FINLAY, PAUL WILLIAM D23650

## OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN 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	PLEASE
	(a) Print name in full	BLANK
	(a) Arm of service	
	(a) Date of birth	
4.	(a) Place of enlistment // / / / / / / / / / / / / / / / / /	
5	Section B—EDUCATION AND TRAINING  (a) State age on	
6	(a) State age on finally leaving school	
0.	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.)  If you attended a university give name of	
7.	in you attoriate a university, give name of	
	university and standing or degree secured	
	enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	(a) What languages do you speak fluently?  (b) What languages do you read well?	Frank .
_	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK-  (b) At time of en-	
	WORKING or NOT WORK- ING at time of enlistment.  Iistment of what	
	(Enter here only "Work- ing" or "Not Working", trade union or	
	as case may be; particu- professional society	
1		
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	1
	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", (b) State how long you	# 1 LONG
	state exact trade or occupation had worked at this at which you actually worked trade or occupation trade or occupation	
1 2 1	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	
15.	when you last worked fairly regularly before enlistment	
Ib.	employer, if any: Name	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	in a business of your own, state  nature and address of business	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Q	UESTIONS 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	100
37		
12	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer	
		A Market
20	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  (a) Your  (b) Number of years' experience at	
20.	specific occupation	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish	
	employment on discharge?employment on discharge?former employment?	Selection of the select
	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, (b) Where was	
	or professional practice	
4.1	engaged in this businessreturn to the same or a similar business on discharge?	7
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?to operate a farm?kind of farming?kind	
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm?	
-	Section G—MISCELLANEOUS	
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	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.	to return to school, or have you been assured of a job, etc.)	
1	State any employment preference or ambition you may have, other than indicated elsewhere in this form	
		/
	A LANGENIE	
DA	SIGNATURE SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

WAY 1 3 1942

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NA TARAN TT TOUR
 Mr William H. Finlay,
Hotel St. Maurice,
Three Rivers, Que.

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. NS 0-23650 FD 19

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

2	27 March, 194.5
For the purpose of record and in the event of the available for distribution (according to law) on account	
FINLAY, Paul Wi	illiam Lt. APR 9 1945
R.C.N.V.R.	ONAL DEL

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.

Director of Estates.

HRW/IDS

M.F.W. 77 16M-10-44 (5854) H.Q. 1772-39-972

#### 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:

egrees	RELAT	IVES	INFORMANT'S S	1 .	
egrees of Rela- tion- ship	required to be		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 Do	eceased			
2	Children of the lates of their	Deceased and Births			
3	3 Father of the Deceased		William Howard Finlay	61	St. Maurice Hotel Ltd. Three Rivers, Quebec.
4	4 Mother of the Deceased	eceased	Died October - 1939	51	
.5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased		Blanche Isabel Finlay  B. Marguerite Finlay Daigle	32	5620 Decelles Ave., Apt. 29 - Montreal, 5391 Earnscliffe Ave Montreal,
		Half Blood			
7	Names of brothers of the full or the Deceased, who are death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children

## ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

Indicate of his marriage.  PARTICULARS OF D  where deceased was born.  In order, the Province, State and/or County in which he labefore enlistment and the period of time in each.  The of employment before enlistment.  Whether he owned the premises in which he lived, and, if ere situated.  PARTICULARS OF  PARTICULARS OF  The leave a Will? If in your custody, please forward.  The deceased of the province of Quebec or in a State of the country under the laws of which there is anity of property between spouses,—was there a marriage content of the property?	Sorel, P. Q.  (a) Always in Province of Quebec. (b) (c) (d)  Lake of the Woods Milling Company  No.  Montreal, Que.,
PARTICULARS OF D  where deceased was born.  in order, the Province, State and/or County in which he before enlistment and the period of time in each.  e of employment before enlistment.  whether he owned the premises in which he lived, and, if ere situated.  place where deceased stated he intended to make his ment home.  PARTICULARS OF the leave a Will? If in your custody, please forward.  ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage ct dealing with property?	Sorel - September 28th - 1909  OMICILE  Sorel, P. Q.  (a) Always in Province of Quebec. (b) (c) (d)  Lake of the Woods Milling Company  No.  Montreal, Que.,
PARTICULARS OF D where deceased was born.  in order, the Province, State and/or County in which he before enlistment and the period of time in each.  e of employment before enlistment.  whether he owned the premises in which he lived, and, if ere situated.  place where deceased stated he intended to make his ment home.  PARTICULARS OF the leave a Will? If in your custody, please forward.  ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage ct dealing with property?	OMICILE  Sorel, P. Q.  (a) Always in Province of Quebec. (b) (c) (d)  Lake of the Woods Milling Company  No.  Montreal, Que.,
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whether he owned the premises in which he lived, and, if ere situated.  place where deceased stated he intended to make his nent home.  PARTICULARS OF eleave a Will? If in your custody, please forward.  ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage of dealing with property?	No.  Montreal, Que.,  ESTATE  No.
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PARTICULARS OF eleave a Will? If in your custody, please forward.  ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage out dealing with property?	No.
ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage of dealing with property?	No.
ied, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage ct dealing with property?	
U.S.A. or in a Country under the laws of which there is unity of property between spouses,—was there a marriage ct dealing with property?	Not Married.
have a Bank, Post Office or other deposit account? If so, ame and address of bank, etc., and the amount on deposit. wish it administered with the pay account?	Understand he had a Bank Account in Halifax, N. S. Yes.
nt of War Savings Certificates held by deceased. Indicate located.	2 - of \$5.00 each held by father at St. Maurice Hotel, Three Rivers, Que.,
nt of Victory Loan Bonds held by deceased. Indicate er registered or bearer and where located.	\$1,000.00 - Bearer. 100.00 - Registered Paul W. Fin
eased had life insurance, name companies and amount le under each policy and the person named as beneficiary	\$5,000.00 Metropolitian Life Ins. Co Payable to his Estate.
be other assets, if any, and estimated value thereof. Use on page 4 if necessary.	Consolidated - in mame of William Pa
OTHER PARTICU	LARS Finlay.
de deceased after enlistment incur any debts for:—  His own separate board and lodging while on service.  Service clothing and equipment.  emized account for each such debt should be attached reto, and if same is correct you should mark the bill oproved" and sign same. If believed incorrect, give riculars.	No.
you or any other relative paid the funeral expenses or any et thereof? If so, attach itemized accounts showing ount paid, and by whom.	No.
	e under each policy and the person named as beneficiary  be other assets, if any, and estimated value thereof. Use on page 4 if necessary.  OTHER PARTICU  e deceased after enlistment incur any debts for:— His own separate board and lodging while on service. Service clothing and equipment.  mized account for each such debt should be attached eto, and if same is correct you should mark the bill oproved" and sign same. If believed incorrect, give ticulars.  you or any other relative paid the funeral expenses or any t thereof? If so, attach itemized accounts showing

#### DECLARATION

*Insert degree of relationship for example, "Widow", "Father", statement of all the Brother", etc. *	are that all the particulars shown on this form are correct, and a trunched relatives that the deceased ever had in the degrees specified; and of the deceased.	e and completed that I am the
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.	William Howard Thilay SAINT-MAURICE HOTEL THREE RIVERS	Signature of Informant
I hereby certi	CERTIFICATE  fy that to the best of my knowledge and belief	

above described.

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public or Commissioned Officer of any

of His Majesty's Forces.

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.)

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

Qualification....

Tall

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE I understand that he was paying for another \$500.00 Victory Bond of the last issue, by salary deductions.

