V35778
GREGGIO
WILLIAM ALEXA

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

DECEASED 20 Sept. 1943

AWARDS NAVY

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
GREGGIO	William Alexander	V-35778	Tel.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Atlantic Star C.V.S.M. & Clasp War Medal	7730

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP
REGN. NO 1819

(1) MEDALS
PERSON
ENTITLED TO Mr. John Greggio - Father
ADDRESS: 17 West Ave.,
HUMBERSTONE, Ont.

(1)

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mrs. C. Greggio

ADDRESS: 17 West Avenue
HUMBERSTONE, Ontario

(3) 5 January 1944

(*To be completed in triplicate*)

DUPLICATE

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call.....B36638.....Regimental Number.....B.b.p.l.p.7.5.....

1. Taken on Strength of No.....2.....N.R.M.A. Clearing Depot.....Toronto, Ontario, Canada.....
2. Surname (Block Letters).....GREGGIO.....
3. Christian Names (in full).....William.....
4. Present Address.....17 West Ave., Box 54, Humberstone, Ontario.....
5. Place of Birth.....Canada (Country) Ontario (County or Province) Humberstone (Town or Township).....
6. Date of Birth.....16th June, 1921..... 7. Religion—Denomination.....R. C.....
8. Physical Description: Height...5'10½"...Weight...155...Eyes...Brown...Hair...Black...
   Complexion..Dark.....Identification marks.....Nil.....
9. Married, Single, Widower?.....Single.....
10. Next-of-Kin..Mrs. Carmen Greggio (Name).....Relationship.....Mother.....
    .....17 West Ave., Box 54, Humberstone, Ontario. (Address).....
11. Trade or Occupation.....Radio Repairer.....
12. Previous Naval, Military or Air Service.....Nil.....
    (State Units and Dates of Service)
    .....
13. Preference, if any, for, R.C.N.?.....Yes..... Army?..... (Arm of Service) R.C.A.F.?.....
14. Employment in War Industry, if any.....Canada Cement Co.....

Wm Greggio
.....(Signature of Man)

T.E. Bell Lt
.....(Signature and Rank of Enrolment Officer)

.....28th August.....1941.....
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No..20.....at Brantford, Ontario.....Date..28th Aug., 1941.
   Completed.....44.....Days Basic Training.
   28/8/41 T.E. Bell Lt
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No..A-11.....at Camp Borden.....Date..28-10-41
   Completed.....60.....Days Advanced Training.
   Qualities of Leadership, Positive.....Becoming Evident?.....Dormant?.....✓
   Transferred to..1 SAD HQ.....Date..1-1-42
   (R.C.N., formation or unit of the C.A., R.C.A.F.)
   ..... (Date, Signature and Rank of Recording Officer) A. Quinlan Major

C. Medical Category on acceptance at Basic Training Centre.....A.....

RECORD OF SERVICE of GREGGIO (Surname) William (Christian Names) Regimental Number B 601025

QUALIFICATIONS

1. Naval, Military, or Air: Nil
2. Business or Professional: Nil
3. Trade or Civil: Radio
4. Technical: Nil
5. Languages, etc. English (mother tongue) Can speak? English Can read and write? English Can drive a car? No Repair a motor? No Cooking experience? No Hobby? Phtgry.

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate: 1 yr. High (years completed) Graduation or Matriculation: Nil (specify)
7. *College: Nil
8. *University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. 2 Toronto, Ontario.						
		T.O.S. No. 20 (B)T.C.	Pte.	28-8-41	#20 (B)T.C.	Brantford	D.O. 70 Pt. II	29-8-41
		Ceases to be attached to #20 (B) T. C. on transfer to A-[illegible] T.C. Camp Borden	Pte.	29-10-41	#20 (B)T.C.	Brantford	D.O. 102A Pt.II	29-10-41
		Att. f.a.p. to AllIATC from Att. to No. 20 B.T.C. Brantford, Ont.	Pte.	30-10-41	AllIATC	Borden.	D.O. 135	30-10-41
		Ceases to be att. for Trng. & Posted to S.S.M. & S Regt, as A Member of H.D.	Pte.	7-1-42	AllIATC	Borden	D.O. 5	7-1-42
		T.O.S. SSM & SR(AF)	Pte.	8-1-42	SSM & SR	Borden	D.O. 5	7-1-42
		Admitted C.S.H.(Toronto)	"	17-1-42	"	"	D.O. 15	19-1-42
23-1-42	SSM&SR	Discharged from C.S.M.H.(Toronto)	"	22-1-42	"	"	D.O. 19	23-1-42
		AWL 2200 hrs	"	5-2-42	"	"	DO 31	6-2-42
		Awarded 7 DS PA AWL 3 Days 21 hrs. Total Fort. 11 DS PA	"	10-2-42	"	"	D.O. 33	10-2-42
		~~Ceases to be attached~~ S.O.S. on Attachment to #2 D.D.	"	14-4-42	SSM&SR	NIAGARA	D.O. 83	14-4-42
		T.O.S. 2 District Depot DO 100 28-4-42	"	~~16~~ 15-4-42	2 DD	Toronto	DO 95	22-4-42
		S.O.S. under CARO 1029(12)	"	30-4-42	"	"	DO 102	30-4-42
		Services no longer required						
		Clothing allow 35.00	"	"	"	"	—	—
		Rehab Grant	"	—	"	"	—	—

