V5657
COWLING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V5657 OFFICIAL NUMBER

NAME COWLING (Surname) Oliver (Given Names)

OFFICIAL NUMBER V5657

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Div.Str.Montreal	Ord.Smn.	22	11	39													
HMCS "Stadacona"	"	29	5	40													
HMCS "Saguenay"	"	1	8	40													
DISCHARGED	"	1	12	40	DEAD, (HMCS Saguenay Casualty List)												

GENERAL REMARKS

Memorial Cross to Mother: Mrs.Annie Cowling, St.Lambert Annex, Quebec. Que. 14-5-41.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL MAIN	OCCU. SUB	RELIGION		PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	B	RANK
23	4	18	121	380	0	30	X	2	11	08	0	69	0	08	95

ENLIST. DY.	DATE MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP ESTAB.	CX	RATE A		RANK
22	11	39	29	05	40						0410	0	08	95	

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M. ST.		CODED	CHECKED
29	05	40	09	00	00	20	01-12-40 ER		HK

V5657 OFFICIAL NUMBER | FILE NUMBER 113-C-562 | OFFICIAL NUMBER V5657

NAME COWLING (Surname) Oliver (Given Names) DATE OF BIRTH 23 April, 1918

PLACE OF BIRTH St. Lambert Annex, Que. OCCUPATION Silver Plate

RELIGION C. of E. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town St. Lambert Annex, Province, etc. Quebec.

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
22	11	39	H.O.	5' 9"	brown	brown	ruddy	Scar on digit finger left hand.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. Annie Cowling

ADDRESS (in pencil): Street and No. Town St. Lambert Annex, Province, etc. Quebec

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	

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		

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

FILM NO. WR2-5223-4 DATE

Second Class For Conduct	
From	To

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

W.S.G. APPLICATION 3505 RECEIVED 27-1-43

DEPARTMENT OF VETERANS AFFAIRS

D OF D 1-12-40

DEAD- 380-0

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
COWLING	Oliver	V-5657	O/S.		

WAR SERVICE BADGE CLASS) No. Nil DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	484 24-11-49
War Medal	

(THE REVE

02-73891 M

P

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 41 "SAGUENAY"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO CANCELLED 5/8/7

(1) MEDALS

PERSON ENTITLED TO Mr. Harry Cowling - Father

ADDRESS: St. Lambert Annex, same address
Chambly County, QUEBEC, [redacted].

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Annie Cowling

ADDRESS: 126 Domville St., St. Lambert Annex,
Chambly Co., P.Q.

(3) 14-5-41

No. 216 .....PCL.

M.F.M. 16A
75M—4-40 (4688-9)
H.Q. 1772—39-1665

CANADIAN ACTIVE SERVICE FORCE

SERVICE: ~~XMALKXAXRXXXXXXXX~~
NAVAL. (.....)

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

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

1. Surname of applicant COWLING.

2. Full Christian name or names Oliver.

3. Official Number V 5657 4. Rank Ordinary Seaman.

5. Unit, Station, or Establishment H.M.C.S.STADACONA.

6. Date appointment or enlistment 5/Sept.1939.

Question 7: 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.

7. Date reported for duty 17 May 1940.

8. 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 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment .....

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month .....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment working on farm amount earned in 6 months $90.00 -

12. Name of dependent Cowling, Annie Mrs.
Surname Christian Name Mr. Mrs. or Miss

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

13. Address 126 Domville St.St.Lambert Annex P.O.
Cha,bly Co. ~~XXXX~~ Que.

14. Age of dependent ....41.... 15. Relationship ....Mother.....

Questions 16 to 28 Have a bearing on the eligibility for the allowance and the amount payable.

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

..Husband.....address..Sec..13.....
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....Husband.....
(State relationship) .....

18. Is dependent being maintained in a Public Institution at the public's expense?.....No.....
Yes or no
.....
If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any.....unable..to..obtain..employment.....
.....
.....

