

JAMES

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D OF D 7-5-44	AV	VARDS NAVY		WAR SERVICE RECOR
VALIQUETTE Raymond Jas	s.	P.0.	<b>V-3386</b>	FILE No.
URNAME (IN BLOCK LETTERS) CHRISTIA!	N NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
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CAMPAIGN MEDALS 1939-45 Star Atlantic Star C.V.S.M. & Clasp			BER AND DATE D	ESPATCHED

#### MEDALS AND MEMORIALS-DECEASED PERSONNEL

RNCVR Dec. 44 "VALLEYFIELD"	REGISTRATION No. DATE OF DESPATCH
(1) <u>MEDALS</u> <u>PERSON</u> Mader (Re-married) ENTITLED TO Mrs. Helen <del>Valiquette</del> - Widow	MEMORIAL BAR
ADDRESS: Halifax, N.S. MONTREAL, Que.	PDATE DESP 10-12-51 4289 REGN. NOA NCEALED
(2) <u>MEMORIAL CROSS</u> 57 Portland ST. (29.11.51) WIDOW Mrs. H. Valiquette	Contraction from the second
258 Maynard St., Halifax, N.S.	(2) 13-10-44
(3) MEMORIAL CROSS MOTHER Mrs. N.J. Valiquette	
Gros Pin, Charlesbourg, Quebec, P.Q. ADDRESS:	<sup>(3)</sup> 28-10-44
	•

					V	3386	5	C	OFFICIA	AL NUM	IBER	FI							47						L NUMBER	V33	86								
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Date	(in fig	gures)			G.C. o		1	Granted		SHIP C	R ESTA	BLISHME	NT	1		in figure		VARRA	NT OR C.M. PU BRIEF P	ARTICULAR				1	PUNISH	MENT									
Day 2	Montl 9	-			d or 3rd or G.S.		-	Deprived Restored			Vent		-			fonth Y		ser	nt withou	t leav	e 3	hour	s & 15 M	in. 14	L days de	tentic	n								
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	H.Q. N.S.	. 35—. 815—	30M- -7-35	-5-41 (	337)				.					[											A	APF	LICATION 2013								

		25 26 27	28         29         30         31         32         33         34         35         36         37
V3386 OFFICIAL NUMBER NAME VALIQUETTE Reyrr (Surname) (Given Names)	mond.,James.		OFFICIAL NUMBER
From	Character Efficiency	Date	Non-Sub. Rating Qualified Re-Qualified Day  Month  Year Day  Month  Year
Quebec Div. Str. Ord. Skn 28 7 39	V.G. Sat.	31 12 39	L.R. 111 8 2 41
Market	Wood Sat. V.G. Supr	31 12 40 31 12 41	Q.R.11. 8 8 42 Q.R. 1. 16 12 43 (A-17975).
Venture " " 25 6 40	V.G. Sat.	31 12 42	· · · · · · · · · · · · · · · · · · ·
Venture (Otter) " " 15 2 41	V.G. Sat.	31 12 43	
Stadacona         "         "         27         3         41           St Laurent         "         "         2         6         41			· ·····
" A.B. 21 8 41			
Stadacona " " 10 7 42 DRD			
Cornwallis         " " 11 7 42 DRD           Stadacona         " " 11 8 42 DRD			GENERAL REMARKS
Elk " " 13 8 42 HDO B6923			Awarded Canadian Memorial Cross:
A/Petty 0. ty         1         12         42         249A#25328           Cornwallis         "         18         9         43         HDO-45225			MOTHER: Mrs N.J. Valiquette, Gros Pin., Charlesbourg,
"         P.O.         1         12         243         249A #A-17811           Stadacona         "         21         12         43         S-17, P-5.           Valleyfield         "         23         12         43         S-19, P-2.           DISCHARGED         "         7         5         44         "MISSING" per casualty List.		••••••••••••••••••••••••••••••••••••••	Quebec, QUE. Awarded Canadian Memorial Cross:
Stadacona         "         21         12         43         S-17, P-5.           Valleyfield         "         23         12         43         S-19, P-2.           DISCHARGED         "         7         5         44         "MISSING" per casualty List.			WIFE: Mrs Helen VALIQUETTE, 258 Maynard St.,
DISCHARGED " 7 5 44 "MISSING" per casualty List. "Presumed Dead. (per Correcti	ion Sheet Pa	ge 105).	HALIFAX, N.S.
			1
	DATE OF BIRTH DIA		
	DY MO. YR. BIR	TH MAIN SUB	RELI-ED PERM RESIDENCE PREV. ENL. RANK OR RATE ON ENLISTMENT GION P. CTY. TOWN SERV. DIV. A BR RANK
	1001911	XXXO	10 × 2 54 09 3 12 0 08 95
	ENLIST DATE AC	T. SERV. DATE STR.	ACT. SERV. DATE SHIP OR RANK OR RATE DY. MO. YR. ESTAB A BR RANK
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DRM 6 DOMIN	ION BUREAU OF STAT	ISTICS	-QUEBEC DEATH TRANSCRIPT	Do no
PLACE Muni- cipal	Official nam civil munici		Place an X over the word which applies to this municipality or this territory	write i this spa
OF county	ty or town	ship	City   Town   Village   Parish   Township	
DEATH Street	No. hths Days   (b) In munici-   Years	Months	Institution Days   Years   Months   Days   Years   Months   Days	
LENGTH         (a) In hospital         Years         Mo           OF STAY         or institu- tion         In hospital         Years         Mo	pality where death occurred		(c) In Province (d) In Canada (if immigrant)	
NAME Surname VALIC	JETTE	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH	
OF DECEASED Given names Roy2000	(Block letters) 1 Janes	write in this space	22. Date of death	
Street. Fifth Street Official name of civil municipali- ty or township	Nol22		23. I HEREBY CERTIFY that I attended deceased from	
Official name of civil municipali- ty or township.				
			and last saw h	
			24. CAUSE OF DEATH	
SEX 6. NATIONALITY (Citizenship) 7. RACL	AL ORIGIN Widowed or Divorced (Write the word)		I Immediate cause Give disease, injury or complica- (a)	
Nale Canadian	Married		tion which caused death, not the	)@
If married give ne of wife or hus-			and channe have brock and the second	
d of deceased Krs. Helen Va	17 16226	-	rise to immediate cause (stated in	20.
BIRTHPLACE			immediate cause).	200
DATE OF	alls, Onterio. 10th 1910	3	II Other morbid conditions (if impor-	
(Month)	(Day) (Year)	2	tant) contributing to death but not causally related to immediate	
AGE OF Years Months	Days If less than one day old		cause.	
- 24 7	hrs. ormin.	_	If a communicable disease is { (a) Date of appearance	
13. Trade, profession or kind of work, as spinner,	Aunt.		give (b) Duration of diseasedays	
teamster, office clerk, etc	e mutue ¥		25. If a woman, was there a puerperal condition?	
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc			26. Was there a surgical operation?Date of	
15. Date deceased last	16. Total years spent in this			
worked at this occupation	occupation 18. BIRTHPLACE	-	State findings	
17. NAME	(Province or Country)			
FATHER	-		Accident, suicide or homicide	
MOTHER		-	Manner of injury	
Molen Name)		-	Nature of injury	
Place of burial, cre- mation or removal Boxy ino	t Recovered.		Specify whether injury occurred in industry, in home, or in public place	
			Inducty, in nome, of in public place	
Date of burial		-	Signed	
(a) Name of parish or church			Address	
NOLLY (Control of the second s		28. Sie	nature of person who fills in the form rate coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this	
H Municipal			burial was made.	
S County		Peyn	r. Cdr., R.C.N.R., Officer i/c Navel Personnel Record	
(d) Date(Month)	(Day) (Year)	This sign	hature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)	tang