23-1-42	SSM&SR	Discharged from C.S.M.H. (Toronto)	"	22-1-42	"	"	D.O. 19	23-1-42
		AWL 2200 hrs	"	5-2-42	"	"	DO 31	6-2-42
		Awarded 7 DS PA AWL 3 Days 21 hrs. Total Fort. 11 DS PA	"	10-2-42	"	"	D.O. 33	10-2-42
		~~Ceases to be attached~~ S.O.S. on Attachment to #2 D.D.	"	14-4-42	SSM&SR	NIAGARA	D.O. 83	14-4-42
		T.O.S. 2 District Depot DO 100 28-4-42	"	~~16~~ 15-4-42	2 DD	Toronto	DO 95	22-4-42
		S.O.S. under CARO 1629(12)	"	30-4-42	"	"	DO 102	30-4-42
		Services no longer required						
		Clothing allow 35.00	"	"	"	"	—	—
		Rehab Grant	"	—	"	"	—	—

Regtl. No. B.601025 Rank Pte Surname Greggio Christian Names William

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
15-9-41	X Ray Chest Negative # 23893				
30-8-41	T.A.B.T. 1 & Vaccination				
20-9-41	T.A.B.T. 2				
11-10-41	T.A.B.T. 3				

17-10-41 Returned Corps

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Chester St Hosp		17	1	42	22	1	42	Influenza	5		E A Jones Capt

M.F.M. 23
20M—8-41 (1402)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. B 601025	Rank Pte.

Surname GREGGIO

Christian name William

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps No 2 District Depot.

Date of discharge 30th. April 1942

Place of discharge Toronto, Ontario. Mil. Dist. No. 2

1. DESCRIPTION AT DATE OF DISCHARGE

Age 20 years 10 months

Height 5 feet 10 inches

Complexion Dark

Eyes Brown

Hair Black

Trade Radio repairer

Descriptive marks

None

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address) 17 West Ave (Street and Number) Humberstone (P.O., City or Town, etc.) Province Ont

2. The above-named man is discharged in consequence of C.A. (A) R.O. 1029 (12)
His services being no longer required (called in error)

Authority for discharge H.Q. T-20-G-2747 d/ 18-3-42

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

Good all.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

Radio Repairer

(OVER)

5. He is in possession of the following number of G.C. Badges: none

5A. Service Button (Class and number none)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... none

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Toronto, Ontario. A K Ramsey Capt Adjt

(Date) 30th. April 1942 *Commanding* for O. No 2 District Depot.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Toronto, Ontario. Wm Griffin *(Signature of Soldier)*

(Date) 30th. April 1942 W Hardy Sgt *(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army) N.R.M.A. 28-8-41 to 7-1-42 8-th. January 1942

(Date of discharge—Canadian Army) 30th. April 1942

(Total Service—Canadian Army) ----- years ----110---- days 110

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) Toronto, Ontario. *(Signature)* A K Ramsey Capt Adjt

(Date) 30th. April 1942 for O. *Commanding* No 2 District Depot.

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

NO RESERVATIONS

(Date) 30th. April 1942

Don Greggio

(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).	~~Form of Will (M.F.M. 10 or 10A).~~
~~Certified Copies of Convictions by Civil Power.~~	~~Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).~~
Casualty Form (M.F.M. 4).	Attestation (Duplicate and ~~Triplicate~~ M.F.M. ~~2~~ 103
Proceedings Medical Board (2 copies).	~~Particulars of Family (M.F.M. 5).~~
Medical Case History Sheet.	Proceedings on Discharge.
Dental History Sheet.	~~MFM88~~
Last Pay Certificate.	MFM105
	appln for Sec Badge
Duplicate Discharge Certificate (M.F.M. 7)	MFC800

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

A R Ramsey Capt Adm
for *Officer Commanding*

No 2 District Depot.

