

V3888  
BENOIT  
JOSEPH

BERTR



# OCCUPATIONAL HISTORY FORM

P1 28425  
SEP 11 1944  
NS CANADA

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 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

1. (a) Print name in full..... (b) Reg'l. No. V3888
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
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.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (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?..... (b) What languages do you read well?.....

## 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)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
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.....194..... SIGNATURE.....



Copy To  
VWD  
ES

SEP 1 0 1941



Mrs. Alphonse Benoit,  
204 Manseau St.,  
Ville St. Joseph,  
DRUMMONDVILLE? Quebec.

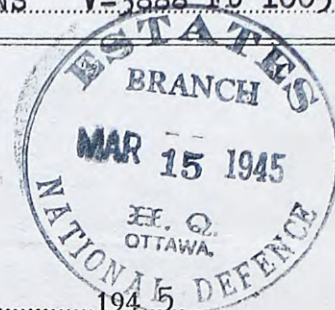
Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. NS V-3888 FD 1005

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.



February 26 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BENOIT, Joseph Bertrand Alphonse, Cook,

V-3888 R.C.N.V.R.

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.

*[Signature]*  
Director of Estates.

HRW/HO



## 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:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		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 Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	M. Alphonse Benoit, décédé le	10 avril 1914	
4	Mother of the Deceased..... <input checked="" type="checkbox"/>	Mme Ernestine Boisclair Benoit	67 ans	204 rue Manseau, Ville S. Joseph, Comté de Drummond, Qué.
5	Brothers of the Deceased	Charles Edouard Benoit	40 ans	- Ville S. Joseph, Cté de Drummond, Qué.
		Rodrigue Benoit	34 ans	- Ville S. Joseph, Cté de Drummond, Qué.
6	Sisters of the Deceased	Mathilda Benoit	41 ans	- Ville S. Joseph, Cté de Drummond, Qué.
		Mme Elizabeth Benoit Beaulieu	38 ans	- Jonquière, Qué.
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	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	J.Alphonse Bertrand Benoit
9	Date of his birth.	5 juin 1914
10	Place and date of his marriage.	célibataire
11	Place and date of his parents' marriage.	S.Zéphirin de Courval, Cté d'Yamaska 24 juin 1902

PARTICULARS OF DOMICILE

12	Place where deceased was born.	S.Cyrille de Wendover, Cté de Drummond
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Cap de la Madeleine, Qué. 1932 à 1941 (b) Trois-Rivières, Qué. 1920 à 1932 (c) S.Cyrille, (Drummond), Qué. 1914 à 1920 (d)
14	Nature of employment before enlistment.	cuisinier
15	State whether he owned the premises in which he lived, and, if so, where situated.	Il <del>n'a</del> ne possédait aucune propriété.
16	Name place where deceased stated he intended to make his permanent home.	Ville S.Joseph, comté de Drummond, P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Oui.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	célibataire
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	aucun
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	aucun
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Mutual Life Ins. Co. of New York \$1000. payable à la mère du défunt Mme Ernestine Boisclair Benoit, bénéficiaire.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	aucun

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	aucun
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Il n'y a aucun service de chanté actuellement.
(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)		

(PLEASE TURN OVER)



## DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* mother of the deceased.

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.

Ernestine Benoit Boisclair (Signature)  
204 rue Maurau (Informant)  
Vill. S. Joseph, Cte de Drummond (Address)  
P. Q.

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mme Ernestine Boisclair

\*See above. Benoit { Name of informant } is the \* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at S. Simon de Drummond this 13th day of March 19 45.

Signature of Clergyman,  
Priest, Magistrate,  
Commissioner or  
Notary Public or Com-  
missioned Officer of any  
of His Majesty's Forces.

S. Simon de Drummond Qualification Notary Public

Address S. Simon de Drummond, Qué.

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.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



X-Ray Paid  
29/12/41



Can. B. 207  
100 M-11-40 (7881)  
N.S. 815-2-207

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.....Alphonse BENOIT.....  
† candidate for entry as.....Asst. Cook, (S).....  
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.