- (a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 affoat as may be directed, according to where my services are required.
  - (c) To provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 14th day of	April	19.42
		Lender
	0. W	
		Signature of Applicant.
The above declaration was made and signed		th
day of April 19 42		
	Signo	ture of Enrolling Officer.
(C) OATH OF	Sub-Lieutenant, ALLEGIANCE	R.C.N.V.R.
I Paul FINLAY do since	rely promise and swear (or	solemnly declare) that I will
be faithful and bear true allegiance to His Brita		
		1,1 4.
Sign	nature of Applicant	W- Linkey
Signature of Officer administering the Oath	Andskan	
Rank Sub-Lieutenant, R.C.N.V.R.		
	Date 14th April,	1942

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

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N. V. 4 N.S. 815-11-4

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## ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

Surname FINLAY Permanent Address

Christian Name Paul William 5620 Decelles Avenue,

Religion Roman Catholic Montreal, Quebec.

DATE OF BIRTH		PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th July, 1917	County Province	Sorel Quebec. Canada	Father: Mr. W.H. Finlay, c/o St. Maurice Hotel, Three Rivers, Quebec.

### PERSONAL DESCRIPTION

HEIGHT	CHEST	HAIR	₹	EYES	COM-		
Feet5	Inflated	40					
Inches. 10	. Deflated	38	Blonde		Blue	Fair	Scar R.L.Q. Scar L.L.Q.
1691	Mean	3.9					
DATE OF ENROLMENT RANK IN WHICE ENROLLED			CH M		MARRIED, SINGLE, OR WIDOWER		TRADE OR CALLING AND IN WHOSE EMPLOY
14th April		,1942 Probationar Sub-Lieuter R.C.N.V.R. (Temp)			Single		Assistant Traffic Manager Lake of the Woods Milling 460 St. John St.,
							Montreal, Quebec.

#### (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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will abide by the rules of the said Force.
  - (3) That\* (a) Knave never between and and hour between high and any Naval, Military, Areset de de l'estate hall Frier.
    - \* (b) I served in Canadian Army Reserve for the period shown, and attach my record of service.
- \* Cross out Clause not applicable.

	SERVED IN	RANK	FROM	TO			
Royal	Canadian Artill	ery Gunner	18th July,1940	30th August, 1941			

(c) I have never been rejected for 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 5. 5. 42

OVER

(Rank). SURG. LT. R.C.N.V.R.



#### COCC 1 10

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Note-Ti	his Certifi	cate is to be	completed by the Exam						Departmen	t of Nati	onal De	fence, O	ttawa.	<u></u>
	T. th	ne unde	rsigned, have	examir	nedI	TNLAY	Pa	ul Wi	lliam					2
‡ cand	data	for ent	rv oc Pi	ROB_ S/	C.T									
and I the C	belie	ve him	to be * unfit en below in i	for His	Majes	ty's Sei	vice for	the re	ason s	tated	belo	w.}E	[e has si	igned
Stand		s exami	nation has b	een mac	de in a	ccordan	ce with	the cu	irrent	Instr	uctio	ns as	s to Me	edical
a Age (Years Months	(2) Weight without	Eeet with Bare	General Development $(d)$	Chest Girth (e)	Vision by— S (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small (Date)	(2) Lungs, Heart, etc.	Abdomen, Hernia, etc.	Eimbs and Joints	(1) Skin	3 Ears and Hearing	Testes,	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
24 9/12	lbs.	ft. ins.		inches (a) maximum  (b) minimum  (c) mean	left eye *colour vision	I.S.L.A./C.	B.P. I40/86	BILATERAL HERNIOTO	NOBILAL	SCAR L.L.Q.	NORMAL	NOFILAL	3 deficient 5 defective	CLEAR
*If colo	ur vision i	is not normal ur blindness to	by Ishihara test.	RECOG	NIZE G	ROSS C	OUOUR							
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	Thi	s Candi	date is the s	ubject o	fThis	rapla ral he	ces pr	evious my Jan	unfit 21/42	med:	ical sult	date s go	ed Jan	10/42
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			OFFICIAL NUMI	BER F	ILE NUMB	3ER	10	3-F-13	4 0-23	36.50		OFFICIA	L NUMBER		
NAME	FINI (Surnan				Paul W:	illiam les)				DATE OF BIRTH		July, 1			
PLACE OF BIRTH						••••••	OCCUPAT	'ION	Assis	stant Traffi	c Manager		••••••		
RELIGION	Roman Cath		,		ATION	••••••				••••••					
RESIDENCE AT	TIME OF ENLISTME	ENT: Street and N	1o	5620 De	celles	Ave.,			Montr	ceal,	Province, et	tcQue			
Date (in figures)	ENGAGEMENTS			Height			DESCRIPT				-		Rank	1 Dot	
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Date (in figures)		Particulars			n figures)		Part	iculars		Date (in figu		P	ARTICULARS		-
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0-23650 OFFICIAL NUMBER	NAME FINLAT	Paul V (Given Na	Villiam mes)		OFFICIAL NU	MBER 0-23650
Ship or Establishment Rating	From  Day   Month  Year	Remarks	Character Efficiency	Date Day   Month   Year	Non-Sub. Rating	Qualified Re-Qualified  Day   Month   Year   Day   Month   Year
Div. Str. Montreal P/Sub.Lieut.T.	14 4 42	Appt. 30-4-42				Day Month Tear Day Month Tear
H.M.C.S. Montreal P/Sub.Lieut.T. H.M.C.S. Kings P/Sub.Lieut.T.	8     6     42       25     6     42	("Est.") for trng. and disposal)	Per Appt. 21-	-7-42		
H.M.C.S. St. Hyacinthe Sub Lieut T.	19 10 42	Per Appt. 30-10-42				
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(1)	Hotel St. Maurice.	MEMORIAL BAR  (1) DATE DESP
	ADDRESS: THREE RIVERS, Que.	·100
(2)	MEMORIAL CROSS WIDOW	REGN. NO.
	ADDRESS:	(2)
(3)	MEMORIAL CROSS  MOTHER DECEASED	(3)
	ADDRESS:	