1. Certified Copies of Convictions by Civil Power.
2. Form of Will (M.FM.10 or 10A)
3. Certified Copy of Record of Declaration of Court of Inquiry (K.R.Can. 1513)
4. ATTESTATION (Triplicate M.F.M. 103)
5. Particulars of Family (M.F.M. 5)
6. M.F.M. 88

Unemployment Insurance - Yes

E.D. 153
P.D. 92

N. V. 5
50M—10-41 (1941)
N.S. 815-11-3

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GREGGIO OFFICIAL NO. V-35778

CHRISTIAN NAMES William Alexander MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
17 West Ave.,HUMBERSTONE, Ontario	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
June 17th, 1921	Town HUMBERSTONE County Welland Province Ontario	(mother) Carmen Greggio, same address
*Original Nationality of: Father French Mother French		

*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 5 Inches 8¾ 152½	Inflated 38 Deflated 34½ Mean 36	Brown	Brown	Dark	Nil

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Entrance	Electricians Helper, Cavers Brothers ST. CATHARINES, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength May 6th, 1942	Ord. Smn. W/T.	H.M.C.S. 'STAR'

(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 Army 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
Sault Ste. Marie & Sudbury Regiment	Private	Aug 28th, 1941	April 30th, 1942

(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 HAMILTON 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 6th, day of May 1942

Signature of applicant Wm Greggio

(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 6th, day of May 1942

D. A. Lang Sub-Lieut RCNVR

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, William Alexander Greggio 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 Wm Greggio

Witness D. A. Lang

Date May 6th, 1942 Rank Sub-Lieut RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

William Alexander Greggio 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 HAMILTON Division of the R.C.N.V.R. or in the appropriate official documents.

D. A. Lang Sub-Lieut RCNVR

Attesting Officer.

May 6th, 1942 R.C.N.V.R. Division (or other establishment) H.M.C.S. 'STAR'

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.

This is to acknowledge that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Wm Greggio

Signature

V35778 OFFICIAL NUMBER | FILE NUMBER 113-G-1640 | OFFICIAL NUMBER V35778

NAME GREGGIO (Surname) William Alexander (Given Names) DATE OF BIRTH 17 June, 1921

PLACE OF BIRTH Humberstone, Ont. OCCUPATION Electricians helper

RELIGION R.C. EDUCATION entrance

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 17 West Ave., Town Humberstone, Province, etc Ont.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
6	5	42	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 8¾"	brown	brown	dark	nil

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To
Sault Ste.Marie	Pte.	28-8	30-4
&Sudbury Regt.		41	42

NEXT OF KIN RELATIONSHIP (in pencil) Mother CAN5537 30.5.43 NAME (in pencil) Mrs Carmen Greggio

ADDRESS (in pencil): Street and No. 17 West Ave., Town Humberstone Province, etc. Ont

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
7	11	42	Qualified Ord. Tel.
16	1	43	Qualified Tel.

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

FILM NO. WSA-5583-1

DATE

SECOND CLASS FOR CONDUCT

From	To

W.S.G. APPLICATION 1268 RECEIVED

H.Q. 35—15M—10-41 (2177)
N.S. 815—7-35

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

V35778 OFFICIAL NUMBER | NAME GREGGIO (Surname) William Alexander (Given Names) | OFFICIAL NUMBER V35778

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
						V.G.	Sat.	31	12	43
HMCS "Star"	Ord.Smn.W/T	6	5	42	Div.Str. Hamilton	V.G.		20	9	43
"	"	24	6	42	Active Service					
St. Hyacinthe	"	25	8	42	S161 230353					
"	Ord. Tel.	7	11	42	Transferred. 249A/30365					
Stadacona	"	10	2	43	DRD No. H-640					
Cowichan	"	22	2	43	DRD No. H-746					
Stadacona	"	24	3	43	DRD # H1013					
Annapolis	"	31	3	43	DRD # H1066					
Stadacona	Tel	6	7	43	DRD H-1981. Rated Tel.24.6.43 249A 43503					
St.Croix	"	20	7	43	DRD H-2113.					
DISCHARGED	"	20	9	43	Missing on Active Service Per Casualty List.					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year