(a) Age (Years Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
27 y.	138	5' 19"	Good.	inches (a) maximum 33 3/4 minimum 34 mean 34	right eye 6/12 left eye 6/12 colour vision Normal	Var. childhood	normal	normal	normal	normal	normal	Scrotal. Tumours (bilateral) Right Left. Inguinal Swollen and inflamed Normal	Normal	normal

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

Red-Green colour Blind. He can distinguish grass colour.

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

X-Ray:

J.H. 1184

DEC 2 1941

X-RAY CHEST - NEGATIVE

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.

Alphonse Benoit

Signature of Candidate

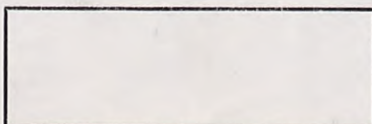
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of: Scrotal Tumours: bilateral Right.

\*{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.....Quebec,.....the 1st.....of December 1941.....19.....

J. H. H. H.  
Examining Medical Officer  
(Rank).....





CANADA

N. V. 5

50M-1-41 (8973)  
N.S. 815-11-5ATTESTATION FORM  
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **BENOIT** OFFICIAL NO. **3 888**  
CHRISTIAN NAMES **Joseph Bertrand Alphonse** MARRIED, SINGLE OR WIDOWER **Single**PERMANENT ADDRESS **77 Notre Dame Street, Cap de la Madeleine, P.Q.** RELIGION **R.C.**

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>5th June 1914</b>	<b>St Cyrille de Wendover</b>	<b>Mother ; Ernestine BENOIT</b>
*Original Nationality of: Father <b>Canadian</b> Mother <b>"</b>	County <b>Co, Drummondville</b> Province	<b>same Address,</b>

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

## (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <b>5</b>	Inflated <b>35</b>				
Inches <b>9</b>	Deflated <b>33</b>	<b>Brown</b>	<b>Grey</b>	<b>Dark</b>	<b>Vaccinated left arm,</b>
	Mean <b>34</b>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
	<b>Cook,</b>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<b>Div. Strength</b> <b>3rd August 1941</b>	<b>Asst . Cook,</b>	<b>Quebec</b>

## (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 **not applicable,** 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 for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.



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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 3rd day of August, 1941

Signature of applicant

Alphonse Benoit

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 3rd day of August, 1941

John L. Hone  
Signature of and rank of Attesting Officer.  
Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Joseph Bertrand Alphonse BENOTT, 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

Alphonse Benoit

Witness

John L. Hone

Date 3rd August, 1941

Rank

Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Joseph Bertrand Alphonse BENOIT 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 Quebec Division of the R.C.N.V.R. or in the appropriate official documents.

John L. Hone  
Lieut. R.C.N.V.R. Attesting Officer.

3rd August, 1941 194 Quebec  
R.C.N.V.R. Division (or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



## DEPARTMENT OF VETERANS AFFAIRS

D OF D 24-11-44

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

BENOIT

Joseph Bertrand Alphonse Ck. (S)

V-3888

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

1939-45 Star

Atlantic Star

C.V.S.M. &amp; Clasp

War Medal

## REGISTRATION NUMBER AND DATE DESPATCHED

3094

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR Nov. 45 "SHAWINIGAN"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Alphonse Benoit - Mother

ADDRESS: 204 MANSEAU St.,  
Ville St. Joseph,  
DRUMMONDVILLE, Que

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. A. Benoit

ADDRESS: 204 Manseau St., Ville St. Joseph,  
Drummondville, Que.

MEMORIAL BAR

(1) DATE DESP

REGN. NO.

499

(2)

(3) 26-3-45



N.V. 17  
15M-4-40 (4717)  
N.S. 815-11-17

O.H.F.