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

21. Are you the sole or partial support?.....Partial Support.....
State whether sole support or partial support

22. (*a*) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months.....$25..per..month.....
$150.for 6 Months.
.....
.....

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

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....
.....
.....

24. If dependent is your mother, is your father living?.....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.

Compositer in printing business does not work full time.
.....
.....

28. Fifteen da
per month m
assigned to de
to obtain allow
If 15 days' p
month has be
signed to de
wife and childr
additional 5 da
per month m
assigned to th
pendent.

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

Name	Address	Age	Occupation	Married or Single
Harry	R.A.F. England	29		Single.
John K.	C.C.S. "	23		"
Elizabeth	St. Lambert Annex.	12		"
Winnifred.	" "	10		"
Stella	" "	7		"

6

26. (*a*) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

.....

.....

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

.....

.....

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:		*Dependent's Average Monthly Allowances from:*	
Personal earnings	$ 37.50	Workmen's Compensation Award.	$
Contributions and allowances from other members of family.	$	Widow's Pension	$
Insurance	$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)	$
Dividends from shares, bonds, etc.	$		$
Interest on loans or mortgages.	$		$
Rentals.	$		$
Other	$ 37.50		$
Total	$	Total	$

28. 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.

28. What amount of pay have you assigned per month on behalf of this dependent?
$19.or 15 .....days' pay.

29. Date assigned pay effective 30 June 1940.

30. Have you made a prior assignment of pay. If so state number of days and to whom
No.
.....

[OVER]

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

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

Certified that authorization for assigned pay as stated has been received.

Allot.of $19. No.2213.

Bm Hatfield

PAY.S.LIEUTENANT RCNVR.

Paymaster Rank

I certify that the above is a true statement.

C Bowling

Signature of Applicant

Date 13 JUNE 1940

Establishment, unit or station

H.M.C.S.STADACONA.

Place HALIFAX.N.S.

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

MEMORANDUM FOR **P. 64**

Mrs. Annie Cowling,
St. Lambert Annex,
Chambly County, P.Q.

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. N.S. 113-C-562 FD.251

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

30

September 20, 1941

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

O.Smn. Oliver COWLING, No. V-5657.

H.M.C.S. "Saguenay"

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.

(L.M. Firth) Major,
Administrator of Estates.

ESTATES BRANCH
SEP 29 1941
H. Q.
OTTAWA.
NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Harry Cowling	60	St. Lambert Annex Chambly County, Que.
4	Mother of the Deceased..... Step Mother.		Alice Cowling		Died - ~~April~~ July 27th 1923
5	Brothers of the Deceased	Full Blood	Annie Cowling	41	St. Lambert Annex. Que.
			Harry Cowling	30	10 Spurr Yard. Stanley Rd Wakefield. Yorks. England
		Sgmn	John Kenneth Cowling	25	D.21059 H.E. Canadian Corps Signals. Canadian Army Ca
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood	Elizabeth Cowling	13	St. Lambert Annex. Que.
			Winifred Annie Cowling	11	Chambly County.
			Stella Cowling	8	
	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
7					

x Supplied by Rec Office

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?	Oliver Conling.
11	Give the month and year of his birth.	April 23rd 1918
12	Where and when were his parents married? Fathers' Second Marriage	June 1904. Wakefield, Yorks. England Sept. 1926 " " "
13	Was he ever married? If so, state exact place and date of marriage.	
14	Did he leave a (later) Will? If so, it should be forwarded.	29
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?	St. Lambert Annex, Chambly County. Que. Canada.
17	In what Province, Country or State did he reside, and in which last?	Quebec. England. Quebec. Last.
18	How long in each?	7 yrs. 1 1/4 yrs. 13 3/4 yrs.
19	What was the nature of his employment?	Silversmith for two years. For 6 yrs previous to enlistment - None.
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	
22	State your postal address in full.	St. Lambert Annex. Chambly County. Que. Canada

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	By the Government I presume - since Oliver died in defence of his country.
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.

(PLEASE TURN OVER)

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

*.....Stepmother.....of the deceased.

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

.....Annie Cowling..... {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....