GENERAL REMARKS

Canadian Mamorial Cross awarded to Mother: Mrs Carmen Greggio, 17 West Avenue, Humberstone, Ontario to date 5 January 1944

DATE OF BIRTH DY.	MO.	YR.	PLACE BIRTH	CIVIL OCCU. MAIN	SUB.	RELIGION	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
14	6	21	11	900	0	10	1	1	53	06	9	20	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.	ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
06	05	42	24	06	42					0280	0	12	94

SENIORITY DY	MO.	YR.	STR. CAT.	NON-SUB A	B	M. ST.		CODED	CHECKED
06	07	43	09			20	20-09-43		

Of.

34

N.V. 17
60M—11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

William Alexander Greggio

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V-35778
Halifax, Nova Scotia	N.M.C.S. "Star"	"
		"

Date of Birth June 17th 1921

Place of Birth Humberstone Ontario

Place of Residence 17 West Ave, Humberstone, Ont.

Trade brought up to Electricians Helper

Religion R.C.

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

(Father) Mr John Greggio

same address

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

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of Award	Date of Presentation	Nature of Decoration
May 5 '42	May 6 '42	Host.	Ord Sm W/T			

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	8 1/4	36	152 1/2	Brown	Brown	Dark	Nil
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional Strength						
1942	H.M.C.S. 'Star' (Stadacona)			W.T. Ord Smn	6 May '42	23 June 42	
	Active Service						
1942	H.M.C.S. 'Star' (Stadacona)			W.T. Ord Smn	24 June 42	24 Aug '42	
1942	H.M.C.S. 'St. Hyacinthe			W.T. Ord Smn	25 Aug '42	6 Nov '42	
1942	— —			Ord Tel	7 Nov '42	8 Feb '43	
1943	Stadacona			O. Tel.	9 Feb '43	21 Feb 43	
	Stadacona (Cowichan)			— " —	22 Feb 43	23 Mch 43	
	Stadacona			— " —	24 Mch 43	30 Mch 43	
	Annapolis			— " —	31 Mch 43	23 Jun 43 5 July 43	
	Stadacona			Tel. — " —	24 Jun 43 6 July 43	19 July 43	435 03
	St Croix			— " —	20 July 43	20 Sep '43	"D.D."

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

Date	Details	Captain's Signature
22 Sep '42	[illegible]	
31 May 43	[illegible] (25+25)	

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

Name William Alexander Goggins Conduct

SECOND CLASS FOR CONDUCT
(Inclusive Dates)

From	To

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

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

GREGGIO

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL .G.R.E.G.G.I.O. ..William Alexand..RANK/RATING ...Sea.....OFF.NO. ..V 35..

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CL C.V
	24.6.42									
Cowichan	22-2-43	23-3-43	30	at						
Annapolis	31-3-43	5-7-43	97	at						
St Croix	20-7-43	20-9-43	63	at						
	20-9-43	this		Head.						

VERIFIED BY .....

VERIFIED BY .....

VERIFICATION FORM

N STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

Alexand...RANK/RATING ...Tel.....OFF.NO. ✓ 35778 .....ADDRESS .....

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

VERIFIED BY .....

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

NATIONAL DEFENCE
MAY - 8 1942
N.S. 113 41640

98025

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING 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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full GREGGIO WILLIAM ALEXANDER (b) Reg'l. No. V35778
2. (a) Arm of service NAVAL (b) Unit H.M.C.S. 'STAR' (c) Rank ORD. SEAMAN/T
3. (a) Date of birth JUNE 17/21 (b) Have you any dependents? NO (c) Place of residence at time of enlistment HUMBERSTONE ONT
4. (a) Place of enlistment HAMILTON ONT (b) Date of enlistment MAY 1ST 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) ENTRANCE.
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? NO (b) If so, for what occupation? ✓ (c) Did you finish it? ✓ (d) If you did not finish it, how long did you serve at it? ✓
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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 CAVERS BROTHERS. Address ST. CATHARINES ONT
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RETAIL ELECTRIC STORE
20. (a) Your specific occupation ELECTRICIANS HELPER (b) Number of years' experience at this occupation with any employer 3 MONTHS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? ✓
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NIL (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? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) ✓
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form JOIN MERCHANT MARINE

DATE MAY 6TH 1942 SIGNATURE [signature]

NO

MAY 27 1942

COPY TO
V. D
ES

No. B 74220

Province of Ontario

Dominion of Canada

Certificate of Birth

This is to Certify that the following particulars are of record in the office of the Registrar-General of Ontario.