# CERTIFICATE of the SERVICE of

Joseph Bertrand Alphonse BENOIT

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number. <u>V3888</u>
HALIFAX	QUEBEC,	"
		"

Date of Birth..... 5th June, 1914

Place of Birth..... St Cyrille de Wender, Co. Drummond, *Mother: Ernestine Benoit*

Place of Residence..... *77 Notre Dame St. Cap de la Madeleine* *Same address*

Trade brought up to..... Cook

Religion..... R.C.

Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....

P.S.T. Date..... 19..... Signature..... Rank.....

Name and Address of Nearest  
Relative or Friend  
(in pencil)

## 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	
3rd May 1941	3rd August 1941	Duration of Hostilities	Asst. Cook		24 Feb 44	Canadian Voluntary Service Medal O.C. Corp. 1939-43 Star - Pres. Award.

## PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	9	37	155	Brown	Grey	Dark	Vaccinated left arm,
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		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
Divisional Strength							
1941	Quebec Div RCMVR			Asst/Cook	3 AUG	30 NOV	
Active Service							
1941	H.M.C.S. Montreal			Asst/Cook	1st Dec	1 Feb/42	
1942	H.M.C.S. "Montreal"			Asst. Cook	2 Feb. '42	30 Mar. '42	
1942	Stadacona			Asst. Cook	31 Mar '42	30 Apr '42	
	H.M.C.S. "Cornwallis"			— " —	1 May '42	25 May '42	
	Stadacona			— " —	26 May '42	2 June '42	
	Cornwallis			— " —	3 June '42	30 Aug '42	
				Cook(s)	31 Aug '42	22 Jan '43	
	Stadacona (Quebec)	✓		— " —	23 Jan '43	23 May '43	
	Stadacona			— " —	24 May '43	23 June '43	
	Stadacona (Shawinigan)	✓		— " —	24 June '43	24 Nov. '44	D.D.

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

Date	Details	Captain's Signature
31 May '43	<i>Issued S.C.T. # B75397</i>	<i>25904</i>

*8 Nov '44 280 annual leave 7774*

*3rd Q  
5 Jan*



## NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]







NAME IN FULL BE n 011 Joseph Bernard <sup>dephone</sup> RANK/RATING Capt (E) OFF. NO. V-3888 ADDRESS .....

[illegible]



"Cornwallis"

C.N.S. 264 (S. 536D.)  
50M-11-40 (7813)  
N.S. 815-9-264

A/S 1/12/41  
3/8/41

Shawenighan  
24/6/43

Name Joseph Bertrand Alphonse BENOIT  
Sub-Rating and Seniority Asst. Cook Non-Sub.  
O.N. V-3888 S.B. No. W.B. No.  
Joined Ship 26/5/42 2nd February, 1942 from H.M.C.S. "Montealm"  
Engagement: Period Duration Expires  
Date of Birth 5th June, 1914 Religion Roman Catholic  
Character V.G. Efficiency Sat Date 28/3/42  
Badges Class for Conduct Class for Leave

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).

Tries hard, works well; learns quickly.  
Keen enough.

H.M.C.S. "MONTREAL"

Date 30th March

W. R. Campbell  
Officer of Division.  
Lieutenant R.C.N.V.R.

- 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.



## MRR DEPARTMENT OF NATIONAL DEFENCE

NAVY AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

EE **Alphonse Benoit,**  
 202 rue Manseau,  
 Ville St. Joseph, Comte Drummond Que.

REGISTER NO.

2083

FILE NO.

201/45

DATE

24 Nov/44

SERVICE NO.

V3883

FINAL RANK OR RATING

Cook (2)

DATE OF TERMINATION OF OVERSEAS SERVICE

24 Nov/44

DATE OF DISCHARGE

24 Nov/44

## TOTAL QUALIFYING SERVICE

NO. OF DAYS

1026

EQUAL TO

34

COMPLETE PERIODS AT \$7.50

\$ 255.00

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

641

LESS

6

INELIGIBLE DAYS, EQUAL TO

635

DAYS @ 25C. PER DAY

158.75

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE

\$ 1.95

\$ 1.45

ADDITIONAL PAY

H.L.M.