FORMU	ILF 6	BUREA	u Fédéf	RAL DE LA	A STATISTIQU	E-CGI	PIE DU BULLETIN DE DÉC		N'écrivez pas dans
	IEU DU	Comté muni- cipal			Nom officie la municipal vile ou du c	ité ci-		Apposer un X sur le mot qui s'appliqu           à cette municipalité ou ce territoir           Cité   Ville   Village   Paroisse   Canton	cet espace
	CÈS	Rue			No.		Hôpital ou institution		
2. SÉJ	JUR	(a) dans l'hôpi- tal ou l'ins- titution		ois Jours (	b) dans la mu- nicipalité du décès	8 Mois	Jours (c) dans la province Années Mois Jours	(d) au Canada (s'il Années Mois Jours s'agit d'un im- migré)	
	ОМ	Nom de famille.				N'écrivez	CERTIFICAT MÉDICAL CON	NFIDENTIEL DE DÉCÈS	-
	DU FUNT	Noms de baptên	ne	(Lettres m	oulées)	pas dans cet espace	22. Date du décès		
B	110		•		No		23. JE CERTIFIE PRÉSENTEMENT que j'ai de	onné mes soins au défunt depuis le	
4.0 la	om offi municip	iciel de palité ci-						qu'au19	
IS VI	le ou di omté	u canton			-	1. 1	que je l'ai vu vivant pour la dernière fois le		ï
5. SEX	unicipal.	NATIONALITÉ		And a loss of the second second second second	rovince		I 24. CAUSE D	DU DECES	
5. SEA	E .	(Citoyenneté)	n. onidi	NE RACIALE	veuf ou divorcé (Ecrire l'un de ces mots)		ou complication, causant la mort, non pas son syndrome final, tel: dû à		
9. Si l était ma de son					*		produit la cause immédiate (Les		
10. LII NAISSA (Provinc	EU DE NCE		-				indiquer dans l'ordre chronologique dû à (c)		
11. DA	TE DE		ur)	(n	nois) (année)		Autres conditions morbides (impor- tantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.		
12. ÂG	E DU FUNT	Années	Mois	Sector 1	âgé de moins d'un jour			n	-
					hrs. oumin.	-	III est mentionnée à ce certi-	naladiejours	
	cupation	etier, profession ou , ex. tisserand, employé de bu-				8	25. S'il s'agit d'une femme, y avait-il état puerpéral?	2	
LVd'	14. Gen entrepris	nre d'industrie ou e, tel que fila-							-
Ino bo	is, band	ton, industrie du		1 16. Nombre	d'années		26. Y a-t-il eu intervention chirurgicale?		
1 99	travail	ière date à la- léfunt vaquait à			dans cette		Constatations		<b>≕</b>
		17. P	NOM		18. LIEU DE NAISSANCE (Province ou pays)	-	Accident, suicide ou homicide		
PÈ	RE						Manière de la blessure	nelle circonstance)	
MÈ (Nom d							Nature de la blessure		
de	l'incinér	l'inhumation, ation ou des- du transport					Indiquer si la blessure a été infligée au lieu du dans l'habitation ou dans un endroit public	travail, c	
						_	Signature		
	(a) N	Jom de la pa-					Adresse	Date 19	
DE L'I	(b) N	Municipalité				28. Sig mu	ature de la personne qui remplit la for- e (vicaire, eoroner, autorité d'un hôpital,	Nom du ministre du culte gardien du registre de l'État civil où est inserit l'acte de cette sépultare.	
TREU J	(2) (	omté mu-							
21. LIEU DE L'EN- REGISTREMENT DE CETTE SÉPULTURE		Date				Cette	gnature autorise le collecteur à accepter la formule comme authentique.	(For English see other side)	

FOR COMPLETION AND RETURN BY

Form P: 64

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. J. 3386 FD. 584

BRANCH

SEP 28 1944

## DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

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

VALIQUETTE, Raymond James Petty Officer

......Official Number V-3386 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.

im includering Les Director of Estates.

.....

M.F.W. 77 6-44 (4878) 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 even had in each of the degrees specified below:

INFORMANT'S STATEMENT Degrees RELATIVES ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative of Rela-tion-ship NAME IN FULL required to be accounted for Age of any Relative, if any, in each degree specified Helen Mildred Colepate 26 258 Maynerd St. Widow of the Deceased ..... 1 Hennis Michael Veligion 2 Children of the Deceased and Kovember 18 - 1943 10 months dates of their Births..... Shos Pin Charleston Juebec. 3 Father of the Deceased...... michael James Variguete Gros Pin Charlesto Elizabeth Valigaette Mother of the Deceased..... 4 Luebec. Gros his charles Gerald Varquetto derebece. Full Blood Brothers 5 of the Deceased Half Blood V ¢ 414 Macifils an Duebec, citig Karmel (Jaliquette) Fitz mainice'' Jean Valiquette 0 Tros Pin, Cha Full Blood Betty Valiquette Sisters Grookin Charles 6 of the Deceased Lubec Half Blood 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 in girls died infances, en

3. ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY Full names of the deceased.

Date of his birth. Place and date of his marriage. Haifar

11 Place and date of his parents' marriage.

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PARTICULARS OF DOMICILE 12 Place where deceased was born. Kack (a) unigan uls State, in order, the Province, State and/or County in which he 13 resided before enlistment and the period of time in each. . four of uebec le (c) (d)Nature of employment before enlistment. 14 an State whether he owned the premises in which he lived, and, if 15 so, where situated. Name place where deceased stated he intended to make his permanent home. 16 Juctice PARTICULARS OF ESTATE no Did he leave a Will? If in your custody, please forward. 17 If married, and domiciled in the Province of Quebec or in a State 18 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 no contract dealing with property? Did he have a Bank, Post Office or other deposit account? If so, 19 give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? Kuns Amount of War Savings Certificates held by deceased. Indicate 20 where located. heares. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. 21 eres Tife 15 25. No If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary 22 therein. 23 Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. OTHER PARTICULARS

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.

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.

2 Mrs.

1919

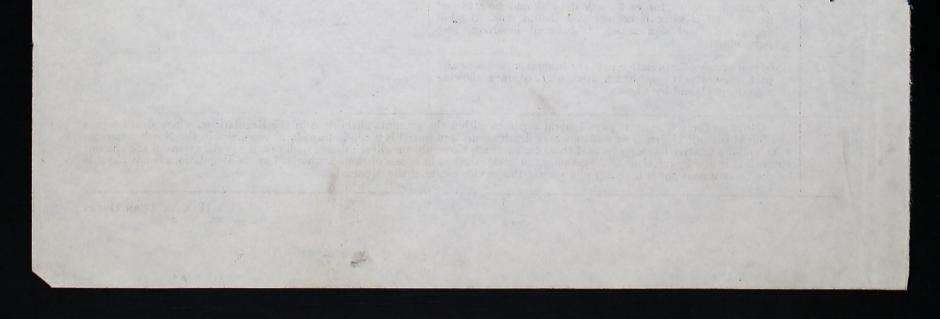
941

new Brunsinel - 1911

(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)

4. DECLARATION "Insert degree of relationship for example. I hereby declare that all the particulars shown on this form are correct, and a true and complete "Widow". Statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc. I hereby declare that all the particulars shown on this form are correct, and a true and complete Mrs Helen Valequelles Widow of the deceased. Signature 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. of Informant Address .... CERTIFICATE I hereby certify that to the best of my knowledge and belief. 1 alegred \*See above. above described. The above Declaration was made by the Informant and signed in my presence. .....this...... 3 .day of £ Dated at ..... Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com-missioned Officer of any of His Majesty's Forces. me weaner Address...... 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





ATTESTATION FORM

## FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Valiquette

OFFICIAL NO. 3386

2м—10-37 N.S. 815-11-5

29

CHRISTIAN NAMES Raymond James MARRIED, SINGLE or WIDOWER Single

		PERMANENT	ADDRESS		-		RELIGION
122 5th	Street,	Quebec	City.			>	R.C.
DATE O	F BIRTH		PLACE OF	BIRTH		NAME AND A	DDRESS OF NEXT OF KIN

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
October 10th, 1919.	Town Smooth Rock Falls County - Province Ontario.	s, Father: Michael Valiquette, Same Address.