Name of child Gregg Smeli

Date of birth June 17th 1921 Sex Male

Place of birth Humberstone Village County Welland

Name of father Gregg John

Address of father Humberstone Village Occupation Laborer

Maiden name of mother Scarpcarqua Camella

Date of Registration June 17th 1921

Given under my Hand and the Seal of the Registrar-General at the Parliament Buildings, City of Toronto, this 31st day of January 1942

F. R. Johns

Deputy Registrar-General

Index 1921-53-147

Russ

40M—May 1941 A636

Mr Invern

HOSTILITIES W/T — WEEKLY TEST AND FINAL RESULTS

Hawkerstone Ont.

NAME GREGGIO, W.A. O.N. V35778 CLASS "YW". 1

WEEK ENDING	SBX	P&O	CODING	THEORY	TECH	AV'G	REMARKS
OCT 17 1942	83.2						OCT 23 1942
OCT 24 1942	88.6			90	OCT 23 1942		Excellent in every respect.
OCT 31 1942	91.6						
NOV 7 - 1942	90.6				91	NOV 9 - 1942	
NOV 14 1942	86.2						
NOV 21 1942	88.8	76	NOV 25 1942				Good.
NOV 28 1942	94						
DEC 5 1942	94.4	85	DEC 9 1942				
DEC 12 1942	90.8						
DEC 19 1942	89.2						
DEC 26 1942	90.7						
JAN 9 1943	92						

DATE	TECH PRAC.	PROCEDURE PAPER	PROCEDURE PRAC.	CODING	THEORY	BUZZER TRANS	BUZZER REC'G	PASSED FAILED	REMARKS
% REQUIRED	65	75	75	75	65	80	95		
% OBTAINED									

S.—1246H
10M—7-42 (5185)
N.S. 815-9-1246H
T.S.—93

(Revised—May, 1938.)

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

ORIGINAL

Name GREGGIO, William Alexander.

Official No. V-35778

I. EXAMINATION RECORD

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical Paper	Technical Practical	Theory	School	Procedure and Organization Paper	Procedure and Organization Practical	Coding Paper	Coding Practical	V/S Paper	Flashing	Semaphore	Buzzer Transmitting	Buzzer Receiving	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	FOR T.O. (W/T) (PROVISIONAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	——	—
		% Obtained																
		% Obtained																
	FOR T.O. (W/T) (FINAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	——	—
		% Obtained																
		% Obtained																
	FOR W/T 3 State whether after a qualifying course	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	——	—
		% Obtained																
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	——	—
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	——	—
		% Obtained																
		% Obtained																

* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W.T.)			W/T 3			W/T 2			W/T 1		

X. SPECIAL QUALIFICATIONS

Only to be filled up when a rating is discharged from a Ship or Establishment or on completion of any special course, and it is desired to report on him for special knowledge or ability, not otherwise recorded, e.g., D/F Operator; Mechanical and Instructional ability, Fire Control or laboratory experience; care and maintenance of W/T installations, Alternators, Dynamos. Secondary Batteries; ability to take charge of W/T department; knowledge of a foreign language; typewriting. Efficiency as T.A.G., including Air Gunner or Bomb Aimer, where applicable, is to be included in this Section on each occasion of returning to General Service from the F.A.A.

Date	Qualifications	Ship or Establishment	Initials of Captain

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

XI. VOCATIONAL TRAINING CERTIFICATE

(To be filled up on completion of a Vocational Training Course, other than a Correspondence Course)

Vocation.....

We certify that (name).....

(residence).....

has satisfied us that he possesses a*.....knowledge of the vocation mentioned, and we consider that †.....

.....

Examiners.....

Business and Business Address.....

.....

Date of Examination .....19..... (Signed).....*President*

.....*Vocational Training Committee*‡

*Here insert qualification. †Special notation as applicable. ‡**Vocational Training is optional.**

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.....

.....

.....

.....

.....

.....

.....

.....

.....

XIII. TO BE FILLED IN ONLY ON FINAL DISCHARGE

His character during service was*.....

His general efficiency in carrying out his duties was*.....

His efficiency on discharge was assessed as*.....