\$ .25

DEPENDENTS' ALLOWANCE 1/30 OF \$

25.00

\$ .83

TOTAL

\$ 4.48

X7 = \$

31.36

NO. OF DAYS

635

X \$

31.36

108.82

## D. WAR SERVICE GRATUITY

522.57

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE  
 AND ASSIGNED PAY \$

Nil

OTHER DEDUCTIONS

\$

## F. TOTAL AMOUNT PAYABLE

522.57

## G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 522.57

Cheque 11815- 21/5-45

## CERTIFICATE

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.

PREPARED BY

SJD

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.





Department of National Defence  
Naval Service

Ottawa, Canada.

ATTENTION: Mr. E. Heppenstall

# 3136

OUR FILE N.S. 4000-32.  
PERS.(N) "N"/4.  
YOUR FILE.....

14 November, 1947.

FROM: Director of Personnel Records,  
Naval Service Headquarters,  
OTTAWA, Ontario.

TO: Director of War Service Records,  
Department of Veterans Affairs,  
#8 Temporary Building,  
OTTAWA, Ontario.

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
NOV 17 1947
REFERRED TO A.D.R.
V-3888

With reference to your verbal request the following are casualties in the Canadian Naval Forces whose place of residence on enlistment is Cap-de-la-Madeleine, Quebec.

NAME, RANK/RATING,  
OFFICIAL NO. UNIT.

PLACE OF DEATH

PLACE OF RESIDENCE  
ON ENLISTMENT.

BENOIT, Joseph Bertrand  
Alphonse.  
Cook (S),  
V-3888, R.C.N.V.R.

At sea. Missing,  
presumed dead from  
H.M.C.S. "SHAWINIGAN".

77 Notre-Dame Street,  
CAP-DE-LA-MADELEINE,  
Quebec.

WATSON, Matthew  
Engine Room Artificer,  
A-1258, R.C.N.R.

At sea. Missing,  
presumed dead from  
H.M.C.S. "BRAS D'OR".

19 Mercier Street,  
CAP-DE-LA-MADELEINE,  
Quebec.

*L. Akins.*  
for S.R. HANRIGHT),  
LIEUT. CDR. (S), R.C.N.,  
DIRECTOR OF PERSONNEL RECORDS.



ESTATES BRANCH

H.Q.N.S.V-3888 FD.1005

12th November, 1945.

Mrs. Ernestine Benoit,  
204 Manseau Street,  
Ville St. Joseph,  
Drummond Co., P.Q.

BENOIT, Joseph B.A., Cook (S)(Deceased)  
No. V-3888, R.C.N.V.R.

Dear Mrs. Benoit:

Distribution can now be made of the amount of money here  
at credit of your late son.

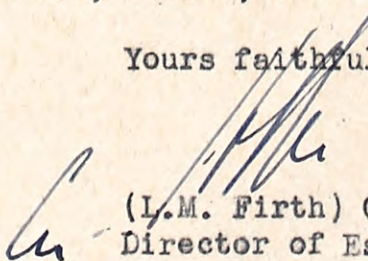
The total amount available to this Branch for distribution  
is \$14.17, and is made up as follows:-

Balance of pay and allowances.....	\$ 2.95
Credit for Kit Upkeep Allowance, Hard Lying Money, and Grog Money.....	2.82
Refund of Seventh Victory Loan Bond.....	<u>8.40</u>
TOTAL.....	<u>\$14.17</u>

The whole amount will be paid to you as sole beneficiary  
named in your son's Will on file here.

Treasury has been requested to forward to you a cheque in  
the amount of \$14.17, and on receipt of same would you kindly sign  
and return the enclosed form to the Director of Estates, Department  
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

  
(L.M. Firth) Colonel,  
Director of Estates.

HRW:MS  
Encl.1



042097

69  
#986.