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	, PLEXION	WOUNDS, SCARS, MARKS						
Feet5 Inches 10출	Inflated	Da≆k Brown	Brown	Clear	Scar above left knee.						
DATE OF EN	Mean	COLLING FOR	TRA	TRADE OR CALLING AND IN WHOSE EMPLOY							
28 July	0rd. Se	ea.	S	Student.							

(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 X (3) A have never survey, and an not serving in any Navak, Mikitany, Reserves an Remitorial FREE.x

\* (b) I served in **Slst Field Battery, R. C. Ar** the period shown, and attach my record of service, in corroboration of this statement.

\* Cross out Clause not applicable.

1- web	SERVED IN	RANK	FROM	то
	Field Batt- R.C.A.	Gunner	April 13th, 1938.	May Sth, 1939.

(c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
 (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

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

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

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

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

Dated this STh. day of July, 1939. Signature of applicant / 5-1/. U al (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. day of July, 1939. Chy S A/Lieut., R. C. N. V. F Signature of Commanding Officer. F.A. Price, Lieut-Cmdr., R.C.N.V.R. For: (On leave) OATH OF ALLEGIANCE (D)I. Raymond James Valiquette 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..... Witness. Lieut R. C.N.V.R Rank..... The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.  $(\mathbf{E})$ CERTIFICATE OF DIVISIONAL COMMANDING OFFICER Raymond James Valiquette 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 *Albert Dlaw Way O K/Lt.*, R. C. N. For: F. A. Price, Lt-Cdr. Commanding Officer. R. C. N. V. R. (On leave) 0 A/Lt., R.C.N.V.R.

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.

..... Division of t

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

H.M.C.S. "			
Warrant No. 24 M, dated 11	th Ju	ie	19 40.
[The Warrants are to be numbered consecutively from the For		JUL 100 1940	47.12
(a) WHEREAS it has been represented to me by Arthur Worth, Royal Canadian Navy,	Lieutenant Tempor <b>ary</b> .	Commander George	é
that on the 11th day of June Name Raymond James VALIQUETTE	1940 ,	P04663	8
Date of Birth 10th October, 1919			
Rating Ordinary Seaman, Royal Canadian N	VavalVoluni	teer Reserve	
Official NumberV.3386			
Good Conduct MedalNil			
Good Conduct BadgesNil			
Date of Entry in Ship23rd April,			
List and Number on Ship's Book. 5 <sup>A1</sup> /29.			
Date of First Entry in H.M. Service28thJuly.,19	3.9		
Class for ConductFirst			
Character assessed to date, from the last annual a	assessment, bu	t not including this	offence
Class for Leave			
Did [Insert full particulars] improperly leave Main O of Offence. Dockyard at 0200, whilst duty watch at about 0515, 11th June, 1940, the leave 3 hours and 15 minutes.	on board.	returning on boa	ard

I do hereby adjudge him the said Raymond James Valiquette

Insert below in the proper columns the particulars of the punishment.

†To be im	prisoneo	l in	†To be kept in detent	ion in		ed in Cells Board	+	Medal		uced ss for			Days		Whether	Grog	rog Other		
Name of Gaol*	For days	With days H.L.	Name of Place of detention*	For Days	No. of Days	Diet	Disrated to	Deprived of ]	eprived of Badges, N	Whether redu to 2nd Clas Conduct	10	15	Leave stop- ped	Pay forfeited	Reduced to Lower Class for Leave	stop- ped Days	Punish- ments		

rielitary Dite ache 2 2 14 ille mela Island \*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2). †See page 4 for proposal to award imprisonment, detention or disrating. C.N.S. 271 1M-4-37. N.S. 815-9-271. NOTED. moundan -----

Before awarding the foregoing punishment, (b) I did, on the...llth...day of....June,...1940.. personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of Lieutenant Commander George Arthur Worth, Royal Canadian Navy(Temporary)

[Enter

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in support of the charge as well as what the Accused had to offer in his defence, and the accused had to offer in his defence, and the accused had to offer in his defence, and the accused had to offer in his defence.

#### he calling no one

whom kex called on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the ....First......Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforestated (d).

	er my hand on boar		1	V	" at
Halifax,	NS, the.	11	day of	pune	
		Isal	, in the second s		
				COMMAN COMMANDER	
		La co	timour Com	Sign	ature and Rank Complainant.

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

"I did, on the day of , in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

Dated and read by me this..... day of June, 1940.

.40 ... and

### FORMER OFFENCES



......

[Enter in 1st Warrant for any Man in each quarter, all Offences during the last 6 months (if he has been in Ship); for any previous time only Offences punished by Warrant. If a Man is punished by Warrant more than once in any quarter, only Offences committed after date of 1st Warrant need appear, a reference being given to date of 1st Warrant.]

No. of Punishment		. 3	4	6	7	8	9	10	11	12	13	14	15	16	17	18
a	Data of	1, specifying ithout Hard			es—No.	Class for con-	ell on Board,	Days	Days		Days	Days	Days		Days	Number of cuts
Nature of Offence	Date of Punish- ment 19	No. of Days Imprisoned, specifying whether with or without Hard Labour	No. of Days detention	Disrated to	Deprived of Medal or Badges-No.	Whether Reduced to 2nd Class for con- duct	No. of Days confined in Cell on Board, specifying Diet	Extra Work—14 days	Leave stopped	Reduction to a Lower Class for Leave	Pay forfeited for improper Absence	Grog stopped	Extra Work or Drill— 7 days	Reprimand by Captain	Extra Guard (Marines only)	Birching (Boys only)
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H.M.C.S. VENTURE

llth June, 1940.

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I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:-

*14	days	Kooprisonneodxwithshexed kaluxux	in
*	adtacour xeloneless	Detention	) III

addition to the other punishments indicated.

Art. 776 (2).

additionxtoxtdrexother purishments indicated.

Art. 752 (2).

\*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

The Commanding Officer Atlantic Coast

H.M.C. Dockyard

...Halifax, Nova Scotia

\*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

COMMANDER, R.CN. COMMANDER IN CHARGE

Your Obedient Servant,

King's Regulations: Art. 770 (1).

Signature.....

The Officer Commanding

#### Rank COMMODORE

H.M.C.S. V.

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

# SERVICE CERTIFICATE

N. V. No. 17 3M-9-37 N.S. 815-11-17

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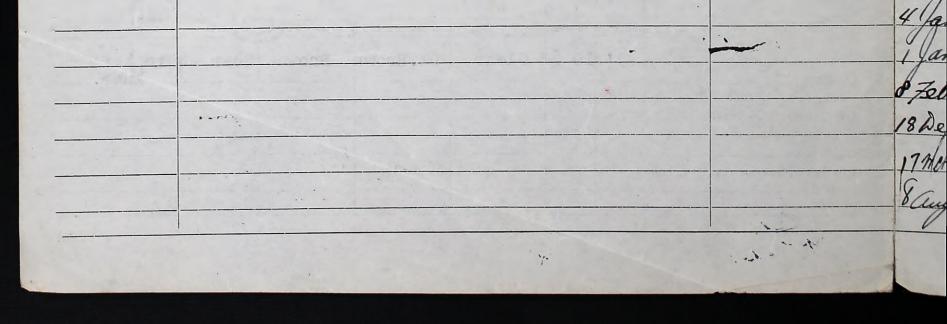
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## EXAMINATIONS AND NOTATIONS OTHER THAN THOS

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### DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441 1 Mil. 9-44 (5449) H.Q. 1772-39-2326

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Application for War Service Gra (Canadian Armed Forces)	. concy
(Cunadan Armea Forces)	
A complete reply must be given to every question in this application. If an "N.A." is to be inserted.	
1 Surname on termination of service VALIDNIE, T.T.	2.
1 Surname on termination of service VAL pure T. T. 2. Christian Names RAMEND, OAMES. (Print)	Die De
3. Service No. 13386 4. Paid rank or rating at date of term	ination of Service Fe TTy Office
5. Address, in full, to which payments of gratuity are to be forwarded	
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nova Scatia.	Canada:
6. State below your period or periods of service in the Armed Forces of Car	hada during the present war.
Final Date	of Date of
Service Rank or Commence (Navy, Army or Air Force) Service No. Rating of Service	vice of Service
NAJY: V3386 Party Other Supt	Tember May 7. 1944.
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7. Have you during the present War, while a member of the Canadian For-	ces, been attached, loaned or
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Rounders. 8 - 1944.