DEDADTAGE	0	VETERANIC	AFFAIDO
DEPARTMENT	Or	VETERANS	AFFAIRS

## AWARDS NAVY

WAR SERVICE RECORDS

DECEASED 24 December 1944

D.D.

FINLAY Paul William 0-23650 Lieut

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

FILE No.

WAR SERVICE

BADGE

(CLASS)

No

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NO	UMBER AND DATE DESPATCHED	
1939-45 Star			
Atlantic Star	6248		
C.V.S.M. and Clasp			
War Medal			
	(THE REVERSE TO	BE USED FOR ESTATE PURPOSES)	

Six copies to be rendered to Naval Service Headquarters

## REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

Name. FINIAY	Faul William (Christian names in full)
Rank or Rating.	Official No
Place of Birth	Sorel, Quebec Date of Birth 26 July, 1917
Occupation in C	ivil Life Assistant Traffic Religion Roman Catholic
	s service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary	) or Reserve ratings) from 14 April, 1942 to 24 December, 1944.
Date of Death	24 December, 1944 Place of Death At sea
Cause of Death	Missing, presumed dead when H.M.C.S. "CLAYOQUOT" was  (If due to accident, violence, or enemy action, particulars to be stated briefly)
torpe	doed and sunk at sea.
•••••••••••••••••••••••••••••••••••••••	
Nearest known relative or friend.	Name Name Notel St. Maurice.  Address. Hotel St. Maurice.  THIES RIVERS, Quebec.
Date on which t	he above was informed by Ship Naval Service Readquarters: 26 Dec. 19
Date on which d	leath was registered with local Officials
In the case of I	mperial Service men, whether Active Service, Pensioner or Reserve, date on which
the prescrib	ed return was rendered to the Registrar General in London, Edinburgh or Dublin,
according to	Nationality
Place of Bu	rialDate of Burial
Capildae Location, N	umber, etc., of grave
Undertaker	employed
	Commanding Officer)

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

C.N.S. 1121 10M—6-44 (774) N.S. 7570-S-1121 By command of the Honourable the Minister of National Defence for Naval Services of the Dominion of Canada

To Lieutenant, Paul W. Finlay, R.C.N.V.R., (Temporary), --

Pou are hereby appointed

Lieutenant, R.C.N.V.R.

of His Majesty's Canadian Ship CLAYOQUOT.