## 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... BENOIT, Joseph ..... Rating... Cook (S) .....  
Official No. V-3888 ..... H.M.C.S. Stadacona ..... List 12-11/10  
Who\* D.D. ..... on the 24th November, 1944

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	2	95
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>AP 30.00 New Nov. 8.40</u> charged to <u>Oct. Nov.</u>		
Name of ship from which transferred <u>SHAWINIGAN (Stadacona)</u>		
Total†..... <u>CREDITOR</u>	2	95

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. STADACONA amounting to a net balance†..... CREDITOR

of TWO ..... dollars Nineteen ..... cents.  
disposed of by Official Receipt No. 162-090690 Stad. Div. 1A March/45 Quarter.  
Dated on board H.M.C.S. Stadacona ..... at Halifax, N.S.

this 13th ..... day of April 19 45

Approved

Lieut. Cmdr. (S), RCNVR

Accountant Officer

Supply

{ Initials of the Assistant Accountant Officer

A/CAPTAIN RCNVR

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".  
§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

10M-10-40 (7450)  
H.Q. N.S. 815-9-45

Noted  
D.N.P.A.  
24-4-45  
C.D.



## ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

{ 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.



Six copies to be rendered to Naval Service Headquarters

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

H.M.C.S. "SHAWINIGAN" at sea.

Name Joseph Bertrand Alphonse BENOIT  
(Christian names in full)

Rank of Rating Cook (S) Official No. V-3888 R.C.N.V.R.  
(If unknown, date of first entry)

Place of Birth St. Cyrille de Wender, Date of Birth 5 June, 1914.  
Co. Drummond.

Occupation in Civil Life Cook Religion Roman Catholic

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 Active Service 1 Dec., 1941 - 24 Nov., 1944.

Date of Death 24 November, 1944. Place of Death At sea

Cause of Death Enemy action. Ship lost at sea.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Ernestine Benoit Relationship Mother  
Address 204 Manseau St.,  
Ville St. Joseph, Drummondville, P. Q.

Date on which the above was informed by Ship Not known.

Date on which death was registered with local Officials Not known.

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 Not known.

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

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

Commanding Officer,

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

Noted & mpa  
mms  
16/4



Read this whole Form and Instructions  
on other side before commencing to  
complete.

# WILL

C.N.S. 545  
60M-7-43 (866)  
N.S. 815-9-545

Address in  
civil life.

(1) I, Joseph Bertrand Alphonse Benoit, of the Town  
(Name in Full) (City, Town, Village, Township)

of Drummondville, in the County of Drummond  
District

Province of Quebec, Clerk  
(Civil Occupation)

at present serving in His Majesty's Canadian Ship Shawinigan  
do hereby revoke all former wills by me made and declare this to be my LAST WILL.

Relationship,  
names and  
addresses of  
beneficiaries  
and what  
each is to  
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto  
My mother, Mrs. Ernestine Benoit, 204 Manseau St.,  
St. Joseph, Drummondville, Quebec, all my estate

Relationship,  
names and  
addresses of  
residuary  
beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,  
of whatsoever kind and wheresoever situate unto

(4) I appoint Mrs. Ernestine Benoit, 204 Manseau St., Drummondville, Que.  
(Name) (Address)  
Housewife, to be the Executrix of this my Last Will.  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of October  
1944

Signed, published and declared by the above-  
named testator as and for his last will and  
testament in the presence of us both  
present at the same time, who at his  
request and in his presence have here-  
unto subscribed our names as witnesses.

J. A. B. Benoit  
(Name)  
Cook B V3888  
(Rank or Rating) (Official No.)

First witness  
sign here.

(5) Signature

H. F. Baird

Civil Address 173 Northumberland St. Fredericton, N.B.

Civil Occupation Forest Engineer.

Second witness  
sign here.

Signature

A. Henry Turval

Civil Address

705 Des Seigneurs. Montreal Que

Civil Occupation

Checker

(Beneficiaries are not to be Witnesses.)