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Navy

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(Mark X opposite Force in which you last served.)

Mrs. Helen Valiguette (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy-The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army-The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force-The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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E. DEDUCT F. AMOUN F. AMOUN G. MONTH INSTALM. PAYABLE AMOUNT CHEQUE NO. DATE INSTALM. PAYABLE	TIONS T PAYABLE (THIS # WAR SERVICE O OUNT OHOWN IN CUMISTANCES PARTMENT O ILY INSTALM	OVEF OTHE MOUNT IS SRANTS ACT. SUB-TOTAL- INQUIRY IN DF VETERA ENT NOT T	RPAYMENT R DEDUCT PAYABLE IN T974, PROVIDE OF A. & B. TH THIS CONN NS' AFFAIR O EXCEED	OF PA DE IONS STORYOUR RI INS CREDIT IS AND ALLOWA	AY AND ALI PENDENTS' AND ASS DNTHLY INST E-ESTABLISHME AVAILABLE TO ULD BE DIRE OF PAY ANCES \$ 5	183 LOWANCES ALLOWANCE SIGNED PAY ALMENTS OF NT CREDIT IN YOU IN CERT ECTED TO T	s s NIL F\$ X30	B B	87.0

TOT DIR. Naval Pay. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY Deceased VALIQUETTE. Member's Name Raymond James (Christian Mames) (Surname) This Helen VALIQUETTE Register No. 2013 Payee File No. 13386 258 Maynard St. Stalifase . N.S Date 1. 12.44 Address Service No. V 3386 Final Rank or Rating P. O Date of termination of overseas service Y May 44 Date of Discharge 7 May 44 Sld A. TOTAL QUALIFYING SERVICE No. of days 1688 equal to 56 complete periods at 37.50 420.00 B. CUALIFYING OVERSEAS SERVICE 244.50 No. of days 986less 8 ineligible days equal to 978 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE RI 2.40 Pay 1.45. Subsistence or Lodging and Provision Allowance .35 Q.R Additional Pay C.C.B \$ · 05 Dependents' Allowance 1/30 of 8 51.12 9 Total \$ 41.65 x \$ 41.65 222.59 No. of days 978 887.09 SERVICE GRATUITY D. WAR OVERPAYMENT OF PAY AND ALLOWANCES \$ E. DEDUCTIONS DEPENDENTS ' ALLOWANCE AND ASSIGNED PAY \$ ŝ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 887.09 G. YOUR PORTION OF GRATUITY IS = \$ 887.09 of \$ Dependents' Allowance in issue to you \$ Total Dependents' Allowance in issue I certify that the amount has been correctly computed and is payable, CERTIFICATE: in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder. Treasury Prepared by Checked by Checked by Date

D.N.P.A. CH

Service Representative

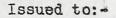


# 170385

# File No. N.S. V-3386 PERS. (N)

DEPARTMENT OF MATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS



.....

Wife: -

Mother: -

Mrs. Helen Valiquette, 258 Maynard St., Halifax, N.S.

Date forwarded:- OCT 1 3 1944 Registered Mail No.- 0-3/6/

# P.A.'S CHECKED IN

C.R. BY ......



DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

21

WAR MEMORIAL CROSS

Issued to:-

Wife:-



File No. V-3386

Mrs. N. J. Valiquette, Gros Pin., Charlesbourg, QUEBEC, Que.

2(N)

P.A. 'S CHECKED IN Date forwarded:- OCT 28 1944 Registered Mail No.-0-7982 C.R. BY .....

THE CANADIAN

IN REPLY REFER TO

Copy-for the information of :-

Superintendent of Naval Pay Accounting, Dept. of National Defence, (Naval ServicOTTAWA, November 6, 1944. ATTENTION: LEDGER SECTION The Chairman, Dependents' Allowance Board, Department of National Defence, Ottawa.

> Mrs. Raymond J. Valiquette, 258 Maynard Street, Halifax, N. S., widow of:-7-3386 Raymond J. Valiquette. R.C.N.V.R.

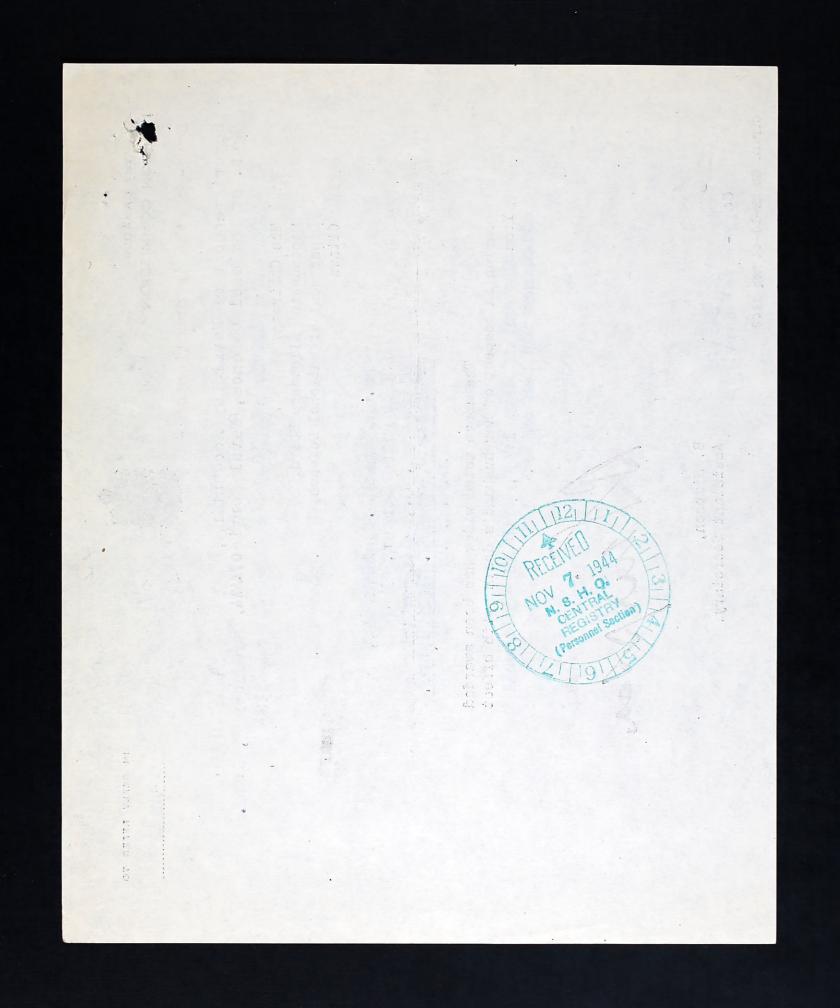
The above noted widow has been awarded pension in respect of her husband's death, with effect from the 8th of May, 1944, with an additional allowance for her child.

hur,

2020

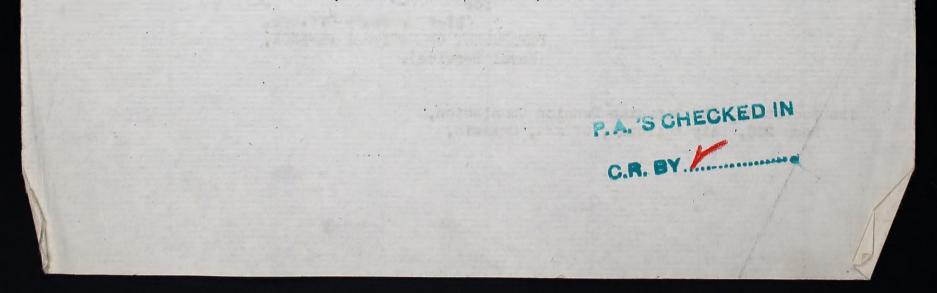
B. Simpson, Assistant Secretary.