*See above Mrs Annie Cowling {Name of Informant} is the *.....Step Mother.....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 St Lambert Annex this 26th day of September 1941

Signature of Clergyman, Priest or Magistrate } Robert M Miller J.P. Qualification Justice of the Peace

Address St Lambert Annex, Prov of Quebec.

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.

JVM
516

P036933

CANADA

N. V. 5
5M—10-39 (2365)
N.S. 815-11-5

JUN 25 1940
N.S. 113 C562 5th
CANADA

618

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

9.

SURNAME COWLING OFFICIAL NO. 5657

CHRISTIAN NAMES Oliver MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
St. Lambert Annex, Quebec.	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
23rd April, 1918.	Town St. Lambert Annex County Province Quebec.	Mrs. Annie Cowling, (Mother) St. Lambert Annex, Quebec.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 3 7½	Brown	Brown	Ruddy	Scar on Diget Finger of left hand
Inches 9	Deflated 35½				
162	Mean 36¾				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
22nd Nov. 1939.	Ord. Sea. (T)	Silver Plater. Unemployed.

No-E V

(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 XXXX

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

(a) To serve from the date thereof for three consecutive years and/or 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.

Dated this 31st day of May, 1940.

Signature of applicant O. Cowling

(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 31st day of May, 1940.

Signature of Commanding Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Oliver Cowling 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 O. Cowling

Witness

Date 31st May, 1940. Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Oliver Cowling 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 Special Service Division of the R.C.N.V.R.

Commanding Officer.
Commander, R.C.N.

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.

Medically Fit
Montreal 22-May-40
Halifax, May 30 '40

APPROVED:-
J.C.T. EDWARDS
Commander R. C. N.

17
12-39 (3289)
. 815-11-17

COPY

28

CERTIFICATE of the SERVICE of

COWLING, Oliver

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V. 5657
	Montreal Division	"
		"

Date of Birth: 23rd April 1918

Place of Birth: St. Lambert Annex, P.Q.

Place of Residence: St. Lambert Annex, P.Q.

Trade brought up to: Silver Plater.

Religion: Church of England

Name and Address of Nearest Relative or Friend: Mother (Annie) Cowling St. Lambert Annex, P.Q.

Can Swim:—P.P.T. ( ) Date ..... 19..... Signature .....

P.S.T. ( ) Date ..... 19..... Signature .....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of Award	Date of Presentation	Nature of Decoration
5.9.39	22.9.39	3 yrs. & or Duration of Hostilities	Ord.Smn.			

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	9	36¼	162	Brown	Brown	Ruddy	Scar on Diget Finger of left hand.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHA
1940	Stadacona	-	-	Ord. Smn.	30 May '40	1. Aug '40	
1940	Saguenay	-	.	— " —	2. Aug '40	1 Dec '40	D. D.

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

Date	Details	Captain's Signature

Name Collin G. Oliver Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		VG	Fair (Bad Fair)	1st June 40	[illegible]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

NO. 2213 6/6 PCL.

ORIGINAL

P031181 1940 N.S. 113-C-562 CANADA

H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
stadacona. 5 2 618	Surname Cowling, 097014 Christian Names Oliver.	O.Sea. RCNVR	W5657	$1.25 5

Section A — **ALLOTMENT NOW DECLARED**

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Cowling. Christian Names Mrs. Annie	Mother.	126 Domville St. St.Lambert Annex P.O. Chambly Co. Montreal, Que.	$19.00 new	June. 1940

Section B — **DISPOSAL OF EXISTING ALLOTMENTS** (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
		Nil	

Allotment Declarations. Initials Date 13/6/40 Ent'd. on Index Card Ent'd. on Allotment Ledgers

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges O. Cowling
Rank or Rating O.Sea.

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

C. R. P. A. FIN. SUPT. BRANCH DATE INITIAL

THE NAVAL SECRETARY,
Department of National Defence
(Naval Service)
Ottawa, Ont.

PAY.LIEUTENANT RCNVR
FOR Accountant Officer

H.M.C.S. STADACONA.