[OVER]

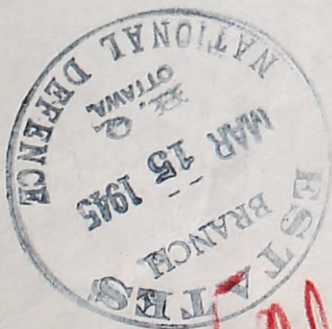


#### NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.  
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as  
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"  
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"  
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

#### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.





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RECOMMANDEEOttawa, le 28<sup>th</sup> août 1945.

Madame,

Pour faire suite à ma lettre du 15 février 1945, je vous informe que le ministère peut maintenant fournir de plus amples renseignements touchant la perte du navire sur lequel était votre fils. Je vous transmets donc les détails suivants qui vous intéresseront sans doute.

Le "SHAWINIGAN" a quitté Sydney, N.-E., le 24 novembre 1944 pour escorter un navire marchand jusqu'à Port-aux-Basques, Terre-Neuve, et il est arrivé en vue de Port-aux-Basques la même nuit. Conformément aux ordres reçus, il devait ensuite patrouiller la région toute la nuit, puis rencontrer le même navire marchand le lendemain matin et revenir avec lui à Sydney.

Le navire marchand est arrivé à Sydney sans escorte dans la nuit du 25 novembre et, après s'être assuré que le "SHAWINIGAN" ne s'était pas montré au rendez-vous désigné pour servir d'escorte, en conformité des instructions, on a fait des recherches et constaté la disparition du "SHAWINIGAN".

Le ministère était alors d'avis que le navire avait été torpillé par un sous-marin ennemi dans la nuit du 24 au 25 novembre 1944, car on savait que des sous-marins opéraient dans cette région. Depuis, cette hypothèse a été confirmée par des preuves de source allemande. Bien qu'on n'eût trouvé aucun survivant, les recherches ultérieures permirent de découvrir quelques cadavres que la marée avait transportés à une certaine distance de la région où l'on savait que le "SHAWINIGAN" naviguait. Par conséquent, nous ne pouvons pas établir de façon exacte l'endroit où le navire a été coulé; toutefois, d'après les témoignages des Allemands et les calculs du ministère, on est d'avis que l'incident s'est produit dans les environs de la limite de trois milles au large de Channel Head, près de Port-aux-Basques, Terre-Neuve.

Veillez agréer, madame, mes respectueuses salutations.

Le secrétaire du Conseil naval,

Despatched by  
Sec. N. B.Mme Alphonse Benoit,  
204, rue Manseau,Date 29. 8. 45  
Time 1400



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

<b>1. PLACE OF DEATH</b>		Municipal county <b>AT SEA</b>		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township	
<b>2. LENGTH OF STAY</b>		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
<b>3. NAME OF DECEASED</b>		Surname <b>RENOIT</b> (Block letters)		Given names <b>Joseph Bertrand Alphonse</b>		Do not write in this space	
<b>4. RESIDENCE</b>		Street <b>Notre Dame Street</b>		No. <b>77</b>		Official name of civil municipality or township <b>Cap de la Madeleine</b>	
<b>5. SEX</b>		<b>Male</b>		<b>6. NATIONALITY (Citizenship)</b>		<b>Canadian</b>	
<b>7. RACIAL ORIGIN</b>		<b>Canadian</b>		<b>8. Single, Married, Widowed or Divorced (Write the word)</b>		<b>Single</b>	
<b>9. If married give name of wife or husband of deceased</b>							
<b>10. BIRTHPLACE (Province or Country)</b>		<b>St. Cyrille de Wendover, Drummondville, P.Q.</b>					
<b>11. DATE OF BIRTH</b>		<b>June</b>		<b>5th</b>		<b>1914</b>	
<b>12. AGE OF DECEASED</b>		Years <b>30</b>		Months <b>5</b>		Days	
<b>13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.</b>		<b>Cook</b>					
<b>14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.</b>		<b>Restaurant</b>					
<b>15. Date deceased last worked at this occupation</b>		<b>16. Total years spent in this occupation</b>					
<b>17. NAME</b>		<b>18. BIRTHPLACE (Province or Country)</b>					
<b>FATHER</b>							
<b>MOTHER (Maiden Name)</b>							
<b>19. Place of burial, cremation or removal</b>		<b>No burial</b>					
<b>20. Date of burial</b>		19.....					
<b>21. PLACE OF REGISTRATION OF THIS BURIAL</b>		(a) Name of parish or church.....					
		(b) Civil municipality of.....					
		(c) Municipal county.....					
		(d) Date.....					
		(Month) (Day) (Year)					