Mole C.P.C. 65 21-10-44 Reg 1102



and a fraid	
	FORM "B" FILE: N.S. V-3386 PERS. (N)
VAL TREASURY	the second se
E. 3. S/un DEPART	MENT OF NATIONAL DEFENCE - Naval Service - Ottawa, Canada.
lie and the second seco	'AUG 3 0 1944
Sir:	(Date)
The follo	wing casualty has been reported -
NAME	RANK OF RATING NAVAL NO.
VALIQUETTE, Raymond James	Petty Officer, V-3386 R.C.N.V.R.
DATE OF ENLISTMENT - 28 Ju	aly, 1939 Active Service: 3 September, 1939
DATE OF DISCHARGE - 7 Me	ay, 1944.
HOSPITAL -	
	n hospital under jurisdiction of D.P. & .N.H.)
(II dibonaiboa i	in nooptout andor juriburooton or street of the
STRUTCH _ CAN	ADA & HTGH SEAS
	ADA & HIGH SEAS
(Indicate whethe	ADA & HIGH SEAS or in Canada only; or in Canada and the high seas or
(Indicate whethe elsewhere.)	er in Canada only; or in Canada and the high seas or
(Indicate whethe elsewhere.)	
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred.	r in Canada only; or in Canada and the high seas or <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"</u> ty h was torpedoed and sunk by enemy action in the Atlanti
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(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh	r in Canada only; or in Canada and the high seas or <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"</u> ty h was torpedoed and sunk by enemy action in the Atlanti
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh	The first of the first seas of the first seas of the massing, presumed dead, when H.M.C.S. "VALLEYFIELD" the ty of the was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action,
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh	The first of the first seas of the first seas of the massing, presumed dead, when H.M.C.S. "VALLEYFIELD" the ty of the was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action,
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.)	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty th was torpedoed and sunk by enemy action in the Atlanti nether death or disability due to enemy action, hether it occurred in Canada, or on the high seas or
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.)	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty th was torpedoed and sunk by enemy action in the Atlanti ether death or disability due to enemy action, hether it occurred in Canada, or on the high seas or
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u>	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty th was torpedoed and sunk by enemy action in the Atlanti nether death or disability due to enemy action, hether it occurred in Canada, or on the high seas or
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) NEXT OF KIN & RELATIONSHIP RELATIONSHIP - Wife	Pr in Canada only; or in Canada and the high seas or <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"</u> ty th <u>was torpedoed and sunk by enemy action in the Atlanti</u> mether death or disability due to enemy action, hether it occurred in Canada, or on the high seas or <u>NAME</u> -Mrs. Helen Valiquette,
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) NEXT OF KIN & RELATIONSHIP RELATIONSHIP - Wife	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty th was torpedoed and sunk by enemy action in the Atlanti ether death or disability due to enemy action, hether it occurred in Canada, or on the high seas or
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(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M	or in Canada only; or in Canada and the high seas or <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"</u> ty th was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action, nether it occurred in Canada, or on the high seas or <u>NAME</u> -Mrs. Helen Valiquette, Maynard Street, Halifar, N. S.
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M	or in Canada only; or in Canada and the high seas or <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"</u> ty th was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action, nether it occurred in Canada, or on the high seas or <u>NAME</u> -Mrs. Helen Valiquette, Maynard Street, Halifar, N. S.
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty the was torpedoed and sunk by enemy action in the Atlanti ether death or disability due to enemy action, nether it occurred in Canada, or on the high seas or NAME -Mrs. Helen Valiquette, Maynard Street, Halifar, N. S.
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty the was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action, mether it occurred in Canada, or on the high seas or <u>NAME</u> -Mrs. Helen Valiquette, Maynard Street, Halifax, N. S.
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty the was torpedoed and sunk by enemy action in the Atlanti ether death or disability due to enemy action, nether it occurred in Canada, or on the high seas or NAME -Mrs. Helen Valiquette, Maynard Street, Halifar, N. S.
(Indicate whethe elsewhere.) Reason for discharge and - when and where any disabili was incurred, or where deat occurred. (Show clearly wh accident or disease, and wh elsewhere outside Canada.) <u>NEXT OF KIN &amp; RELATIONSHIP</u> <u>RELATIONSHIP - Wife</u> ADDRESS - 258 M NOTE: If records indic or otherwise, de	Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" ty the was torpedoed and sunk by enemy action in the Atlanti mether death or disability due to enemy action, mether it occurred in Canada, or on the high seas or <u>NAME</u> -Mrs. Helen Valiquette, Maynard Street, Halifax, N. S.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN BREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MAR-RIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.



Names of Dependents	Relationship	of wife	date of birth of	children
Mrs. Helen Valiquet	te Wife			
Valiquette, Dennis	M. Son		November 18,	1943.
1 - The second of	and the second	Are see al		1

· · · · · · · · · · · · · · · · · · ·						
		<u>D. A.</u>	<u>A. P</u>		TATOT	
Monthly	rate:	\$51.12	\$37.	00	\$88.12	and the second second
To Whom	Paid:	Mrs. Helen	Valiquette	Address	258 Maynard St.	· · · · · · · · · · · · · · · · · · ·
Date of	Enlistn	nent: Se	e other side.	mar and the	Halifax, N.S.	
Date of	Dischar	rge: Se	e other side.		· · · · · · · · · · · · · · · · · · ·	
Inclusiv	re date	to which D.	A. and/or A.P.	was Paid:	· · ·	

The final deduction of Assigned Pay for 37.00 has been made for the period from 1st to 31st of May 194 4.

Remarks:

Computed by ..... Checked by.....

Manuscrimenter YB. Print

alec f. Bonne Pl

in the second



Chief Treasury Officer, DEPARTMENT OF NATIONAL DEFENCE, (Naval Service).

The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario. TFH/CM

REGISTERED

AIR MAIL

N.S. V-3386. PERS.(N)

8 May, 1944.

Dear Mrs. Valiquette:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Raymond James Valiquette, Petty Officer, Official Number V-3386, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your husband is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war services, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy 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 husband has helped to maintain.

Yours sincerely, dispatched

SECRETARY, NAVAL BOARD.

Mrs. Helen Valiquette, 258 Maynard Street, HALIFAX, N.S.