Forwarded 7/6/40

S. 63

15M—10-39 (2286)
N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters		
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JUN 10 1940
REFERRED TO Gray

113-2-562

CJD/RM

11th December, 1940.

15

Dear Madam:

It is with very deep regret that I confirm the telegram of the 9th December from the Minister of National Defence for Naval Services that your son, Oliver Cowling, Ordinary Seaman, R.C.N.V.R., O.N. V.5657, is reported to be missing from H.M.C.S. "SAGUENAY", believed killed in action following damage to this vessel by a torpedo on the 1st December, 1940.

Please allow me, therefore, to express sincere sympathy with you in your sad loss on behalf of 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,

(J. O. Cossette),
NAVAL SECRETARY.

Mrs. Annie Cowling,
St. Lambert Annex,
Chambly County,
QUEBEC, P.Q.

S. 20
10M—2-40
N.S. 815-1 (389)53
0-20

"D" 58

ORIGINAL

DEPT. NATIONAL DEFENCE
PJAN 27 1938
N.S. 136562
CANADA

STOP NOTICE

(Navy Allotments)

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
H.M.C.S. "SAGUENAY" 5/2, 783	COWLING	Oliver	Ord.Smn. V-5657 18

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
$30.00	31st Dec.	not known	not known	not known

Entered in:—

Fair Ledger.....

Rough Ledger.....

Previously noted Stw. 24/1/41

not available
Signature of Allottor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

D.D. 1st December
1645/7/12/40
N.O.I.C. "BARROW"

W. Marshall
Paymaster Lieut, RCNR Accountant Officer
H.M.C.S. "DOMINION"

Date forwarded 13 DEC 1940

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE

Object 111 $
113 $
116 $
119 $
128 $30.00
Total : : : : $30.00

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SAGUENAY" at Barrow-in-Furness, Lancs. England

Name Oliver COWLING
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. V-5657
(If unknown, date of first entry) 22

Place of Birth St. Lambert Annex, P.Q. Date of Birth 23rd April 1918

Occupation in Civil Life Silver Plater Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) V.R. 30th April '40 - 1st Dec. '40.

Date of Death 1st December, 1940 Place of Death 54° 40' N 15° 20' W

Cause of Death Enemy action
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Mrs. A. Cowling Relationship Mother
Address St. Lambert Annex Post Office, P.Q.

Date on which the above was informed by Ship Informed by Naval Service Headquarters

Date on which death was registered with local Officials 13th December, 1940

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial Barrow, Lancs. England. Date of Burial 14th December, 1940
(if known) (if known)

Location, Number, etc., of grave #2593 Section 11A
(if known)

Undertaker employed W. Ormandy & Sons Ltd., Church Street, Barrow.
(if any)

If borne for discipline only, date D.S.Q. or invalided

COMMANDER, R.C.N. *Commanding Officer,*

15th December 1940.

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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.

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

R.E.

MAR 25 1941
113-C562
CANADA
P 33031

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 COWLING, Oliver *Rating* ORD. SMN.

Official No. V-5657 *H.M.C.S.* "SAGUENAY" *List* 5/2/783

*Who** D.D. *on the* 1 December, A.M. *19*40

	$	cts.
Net sum due on ledger on account of Wages	25	86
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	NIL	
Found amongst Effects	NIL	
Debts collected §	NIL	
Cash debited in the Accountant Officer's Cash Acct.	NIL	
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) THIRTY- - - - - - charged to 31 Dec.		
Name of ship from which transferred H.M.C.S. "SAGUENAY"		
Total†	25	86

674

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. "SAGUENAY" amounting to a net balance† CREDITOR of TWENTY-FIVE - - - - - - - - - dollars EIGHTY-SIX - - - - - cents.

Dated on board H.M.C.S. "DOMINION" at Devonport England this 28th day of January 1941

Approved

W. J. Marshall
Pay/Lieutenant Commander, RCNR — Accountant Officer

Initials of the Assistant Accountant Officer

Pay/Sub-Lieutenant, RCNVR

for CAPTAIN, RCN — Commanding Officer.