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death..... **November, 24th** 19 **44**  
(Month) (Day) (Year)

23. I HEREBY CERTIFY that I attended deceased from  
..... 19..... to..... 19.....  
and last saw h..... alive on..... 19.....

## 24. CAUSE OF DEATH

**I**  
**Immediate cause**  
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.  
(a) **MISSING, PRESUMED DEAD,**  
due to  
**when the ship in which**  
**he was serving, H.M.C.S.**  
**"SHAWINIGAN", was lost while**  
**on operational duty at sea.**

**II**  
**Other morbid conditions (if important) contributing to death but not causally related to immediate cause.**

**III** If a communicable disease is mentioned on this certificate, give  
(a) Date of appearance..... 19.....  
(b) Duration of disease..... days

25. If a woman, was there a puerperal condition?.....

26. Was there a surgical operation?..... Date of..... 19.....

State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide..... Date..... 19.....  
(State which)

Manner of injury.....  
(How sustained)

Nature of injury.....

Specify whether injury occurred in  
industry, in home, or in public place.....

Signed..... M.D.

Address..... Date..... 19.....

28. Signature of person who fills in the form  
(curate, coroner, hospital authority, etc.)

*H.B. Money*

This signature authorizes the collector to accept  
this form as authentic.

29. Name of clergyman in charge of Register of  
Civil Status in which registration of this  
burial was made.

**Paymaster Commander R.C.N.R. Naval Service Headquarters,  
Director of Personnel Records. Ottawa, Ont.**

(Voir l'autre côté pour le français)



St Joseph Drummondville  
26 février 1945



Secrétaire de la Marine

C'est avec  
peine que j'ai reçu votre  
lettre du 13 février me  
disant que vous n'aviez pas  
eu d'autre nouvelles de mon  
fils Joseph Bertrand Alphonse  
numéro officiel V 3 888 g avq  
toujours garde une espé-  
rance je vois qu'il faut  
se résigner que tout est  
bien fini — — —

Je vous demande si vous  
fayez un service dans  
ces cas là et me dire s'il ont  
peru de jours ou de nuit et  
vers quelle heure de plus



plus s'y vous voulez on envoie  
un souvenir il nous avait  
fait agrandir le portrait  
de la corvette Sharrinigan  
pour l'apporter quand il vien-  
drait nous voir je suppose  
que tout est disparu ce ~~ser~~  
serait pour moi un grand  
souvenir — — —

Je vous remercie de toutes  
les sympathies que la  
Marine a bien voulu porta-  
ger avec moi

Une mère inconsolable

Inde Alphonse Benoit  
204 Quai

St Joseph  
Drummondville

J Luc



ERM

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N.S. V-3888, F.D. 192 PERS(N)

15<sup>th</sup> February, 1945.

THIS IS TO CERTIFY that according to official information Joseph Bertrand Alphonse Benoit, Cook (S), Official Number V-3888, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 24th of November, 1944, when the ship in which he was serving, H.M.C.S. "SHAWINIGAN", was lost while on operational duty at sea.

SECRETARY, NAVAL BOARD.

*[Signature]*  
*[Signature]* *[Signature]* *[Signature]*



N.S. V-3888 F.D. 192 (PERS.N.)