N.P.R./5-1	FO	RM A.		
			FILE: N.S	• V-3386 PERS. (N)
		NATIONAL DEFEN Service -	CE	
	• Navar	Ottawa, Canada	а.	(BUSIACONE )
Sir:			Dat	1944
Th	e following cas	ualty has been		
NAME		RANK or RATING	<u>N</u>	AVAL NO.
VALIQUETTE, Raymond	James	Petty Officer	·	3386 R.C.N.V.R.
DATE OF ENLISIMENT	- 28 July, 193	39 Active Se	ervice: 3 Septe	mber, 1939.
DATE OF DISCHARGE	Will be repor	ted later.		4.2
HOSPITAL -			v i	. /
	charged in hosp	ital under juri	sdiction of D.	P. & N. H.)
SERVICE -	Canada & F			
(Indica elsewh		anada only; or	in Canada and	the high seas or
Reason for discharg when and where any was incurred, or wh occurred. is listed as missing	disability ere death ing,	, was lost by er	emy action. V	
survival. Should r	o information	be received to	the contrary,	you will be noti-
fied when official (Show c accident or disease elsewhere outside C	learly whether , and whether i	death or disabi	lity due to en	emy action,
NEXT OF KIN & RELAT	IONSHIP -			
RELATIONSHIP- W	lfe	NAME -	Mrs. Helen Val	Liquette,
ADDRESS- 258 Ma	aynard St., HALI	IFAX, N.S.		
or othe	rwise, details	at rating was s to be furnished ent, etc., to be	and copy of a	his wife, legally ny Court Order,
Copies Form "B" fwd to Allots, (N) on	•			(n
N.P.R./5	•	Ĺ	HB. Money	1

MGF

for SECRETARY, NAVAL BOARD.

NV

Secretary, Canadian Pension Commission,

# Room 228, Daly Building, OTTAWA, Ont. Choles D.n.P.C. 15.1-45

NOTE:

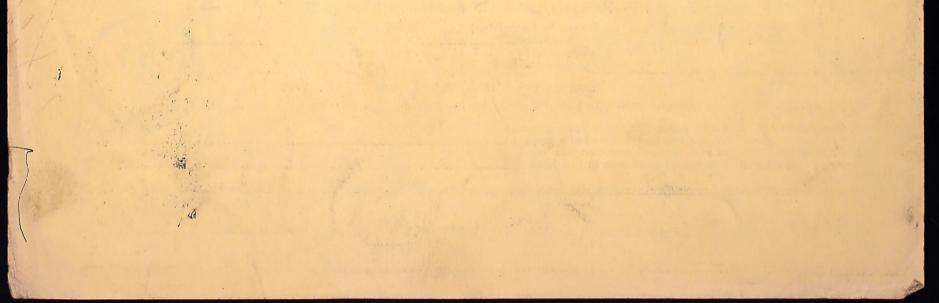
Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

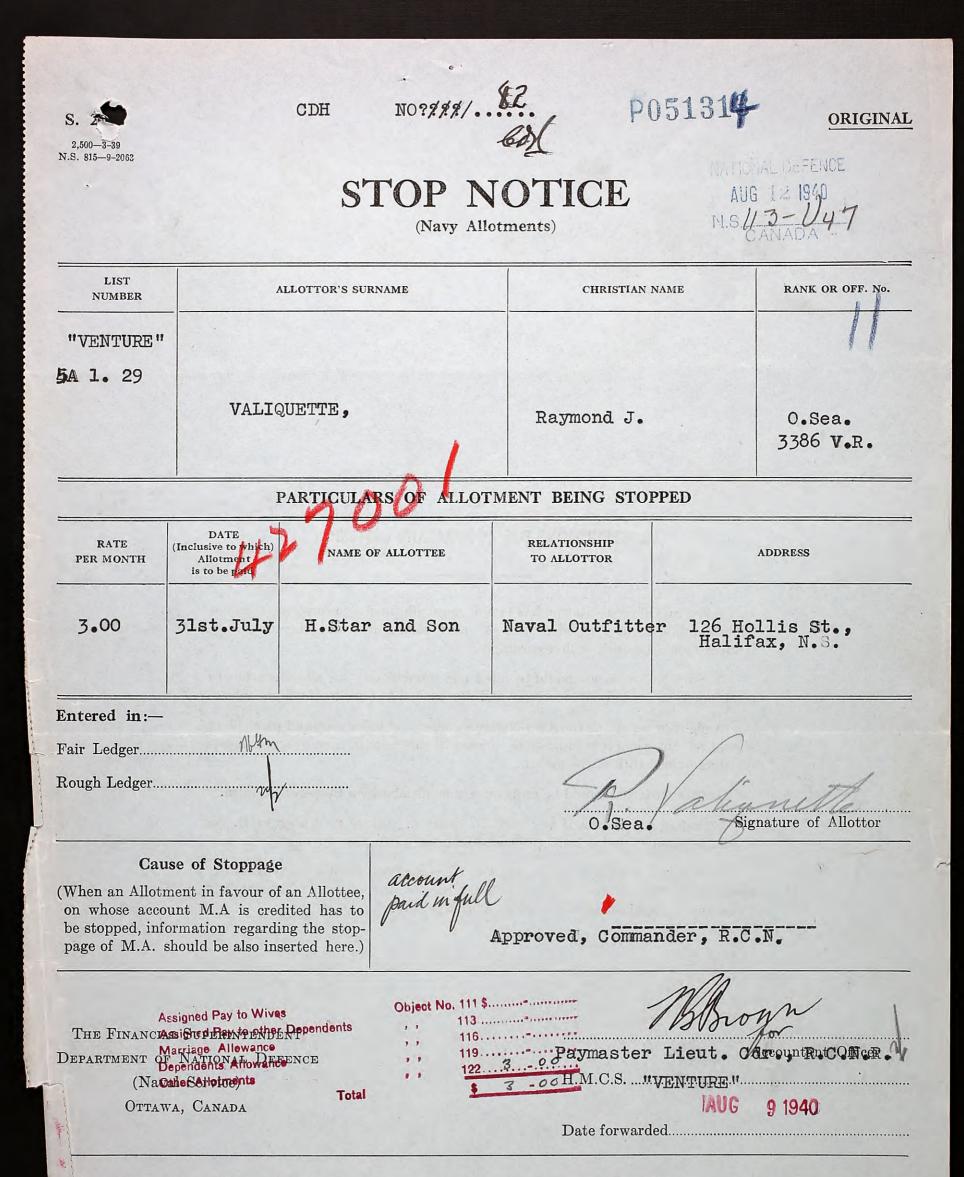
(See reverse side for further instructions)

112-V-47	181
OCCUPATIONAL HISTORY FORM	16.
THIS FC IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVIS M IE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABL IN STRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE HELP TO THE COMMITTEE.	ORY COM- ISHING IN OF MUCH
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FOR	RM
1. (a) Print name in full	PLEASE LEAVE BLANK
2. (a) Arm of service       (b) Unit       (c) Rank         (b) Have you       (c) Place of residence         3. (a) Date of birth       any dependents?	10
4. (a) Place of enlistment ALA GARAGE (b) Date of enlistment Section B-EDUCATION AND TRAINING	1 8
<ul> <li>5. (a) State age on         <ul> <li>(b) Were you attending school</li> <li>(c) or college up to the time of enlistment?</li> <li>(c) State definitely highest standing reached at public, technical or high school</li> </ul> </li> </ul>	l -
<ul> <li>(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).</li> <li>7. If you attended a university, give name of university and standing or degree secured.</li> </ul>	2
<ul> <li>8. (a) Did you ever (b) If so, (d) If you did not finish it, how long apprenticeship?</li> <li>9. (a) What languages (b) What languages</li> </ul>	6
do you speak fluently?	2
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
WORKINGorNOTWORK- (b) At time of en- ING at time of enlistment. listment of what (Enter here only "Work-	
ing" or "Not Working", as case may be; particu-	
lars are asked for below)	
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)	( ( <b>1</b> 4-
11. Had you ever been employed fairly regularly since leaving school?	- 1
12. (a) If answer to 11 be "Yes",       (b) State how long you         state exact trade or occupation       had worked at this         at which you actually worked       trade or occupation	
<ol> <li>13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified</li></ol>	
when you last worked fairly regularly before enlistment.	
<ul> <li>and the second second</li></ul>	1997 - 1997 -
in a business of your own state	
nature and address of business	
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTIONS 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	h., .,
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 Anticipation of the second seco	
19. Nature of employer's business (for instance, "farmer", or "building	
20. (a) Your (b) Number of years' experience at this occupation with any employer.	E 11. 1
21. (a) Did your employer promise definitely to give you employment on discharge?	<u>.</u>
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	
or professional practice	DA