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".
§Subscriptions 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

2M-10-39(2369)
H.Q. N.S. 815-9-45

LEDGERS: F: R:

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger	Paid for in Cash
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)			
	- - NIL EFFECTS FOR DISPOSAL - -			
		Total proceeds of sale carried to account on the other side		

Verified: G. Huntley Davidson
Lieutenant, R.C.N.

{ Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

NAVY

DISTRIBUTION OF SERVICE ESTATES

Naval - ~~Military - Air Force~~

Name COWLING Oliver No. 5657 32

Surname Christian Names

Ord.Smn. : H.M.C.S. SAGUENAY : 1-12-40

Rank Unit Date of Death

AMOUNT

L. P. C. $ 25.86

Other Credits

Total 25.86

Date November 5th, 1941.

~~Shares Retained~~ 16.29
Distribution herewith

~~NEXT OF KIN~~ 9.57
This distribution

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
part	brother	Harry Cowling, 10 Spurryard, Stanley Road, Wakefield, Yorkshire, England.	£1-1-5
part	brother	D.21059, John Kenneth Cowling, Sgmn. H.Q. Canadian Corps Signals, Canadian Army Overseas.	£1-1-5 £2-2-10

AUTHORITY								
F	H.Q. E.No.	DIV.	EST.	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT
	9999			831	00	00	001	£2-2-10

SHARES RETAINED

none

CLASSIFIED BY EXAMINED BY

FOR TREASURY OFFICER

£2-2-10 TOTAL

Distribution approved and authorized

This is a record copy only
all 4 signed copies went to Navy & they
did not return
one 1 copy

AUDITED FOR PAYMENT

(L.M. Firth) Major,
Administrator of Estates.

For Chief Treasury Officer

S.—239a. (Revised—April, 1937)
10M—2-40 (3953)
N.S. 815-9-239A
Page 1

R.C.N.V.R.

(Authority—Art. 603, King's Regulations, 1936).

CONDUCT SHEET

Montreal Division

NAME COWLING, Oliver RATING Ord Smn {PORT DIVISION AND OFFICIAL NUMBER

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: If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave: If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl.2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8): From	To	Character Assessment	Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7.) 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)	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)	In red ink—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
	1940					1940									
Stadacona	30 May	NIL	22 Sep '39	FIRST	FIRST	30 May	1 Aug	VG	Sat	NY (NQ)	No	Saguenay			J Tisdall

NOTES

1. **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.
2. **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.
3. **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.
4. **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.)
5. **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):
   (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
   (2) "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.
   (3) "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.
6. **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."
7. **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 Seamen, 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."

2

CONDUCT SHEET

NAME COWLING, Oliver RATING Ord. Smn. PORT DIVISION AND OFFICIAL NUMBER

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
30 Sep.'40	Did commit an act to the prejudice of Good Order and Naval Discipline, in that he did not hand over to the proper authority one cigarette lighter, the property of Ordinary Seaman R. Winter, O.N. 3592, which to his knowledge had come into his possession without the consent of the owner.	7 Days #11	Capt. "Saguenay" 3-10-40	

VERIFICATION

CAMPAIGN STARS, DEFENCE MEDAL, WAR M

NAVAL GENERAL SERVICE ME

NAME IN FULL C.A.W. Lindsay Oliver ... RANK/RATING O.D.S.

SHIP	SERVICE			AREA	QU	
	FROM	TO	DAYS		FROM	TO
Stadacona	30-5-40	1-8-40	64			
Saguenay	2-8-40	1-12-40	122	Atlantic		
Lunenburg "Dead"						
to date 1-12-40.						

VERIFIED BY Claude Forget

VERIFIED BY .....

W. S. B

VERIFICATION FORM

EFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

L GENERAL SERVICE MEDAL (1915).

RATING ..Ord. Seaman....OFF.NO. ....V56557....ADDRESS .....

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

VERIFIED BY .....

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