February, 1945.

THIS IS TO CERTIFY that according  
to official information Joseph  
Bertrand Alphonse Benoit, Cook (S),  
Od



SERVICE

NAME BENOIT, Joseph Bertrand Alphonse.

PRESENT RANK/RATING: Cook (S).

DATE TAKEN ON ACTIVE SERVICE: 3.2.42.

O.N.

V-3888  
~~V-2822~~  
25

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

HMCS Montcalm  
Montreal (Est)  
Stadacona  
Cornwallis  
Stadacona  
Cornwallis  
Quesnel  
Stadacona  
Shawinigan

3.2.42	
3.2.42	29.3.42
30.3.42	1.5.42
2.5.42	26.5.42
27.5.42	1.6.42
2.6.42	22.1.43
23.1.43	23.5.43
24.5.43	23.6.43
24.6.43	

IMPORTANT

(WILL): No.

NAME & ADDRESS MOTHER:

OF NEXT OF KIN: Mrs Alphonse BENOIT,  
204 Manseau St.,  
Ville Saint Joseph,  
Drummondville, Que.

HAS DISCHARGE FOR ANY REASON  
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED *ja.*

DATE 6.12.44

SECTION:

V.R/3.

(TO BE COMPLETED IN INK)



P.126426

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE  
ROYAL CANADIAN NAVAL VOLUNTEER RESERVE.

DEPT. NATURALIZATION

SEP 17 1941

NS 113B2191

Name (in full) *Joseph Bertrand Alphonse Benoit*  
Date and place of birth *5th June 1904 St. Cyrille de Vendover*  
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)  
Permanent place of residence *77 route St. Pierre Cap de la Madeleine*  
Nearest town to residence (if living in country) *Cap de la Madeleine*  
Are you a British subject? *Yes*  
Are you single, married or a widower? *Single*  
In what capacity do you wish to enrol? *Asst Cook*  
(See standards of qualification in attached pamphlet)  
Present occupation or trade? *Cook*  
(Attach any testimonials or recommendations)  
Do you belong to any Naval, Military, Reserve or Territorial Force?  
*No*  
Have you ever served with such forces? Give dates and details  
*No*  
Have you ever been discharged from any of H.M. Forces as medically unfit?  
*No*  
Have you ever offered to serve in any of H.M. Forces and been rejected?  
*No*  
What is your weight? *5'9"* What is your height? *150*  
What is your chest measurement (not inflated)? *33*  
Are you free from all physical defects or malformation, and not subject to fits?  
*Yes*  
Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?  
*Yes*

I hereby declare that the above answers are true in every respect

Signature *Alphonse Benoit*

Date *3rd July 1941*

Address *77 route St. Pierre Cap de la Madeleine*

*Jan. Benoit*  
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant or a sworn declaration as to his date of birth.  
This date of birth, legally, is *5-6-1914*

*J. H. Hone*  
Commanding Officer







V3888

OFFICIAL NUMBER

FILE NUMBER 113-B-2191

OFFICIAL NUMBER

V3888

NAME BENOIT (Surname) Joseph, Bertrand, Alphonse (Given Names) DATE OF BIRTH 5th June 1914

PLACE OF BIRTH St Cyrille de Wendover, Co Drummondville OCCUPATION Cook

RELIGION R.C. EDUCATION Commercial Course

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 77 Notre-Dame Street, Town Cap de la Madaleine 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
3	8	41	H.O.	5' 9"	Brown	Grey	Dark	Vaccinated left arm.				
			</									

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Alphonse Benoit

ADDRESS (in pencil): Street and No. 204 Manseau St. Town St Joseph 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	
24	2	44	C.V.S.M.(R&C)1939-43 Star.(A10273)	5	6	42	Passed Prof. for Cook(S)				

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		

LM  
NO. 1042-52-75-7  
DATE

SECOND CLASS FOR CONDUCT	
From	To

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

O.H.F. received



G.L.