*See Art. 610, K.R. & A.I., clauses 3 to 7 .....Captain

For Record of Experience see Section VIII, on p. 3. .....Date

III. BOYS EXAMINATIONS

(1) ON PASSING OUT OF TRAINING ESTABLISHMENT

Date		Paper	Oral	School	Procedure Practical	Buzzer		Passed or Failed	Training Establishment	Initials of Examining Officer
						Trans-mitting	Receiving			
	% Required	75	65	40	75	80	85	—	——	—
	% Obtained									

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

Date			Technical Practical	Procedure Practical	Coding Practical	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						Trans-mitting	Receiving			
	% Required		Good Ability	65	70	85	95	—	——	
	% Obtained									
	% Obtained									

IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

Date		Technical Practical	School	Procedure		Coding Practical	V/S Paper	Flashing	Semaphore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans-	Recg.		
	% Required	65	50	65	65	~~65~~ 70	75	85	86	85	90	—	
7-11-42	% Obtained	89			81	78				85	91	P.	JBW
	% Obtained												

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.
Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	V/S	75				
	Electricity & Mag.	50				

VI. EXAMINATION FOR TELEGRAPHIST

THEORY

Date		Tech. Prac.	Procedure		Coding Prac.	Flashing	Semaphore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Recng.			
	% Required	65	75	75	75	85	~~85~~ 65	80	95	P.	—	—
JAN 16 1943	% Obtained	91	75	89	80	98	90	83	95		H.M.C.S. ST. HYACINTHE	JBW
	% Obtained											
	% Obtained											

* Includes questions on organization.

VII. EXAMINATION FOR WARRANT TELEGRAPHIST

Date	Rating		Technical		Theory	School	Procedure and Organization		Coding		V/S	Flashing	Semaphore	Buzzer		Electricity			Passed or Failed	Initials of Examining Officer
			Paper	Pract.			Paper	Pract.	Paper	Pract.	Paper			Transmitting	Receiving	Vernon Course				
		% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	75			—	—
		% Obtained																		

VIII. RECORD OF EXPERIENCE

To be filled in on discharge from a Ship or Establishment

Date	Description of Transmitting Apparatus (Note:—Name and Type Numbers	Description of Receiving Apparatus of Service Apparatus not required.)	Nature of Duties Performed	Initials of Captain
Example:—For a	Leading Telegraphist in a Battleship.			
June, 1929 to August, 1930	High and low power low frequency Valve. High and low power high frequency Valve. Low power Radio Telephony.	Multi Valve amplifiers and superheterodyne receivers. High speed (automatic) reception. D/F.	General working and operating. Care of motors, batteries, etc. In charge of Watch—consisting of four receiving lines and three transmitters. Handling and disposing of all traffic.	

IX. RECOMMENDATIONS FOR NON-SUBSTANTIVE RATES

To be filled in as soon as the rating is eligible; considered deserving of a recommendation and Form S. 1303A has been rendered

Date	Ship	Present Substantive and Non-Substantive Rate	For what Non-substantive rate recommended If highly recommended add "H"	Initials of	
				Signal Officer	Captain

TFH/JLB

REGISTERED

9

AIR MAIL

N.S. 113-G-1640 (Pers N)

27 September, 1943.

Dear Mrs. Greggio:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, William Alexander Greggio, Ordinary Telegraphist, Royal Canadian Naval Volunteer Reserve, Official Number V-35778, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

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

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

LETTER dispatched by PERSONNEL NAVAL
SEP 27 1943

Mrs. Carmen Greggio,
17 West Avenue,
HUMBERSTONE, Ontario.

H.B. Money

NAVAL PERSONNEL RECORDS

N.S.R./5-2

C. R.
P. A.
TREASURY OFFICE
Date 30/3/43
Initial

FORM B.

FILE: N.S. 113-G-1640. PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

DEC 29 1943
(Date.)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
GREGGIO, William Alexander	Telegraphist	V-35778, R.C.N.V.R.

DATE OF ENLISTMENT - 6th May, 1942. Active service: 24th June, 1942.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - when and where any disability was incurred, or where death occurred.

Missing, presumed dead. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Carmen Greggio,

ADDRESS 17 West Avenue, HUMBERSTONE, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS: .....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Nil	Nil		

	D. A.	A. P.	TOTAL
Monthly Rate:	Nil	Nil	Nil

To whom Paid: Nil ADDRESS Nil

Date of Enlistment: See other side

Date of Discharge: See other side

Inclusive date to which D.A. and/or A.P. was Paid: Sept. 30th, 1943.

The final deduction of Assigned Pay for Nil has been made for the period from 1st to Nil of Nil 194

Remarks:

Computed by..... 29/12/43

Checked by.....