Pour appointment is to take effect from 4th August, 1944.

Secretary, Naval Board

## Department of National Defence Naval Service

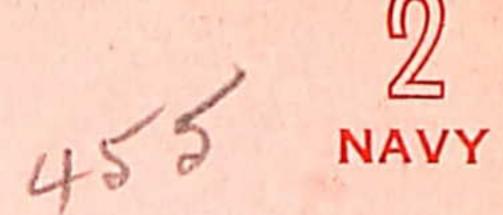
26th August, Ottawa,

KINGS add'l for short (n) H.Q. 36 15M-8-42 (5538)

Parsonie! D. co. dis Ctatis leal Oard..... J. Romeo Strip ..... C. Pension Card.....

N.S. 815-7-36

## TMENT OF NATIONAL DEFINCE



STATEMENT OF WAR SERVICE GRATUITY DECEASED Paul William FINLAY MEMBER'S REGISTER NO.8651 NAME (CHRISTIAN NAMES) (SURNAME) FILE NO. NSO - 23650 PAYEE for Service Estate of Director of Estates Paul W. Finlay FINAL RANK OR RATINGLT. (n) SERVICE NO.R. CN. V.R. ADDRESS 308 Sparks St., Ottawa Ont OF OVERSEAS SERVICE NSO / 23650 DATE OF DISCHARGEON DOOLA A. TOTAL QUALIFYING SERVICE NO. OF DAYS 231 EQUAL TO 31 COMPLETE PERIODS AT \$7.50 232.50 B. QUALIFYING OVERSEAS SERVICE 617 AYS @ 25C. PER DAY INELIGIBLE DAYS, EQUAL TO 154.25 mPA112 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL 60.90 205.66 60.90 NO. OF DAYS\_

### D. WAR SERVICE GRATUITY

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ 592.41

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS-

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_ \_OF\$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 592.41

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.



TREASURY

For Dir. Naval Pay Acctng.

SERVICE REPRESENTATIVE

## DISTRIBUTION OF SERVICE ESTATES NAVY

Estates Form "P.

JameFINLAY	Christian Names		INO	•••••••
Lioute	R.C.N.V.R.O/S			24-12-44
Rank	Unit		Da	te of Death
		AMOUNT	W.S.G.	592.41
			W.S.G. L.P.C\$	168.94
	Date		Other Credits	391.37
			Total	1152.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Williem Howard Finlay, St. Maurice Hotel Ltd., THREE RIVERS, Que.	\$576.36
1/4	Sister	Blanche Isabel Finlay, 5620 Decelles Ave., APT 29, MONTREAL, P.Q.	288.18
1/4	Sister	Mrs. Marguerite Daigle, 5391 Earnseliffe Ave., MONTREAL, Que.	288.18
		(as next of kin entitled)	
		P4. TO TREAS. 11-12-45. 2000	

			-1 11		11
AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	851	00	00	001	\$1152,72
CLASSIFIED BY			EXAM	INED BY	

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

TO: D.N.P.A. "G"

W,S.G. Application No. 8651

FILE NO. N.S. - 0 - 23650

### "WAR SERVICE GRATUITY"

#### COMPUTATION OF SERVICE

	FINLAY	Paul Willia		-23650/	1 /2
		CHRISTIAN NAMES		OFFICIAL	RANK OR RATING
		IN FULL		NUMBER	ON DISCHARGE
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	Date of Discharge	24 )ec 4	44		931
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#	Less non qualifying			m - 4 - 3	Days 93/
	service			Total	Days /5/
		OUTDOENA CTIDUT	O 57		
		OVERSEAS SERVI			
%	Total No. of Days	610			
#	Less non qualifying				
15	service			Total	Days 618
-					
T 28	Record of Service in	other Forces (p	er Naval Reco	ords)	
	Branch of Service	Anny	Green (R	)_	
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	Date of Discharge	30 Aug.	4		
#	& % Overleaf				
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	Checked By				
-			F.	or (H.B. Money)	
	Abubaa	-17	Payr	r. Cmdr. R.C.N.	R.
	DATE: **		Directo	or of Personnel	Records
	**************************************				

