asked for later.)**