Alec J. Boswell

for (R.C.Playfair)
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

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

The Secretary, Dept. Pensions & National Health,
Daly Building, Ottawa.

EMC

N.S. 113-G-1640 PERS. (N)

17 May, 1944.

THIS IS TO CERTIFY that according to official information William Alexander Greggio, Telegraphist, Official Number V-35778, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was torpedoed and sunk by enemy action in the Atlantic whilst on Convoy duty.

Deputy SECRETARY, NAVAL BOARD.

H. B. MONEY
PAY LIEUT.-CDR., R.C.N.R.
OFFICER IN CHARGE
NAVAL PERSONNEL RECORDS

CANADA

Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-C-1640.
PERS.(N)

DEC 29 1943

Sir:

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

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
GREGGIO, William Alexander Telegraphist, O.N. V-35778, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Carmen Greggio, 17 West Avenue, HUMBERSTONE, Ont.

ALLOTMENTS IN FORCE

IN FAVOUR OF	AMOUNT	INITIALS
Receiver General of Canada for Fourth Victory Loan Stopped Sept. 30, 1943	$8.40	(J.C.)

WILL: No Record

Yours truly,

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

RECEIVED
JAN 4 1944
OTTAWA
DEPARTMENT OF NATIONAL DEFENCE

H.Q. 1010A
250M—5-41 (335)
N.S. 815-7-1010

2020601

☒ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(*Canadian Armed Forces*)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service GREGGIO (Print)

2. Christian Names WILLIAM ALEXANDER (Print)

3. Service No. V-35778 4. Paid rank or rating at date of termination of Service TEL.

5. Address, in full, to which payments of gratuity are to be forwarded
MRS CAMELLA GREGGIO 17 WEST AVE
HUMBERSTONE ONT.
my son was lost on H.M.C.S. St. Croix.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NAVY	V35778	TEL.	WE DONT KNOW EXACT DATE	SEPT 20th 1943

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? "NA" If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? "NA" If so, state the Force or Forces, with dates of commencement and termination of service.

NAVAL PERSONNEL RECORDS
NOV 9 1944
1268
WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Nov 4th. (Date)

Mrs C. Greggio (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.

RECEIVED
NOV 7 1944
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

HQ NS V-35778 FD 289

ESTATES BRANCH

November 7, 1945.

Mr. John Greggio,
17 West Avenue,
HUMBERSTONE, Ontario.

GREGGIO, William A. TEL. (Deceased)
No. V-35778 - R.C.N.V.R.

Dear Mrs. Greggio:

In accordance with the provisions of the War Service Grants Act, the War Service Gratuity due to your late son is now available for distribution as part of his Service Estate. This Gratuity has been computed as outlined on the enclosed award form.

Your son died without having made a Will, therefore, this amount is distributable in accordanc with the Intestacy laws of his Province of domicile, which provide that you share equally with your wife and children.

A cheque has been requisitioned from Treasury, payable to your order, for your one-eleventh share, as next of kin entitled, and on receipt of same, will you kindly sign and return the enclosed form of acknowledgment.

Yours faithfully,

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

Enc.

HLV/GM

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name: GREGGIO (Surname) William A. (Christian Names) No.: V35778

Tel. (Rank) HMCS St. Croix (Unit) 20-9-43 (Date of Death)

AMOUNT W.S.G. 185.32
L.P.C. $ 138.19

Date: 29-10-45

Other Credits.....

Total..... 323.51
Prev.dist. 138.19
This dist. 185.32

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/11	father	John Greggio, 17 West Ave., Humberstone, Ontario.	16.85
6/11	mother	Mrs. Carmen Greggio, (As above) (1/11 as next of kin entitled) (5/11 for benefit of 5 minors)	101.08
1/11	brother	Floyd Greggio, (As above)	16.85
1/11	brother	Tony Greggio, (As above)	16.85
1/11	sister	Isabel Greggio, (as above)	16.85
1/11	sister	Mrs. Eileen Barbetta, Main Street, Humberstone, Ontario. (As next of kin entitled)	16.84

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$185.32

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

WSG

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

MEMORANDUM FOR

P. 64

Mrs. Carmen Greggio
17 West Avenue
Humberstone, Ontario

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

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

and the following number quoted:—

H.Q. N.S.113-G-1640 FD.289

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 7, 1944

ESTATES BRANCH JAN 19 1944 OTTAWA DEFENCE

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

GREGGIO, William A., Tel.