"O" NDA

### NON QUALIFYING SERVICE

(#) Date						
Date	 Reason	 	No.of	Days	 	
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FOR THE POST OF THE PROPERTY O

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(%) OVERSEAS	SERVICE:
0.1	

THE BOX PRODUCTOR

Where Serving	From	To	No. of Days
"Moranda"	25 JAn. 43	15 June 43 -	142-
"GA-spe"	17 Jone 43		325
"Clayoquot"	4 Avg. 44	6 MAY 441 - 24 Dec. 44-	- 143-
Nanoose	7 May 44-	14 May 44-	610
			-618 ggs

								- Land							
	PLACE Municipal civil municipal county  Municipal civil municipal ty or towns				ali-			applies to this n	Place an X over the word which plies to this municipality or this territory ity   Town   Village   Parish   Township						
DE	DEATH Street No.				Hospital or Institution										
2. LENG	GTH	(a) In hospital or institu- tion	Years   Months		(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years M	Ionths Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NA	ME	Surname	FINLAY				Do not		CONFIDEN	TIAL N	MEDICAL (	CERTIFICATE	OF DE	ATH	
OF (Block letters)							write in this space	22. Dat							
B Street Decelles Avenue								23. I H	(Month) (Day)  23. I HEREBY CERTIFY that I attended deceased from						
Z Official name of						4								10	
4. Civil municipality or township.							19 to							19	
Municipal county Province Usbocc								and	and last saw halive on19						
5. SEX   6. NATIONALITY   7. RACIAL ORIGIN   8. Single, Married,									24. CAUSE OF DEATH						
J. DEA	(Citizenship)  Widowed or Divorced (Write the word)					Immediate cause Give disease, injury or complica- (a)									
Male	AND THE RESERVE OF THE PARTY OF					tion w	Give disease, injury or complica- (a)								
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name of wife or hus- band of deceased								Morbid rise to	conditions, if	any, giv	ving (b)	hen H.H.C.			J. L.
							order	proceeding back te cause).		from { due to	was torped	nad at	nd ann	sole:	
10. BIRTHPLACE (Province or Country)								II		(c)	THE STREET		and some		
11. DATE OF JULY 26th 1917							Other tant) c	morbid condition	eath but	not	at sea.				
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DECEASED							- B								
27 5hrs. ormin.						-	III men	communicable distinctioned on this cert	pearance	••••••	1	.9			
2 13. Trade, profession or kind of work as spinner.							give	(b) Duration of diseasede						iys	
kind of work, as spinner, Lake of the soods 1111ing Cottemporer, office clerk, etc.							2.0	25. If a	woman, was there	a puerpera	al condition?				
14. Kind of industry or business, as cotton-mill,															
O lumbering, bank, etc							26. Was there a surgical operation?Date of							19	
O 15. Date deceased last spent in this occupation occupation					Stat	State findings									
17. NAME 18. BIRTHPLACE (Province or									27. If death was due to external causes (violence) fill in also the following:—						
Country)								Acc	Accident, suicide or homicide						19
FATHER								Accident, suicide or homicide							
MOTHER							Ma	nner of injury	•••••	(	How sustained)	***************************************			
(Maiden Name)															
19. Place of burial, cremation or removal								Spe	Specify whether injury occurred in industry, in home, or in public place						
							100		usery, in nome,	or in publ	re prace			***************************************	
20. Date of burial								Sign	ed						M.D.
OF		lame of parish						Addı	'ess			Date			19
TON	(b) C	Civil muni-						28. Signature of person who fills in the form   29. Name of clergyman in cha						of Regi	ster of
oipality of						(cu	rate, coro	ner, hospital author	ority, etc.)		burial was made.				
OF SIH (c) Municipal county						Con	manne	TO LE	D. N		ctor of Per	rsonn	ol Re	cords	
通 5 日 ・ 日 (d) Date 19 19 19 19 19 19 19 19 19 19 19 19 19						This sign	ature au	thorizes the collect	ctor to go	cept	T COLLAICS	cacq	ETTO	rs, o	
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S. 1320 D 20000M-7-44 (819) 7570 - S. 1320 D K. P. 13337

## NAVAL MESSAGE

THREE RIVERS

From:

NSHQ

1.23650

CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO REPORT THAT YOUR SON LIEUTENAMY PAUL.