#### Section F-PARTICULARS OF FARMING EXPERIENCE ...... ...did you have experience? ... 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? dist. J.J. Frand DATE 194 SIGNATURE I

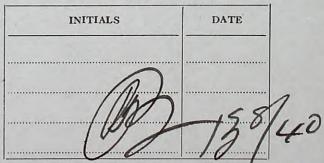
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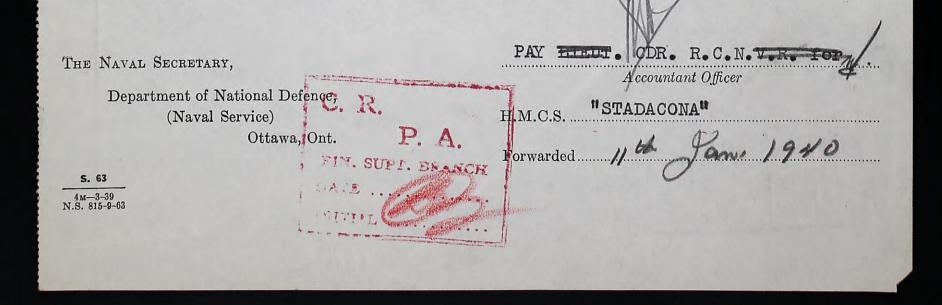


# FOR USE AT HEADQUARTERS ONLY 1. Index Card Destroyed.....

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



		GA	A NO	14/200	JAN L. H.O. Frie I	-V/47
*	DECLA	RATIO	N OF AI	LOTME	NT	
List and Number in Ledger		ALLOTTOR	2	Rank or Rating	Official No.	Daily Rate of Hay
STADACONA 4 QUE 9			20 mil			
	SurnameVALIG	UETTE,	7	Ord.Sea.	3386	\$1.50
	Christian R. R.			P154	7	
Section A		ALLOTME	NT NOW DECI	LARED		-
FULL NA	ME OF ALLOTTEE	Relationship	ADDRESS		Rate per Month to be charged on ledger	Month to commence. Payable on last working day
SurnameManı Christian Names	ufacturers Life Ins. Co.	1430 AN CU	126 St-Pet Queb	er Street, ec.	\$3,00 c	January 1940.
Section B			EXISTING ALI allotments are ir		(Se	e Note 1 below)
Rate	NAME OF ALLOTTEE	N I	ADDRESS	These all	tments are to be disp below. (See Not	oosed of as indicated e 2):
Note 1:-If there be Note 2:-Write "In ENTERED IN F4	e no existing Allotment, the word "NJ creased or reduced as Section A"; "T Allottor's Sig	o be stopped (charge	izing charges	)"; "To be continued," e	aliank or Rating	uette Drd.Sea.
BATERED IN FA	<u>Elba</u>	y sallef.			ille	



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FOR USE AT HEADQUARTERS ONLY

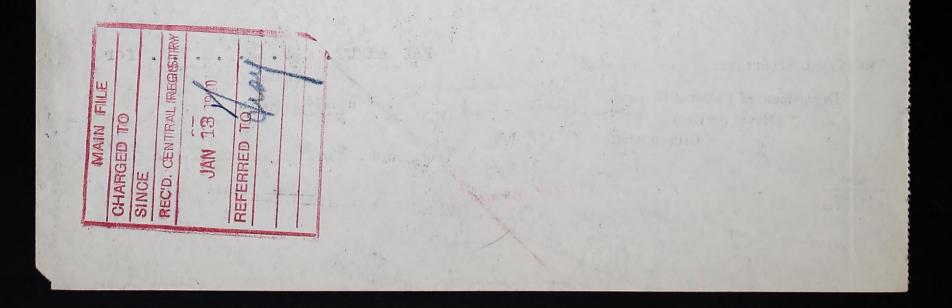
NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

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QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) Jaymond Date and place of birth 10. U.C. birth must be attached ts or affidavit as Permanent place of residence. 122, 5 1. Que Que, Nearest town to residence (if living in country) In what capacity do you wish to enrol? Ordinany planners (Attach any testimonials or recommendations) Do you belong to any Naval, Military, Reserve or Territorial Force ?..... Have you ever served with such forces? Give dates and details Have you ever been discharged from any of H. M. Forces as medically unfit ?.... Have you ever offered to serve in any of H. M. Forces and been rejected ? Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate I hereby declare that the above answers are true in every respect. alipuette Signature 1939 Date une 12 e, Address

(Witness to Signature) Such . 0.

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.

I certify his date of birth, according to legal documentary evidence, to be.....

N. V. 3 3M-4-36 N.S. 815-11-3



### Department of National Defence

# 1138353

Rabal Service

AUG 3 0 1944 

#### IN REPLY PLEASE QUOTE

N.S. O.N. V-3386 PERS (N).

Sir:

DEATH

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

PARTICULARS RE NAME, RANK/RATING, Official No., UNIT

VALIQUETTE, Raymond James R.C.NV.R

Petty Officer Missing, presumed dead to Official Number V-3386 date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

### NEXT OF KIN

Wife: Mrs. Helen Valiquette 258 Maynard St., OK Halifax, N.S.

SEP

5

	Amount	Initials
Mrs. Helen Valiquette, 258 Maynard St., Halifax, N. <sup>S</sup> . Tot	D.A. 51.12 A.P. <u>37.00</u> tal\$88.12	AMP.

ALLOTMENTS IN FORCE

Ins. Co.

In favor of

Wife

Man's Life Ins., 126 St. Peters St., \$3.00 Quebec, P. Q. A. P.

AMP.

(Both Allots. stopped May 31/44)

Will: No Record.

Yours truly,

3 Money.

for SECRETARY, NAVAL BOARD.

Administrator of Estates, Estates Branch, Department of National Defence, Ottawa, Ont.

D 2258 A 1000м—4-42 (4259) N.S. 815-5-2258

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Free Jelen Willenebbe 250 mar 1940 free Deligne 119:

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NY B. Mr. . W len Velieustas.

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The Singho 4.

Nr. 7. . SHODIC' TO 03.00 ALEW. 326 St. Colors St. skn's life los.,

(Sour Allots, stopped tay 31/446)

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The BUTTON

. 20 . ν. τ. 190 194 εξ. τ. ζενια Ο C τ<sup>13</sup> . . . .

10 100010.