No. V. 35778, R.C.N.V.R.

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

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

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

HRW/JN

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....		JOHN GREGGIO		17 WEST AVE HUMBERSTONE ONT.
4	Mother of the Deceased.....		CARMEN GREGGIO		"
5	Brothers of the Deceased	Full Blood	ALBERT GREGGIO	12	"
			ALDOLPH GREGGIO	14	
			FLOYD GREGGIO	24	"
			TONY GREGGIO	27	"
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	MARIE GREGGIO	15	"
			GENEVIEVE GREGGIO	11	"
			GLADYS GREGGIO	17	"
			ISABEL GREGGIO	20	"
			EILEEN BARBETTA.	32	MAIN ST. HUMBERSTONE ONT.
		Half Blood	—		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	WILLIAM ALEXANDER
9	Date of his birth	JUNE 16 - 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	HUMBERSTONE ONT.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) ONTARIO (b) WELLAND COUNTY (c) (d) CANADA.
14	Nature of employment before enlistment.	SAMPLE MAN CAN. CEMENT CO.
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	NOT ~~THAT~~ WE KNOW OF.
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?	
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.	
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	?
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	INSURANCE POLICY NO 49275 MUTUAL BENEFIT 30.SH HEALTH + ACCIDENT BENEFICIARY JOHN GREGG O FATHER
23	Is application for Probate or Letters of Administration necessary (see page 1)?	NO

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.	
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.	

(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 elswhere 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.

(mothers own signature) (Carmen Greggio mothers name written by daughter Mary) Signature of Informant

Address

CERTIFICATE

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

See above. Carmen Greggio {Name of informant} is the Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at St Patricks Rectory Pt Colborne this 17 day of January 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: Father W. P. Lacey Qualification: Catholic Priest

Address 123 King St Pt Colborne Ont

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address 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

He has a policy here with the Mutual Benefit Health and Accident association but we dont know if he cancelled that while he was in the service of not. It has a maximum death benefit of $1.5'00

No dependants N/A

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name GREGGIO, WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank B-601025 Pte.

(3) Basic Training Centre NO. 20 C.A BASIC T.C.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

(6) If married, have you been regularly supporting your wife? If not—state reasons N/A

(7) Are you a widower? N/A

(8) Have you any children? N/A Number of boys Girls

Names and ages N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment? No

If so, state her full name and Postal Address N/A

(11) Is your father alive? Yes

If so, state name and address, occupation GREGGIO, John
17 West Ave., Humberstone, Ont.
Cement Worker

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to enlistment
N/A

Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? Yes

If so, state name and address GREGGIO, Carmen
17 West Ave., Humberstone, Ont.

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment N/A

Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? no
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship N-A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months
N/A

(18) Are you insured? No

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Jim Greggio
(Signature of recruit)

Date 28/8/41.

A. Anderson Capt. (Pm)
Officer Commanding NO. 20 C.A. BASIC T.C.

Date 5/9/41.

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

DEPARTMENT OF NATIONAL DEFENCE

MRR NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

ESTATES BRANCH MAY 18 1945 H. Q. OTTAWA NATIONAL DEFENCE

DECEASED MEMBER'S NAME: William Alexander (CHRISTIAN NAMES) GREGGIO (SURNAME)

REGISTER NO. 1268

FILE NO. NS.V35778

PAYEE: Director of Estates for Service Estate of William A. Greggio

ADDRESS: 308 Sparks St. Ottawa, Ont.

DATE 1 May/45

SERVICE NO. V35778

NS.V-35778

FINAL RANK OR RATING Tel.

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep/43

DATE OF DISCHARGE 20 Sep/43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 454/30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 190 LESS 4 INELIGIBLE DAYS, EQUAL TO 186 DAYS @ 25c. PER DAY. SEE PAR. 2 OVERLEAF FOR EXPLANATION	46.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE	
	PAY $2.00	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.45	
	ADDITIONAL PAY H.L.M. $ .25	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ $	
	TOTAL $3.70 ×7 = $ 25.90	
	NO. OF DAYS 186/183 ×$ 25.90	26.32
D. WAR SERVICE GRATUITY		185.32
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	Nil
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	NPA 10	185.32

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

ESTATES BRANCH MAY 30 1945 H. Q. OTTAWA NATIONAL DEFENCE

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$ 185.32

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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	CHECKED BY
SJD	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	4/5/45

[signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Accting.