WILLIAM FINLAY R.C.IN.V.R. IS MISSING DUE TO ENEMY ACTION

TETTER FOLLOWS

126

COMPERMATION OF DELIVERY RECEIVED 292258

L/T P/L 26/12/44 MC 1973

DRAFTED BY DPR PAYMR LIEUT T F HEARD FILE N.S.O. 23650 PERS (N)

inter !

THE MINISTER OF MATIONAL DEFENCE FOR MAYAL SERVICES DEEPLY RECRETS TO REPORT THAT YOUR SON LIBUTENAME PAUL WILLIAM FINLAY R.C.N.V.R. IS MISSING DUE TO ENEMY ACTION LETTER FOLLOWS

126

SESSES GEVILLOGE THEVILLEG TO GOTTALL TELLOG

L/T 26/12/44 MC M973

DRAFFIED BY DER PAYME LIEUT T F HEARD FILE M.S.O. 23650 PERS (M)

Contract Parks And Parks

OME

REGISTERED

MAIL

PERS. (N) FILE NO.: N.S. 0-23650

26 December, 1944.

Dear Mr. Finlay:

It is with deepest regret that I must confirm the telegram of the 26th of December, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Lieutenant Paul William Finlay, Royal Canadian Naval Volunteer Reserve, is missing due to enemy action.

The only information that can be given at this time is that your son is missing when the ship in which he was serving was lost by enemy action. Please be assured, however, that as soon as further particulars can be released, you will be informed.

It is regretted that slight hope is held for your son's survival. When it is considered, beyond all reasonable doubt, that no further hope exists and should no information be received to the contrary, an official presumption of death will be made by the Canadian Naval Authorities.

It is requested that, for security reasons, you regard the name of the ship in which your son was serving as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

Desputtement By Sec. IN. B.

Mr. William Howard Finlay Hotel St. Maurice. Three Rivers, Que.

SECRETARY, NAVAL BOARD.

Date 2 7.12.44

REGISTERED

AIR MAIL

N.S. 0-23650 Pers. (N)

29 L January, 1945.

Dear Mr. Finlay:

Further to my letter of the 26th December, 1944, details of the disaster in which your son, Lieut-enant Paul William Finlay, Royal Canadian Naval Volunteer Reserve, has been reported missing, are now being released.

H.M.C.S. "CLAYOQUOT", a Royal Canadian Navy minesweeper, was torpedoed and sunk in the North Atlantic. Three Officers and four ratings, in addition to your son, are missing.

As very slight hope is now held for your son's survival, should no information be received to the contrary, an official presumption of his death will be made within a short time.

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.

· De

Mr. William Howard Finlay, Hotel St. Maurice, Three Rivers, Que. 10

Despatched by Sec. N. B.

Date 2 9 /1/45

REGISTERED

AIR MAIL

N.S. 0-23650, PERS.(N)

14 March, 1945.

Dear Mr. Finlay:

Further to my letter of the 29th of January, 1945, I regret to inform you that in view of the length of time which has elapsed since your son, Lieutenant Paul William Finlay, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "CLAYOQUOT", the fact that all the circumstances surrounding the mishap have been carefully reviewed, and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 24th of December, 1944.

May I express sincere sympathy with you in your bereavement on behalf 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 son has helped to maintain.

Yours sincerely,

Mr. William Howard Finlay,

Hotel St. Maurice, THREE RIVERS. Que.

Despatched by Sec. N. B.

Date 14, 3. 4 5 Time. 18 20