Six copies to be rendered to Naval Service Headquarters

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

Name	
Rank of Rating	If unknown, date of first entry)
Place of BirthDate of Birth	h-Gotober, 1919
Occupation in Civil Life	üntholiq
Number of years service in the Navy (Long Service R.C.N., or mobilize	d service in case of R.C.N.
(Temporary) or Reserve ratings)	
Date of DeathPlace of Death	\$
Cause of Death (If due to accident, violence, or enemy action, particulars to l	be stated briefly)
Nearest known ( Name	ship
relative or friend.	
Date on which the above was informed by Ship	.thetterline
Date on which death was registered with local Officials	latornd
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, E	dinburgh or Dublin, accord-
ing to Nationality	
Place of BurialDate of Burial	(if known)
Location, Number, etc., of grave	
Undertaker employed(if any)	

1454

關鍵

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-6-41 (831) N.S. 815-9-1121

hoted

# STATEMENT OF ACCOUNT

						ding 30 Ju		
List12 No	10 (N	lame) VAL	IQUETTE	. Raymo	nd JRank	Rating P.O.	Vo. V	3.86
When enteredF.	B	Date	of appeara	nceF	B	Whither discharged	DE/	4.D
		P					\$	с.
CREDIT from form	er account					••••••	42	
(Ponk Pat	(na)					at \$2.40a day)		
" QR.I.		1 Apl		1 May	(.61. "	·	21	.35
" 1 GCB		1 Apl	" 3	1 May		• • 05 " )		05
"			"		(	· " )		
"	"		"			· · · )		0
Kit Upkeep Allowan	A	djustme	nt of M 7. May	arch, 1	.944	· · · )		50
						Total credits		
	and the second							
DEBT from former	account	·····			· · · · · · · · · · · · · · · · · · · ·		N	F
PAYMENTS:	1st	2nd	3rd	- 4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month	42.00	17.88				Total		.88
2nd month						Total		
3rd month			£			Total		
AllotmentAP 37.	00, 16.8	0, 3.00	chged.	Apl. A	P 37.00	& 3.00 chged.		80
Pension deduction (	Officers) cha	rged to			of	• Ma	A	
Hospital stoppages								
	s: Offici	al Rece	int.No.	25181	Payable	to Administra	tor	
of Naval Est			-	a second second			63	1
						× 1		
LEDGER		••••••		••••••		Total dahita	220	42
A A A A A A A A A A A A A A A A A A A						Total debits	220	
AUDIT:					Balance Cr	. or Dr.	N	IL
- A -			,		(Balance Dr.	to be shown in red)		

Number of days actually victualled during period mentioned above.....

	and the second	
NOT		
1101	INCLUSIVE DATE	

VICTUALLED

LENT, SICK OR LEAVE No. OF DAYS SHIP, HOSPITAL, etc., IN WHICH BORNE FROM то 11/mg 5 June 19.44 Date ..... PAY LIEUT GDR., R.C.N.V.R.

C.N.S. 2426 25M-5-42 (4545) N.S. 815-9-2426

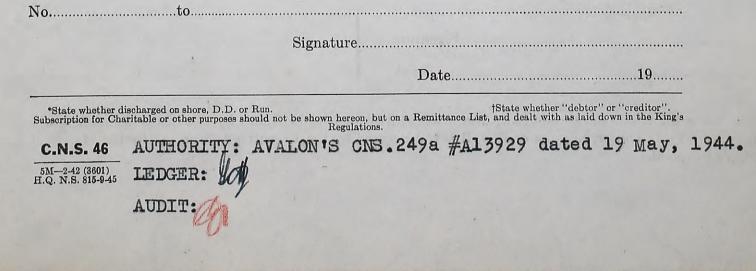
ACCOUNTANT OFFICER

•

# Gene(n) 2/9/44 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

Who*DISCHARGED DEAD	e7 M	tay	19.	44
Net sum due on ledger on account of Wages			\$ NI	cts.
Proceeds of sale of Effects charged against Wages, brough			T T	
CASH— Proceeds of sale of Effects, brought from the other side		cts.		
Found amongst Effects				a
Debts collected §			•	
Cash deposited by official Receipt No <b>25181 Admini</b> Estates (Prese Cash debited in the Accountant Officer's Cash Acct	strator nt War)	of Naval	63	74
If in debt in ledger, amount to be stated (in red ink)				
Rate of allotment (in words). THIRTY-SEVEN DOLL, THREE DOLLARS				
Name of ship from which transferred HMCS."VALLEY				
Total† CRED ITO	R		63	74
·	····· 41 - 4 41 -	. IL-	nt conto	ing o
We hereby certify that we have every reason to beli				
true statement of all wages, Effects, and other Credits or "VALLEYFIELD" amounting to a net balancet			•••••#74• ¥•#74•#44*	
of SIXTY-THREE dollars.			<del></del> c	ents.
		at. S		
NFLD. FIFTH		JUNE		
	U Umr	RAccor	untant O	fficer
	DR RUNV			
All All	DR., R.C.N.V.	f Initi	als of the Ass ccountant Offi	istant



# ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD		117m		
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash	
	• •	· ; brack, off • white	to the state of		
		166 VV 607 1 V.3.	8.V		
	4.4	16 27 COME 3			
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	and a second second				
	an <u>Company and An</u>	( Maria and Contest ( Maria 2 ) assess			
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	65 74	S. M.T. 173. C			
20 20	The second se				
	in Mala in the	×			
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	1				
	83.573 .	1 - Para - C	<u></u>		
		Total proceeds of sale carried to account on the other side			

Lieutenant or Officer who attended at the sale of the Effects. imr Y

: . . Y ...

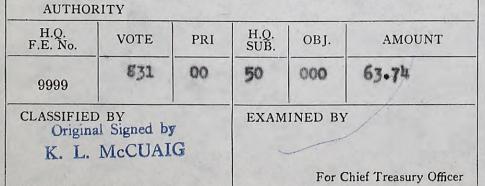
The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\* Straw ... ...Signature .....Signature ..... Rank .....Rank ..... . C. When the effects are those of an Officer, this statement is to be signed by two of 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.

# DISTRIBUTION OF SERVICE ESTATES

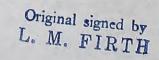
### R.C.E.V.E.

Name: VALLOURTTE, Surname	Christian Names	No.: <b>V3386</b>
P/0	R.C.N.V.R.	7-5-14
Rank	Unit	Date of Death
	<u> </u>	MOUNT
		L.P.C\$ 63.74
	Date: 2-12-44	Other Credits
		Total

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Helen Valiquette. 258 Maynard St., Halifaz, N.S. (§ in community of property and § for benefit of minor)	63.74
		TO BE FORWARDED BY REG. MAIL DIREC	CT;
-		<b>PA TO TREAS.</b> 14-12 nuw	



DISTRIBUTION APPROVED AND AUTHORIZED



(L. M. FIRTH) Lt.-Colonel Administrator of Estates

A.

AUDITED FOR PAYMENT

50M—8-44 (5426)<sup>°</sup> µ.Q. 1772-80-2

For Chief Treasury Officer

N.S. 113 - V. 47.

# Passing Certificate

# This is to Certify

Raymond James VALIQUETTE that .....

Rating A/Ldg. Smn., R.C.N.V.R. Official Number V.3386

has passed

## THE EDUCATIONAL TEST, I R.C.N.

held on 17th March, 1942.

For advancement to Petty Officer

Naval Secretary A/Commander, R.C.N.V.R., Director of Education.

Department of National Defence,

Ottawa, this lst day of April, 19.42.

C.N.S. 2431 10м-7-40 (6232) N.S. 815-9-2431



Can. B. 207 20M-8-38 N.S. 815-2-207

## CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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.... candidate for entry as..... and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence, Dated at..... .....the Examining Medical Officer (Rank

This examination has been made in accordance with the Instructions for Recruiting.

© Age (Years Months	© Weight without	© Height with Bare	General Development (d)	Chest Girth	S (i) Snellen's Types (ii) Colour Vision	Vaccipated or re- Arccipated for Small Pox (Date)	© Lungs, Heart, etc.	© Abdomen, Hernia, etc.	© Limbs and Joints	© Skin	3 Ears and Hearing	<ol> <li>Testes,</li> <li>Varicocele, etc.</li> </ol>	Mouth, Teeth (No. defective, cient and No. defective, if any), Nose, Tonsils, etc.	3 Anus, Hæmorrhoids, etc.
01	ibs.	tt. ina. 5.	yood.	inches (a) maximum 3 (b) minimum 3 (c) mean 3 5	right eye left eye colour yişion 75 h 7	Ju childhe	pannal	normal.	normal.	MOTHUR.	nound.	- find out	Marturel-	manuel.

### CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject-of ....;

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

(Rank)

Traamining Medical Officer

\* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.