



GERAR

| D OF D 13-9-42 | | WARDS NAV | Y | WAR SERVICE RECORD |
|--|-------------------|------------------|----------------------|--------------------|
| TRUDEL | Camille Gerard | Sto. 1 | ₹-3555 | FILE No. |
| URNAME (IN BLOCK LETTERS) |) CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |
| AR SERVICE | | 1 | | |
| CLASS) No. 1 | Nil DATE DE | SPATCHED: | | |
| ADDRESS: | | | | |
| ADDRESS: | ALS F | REGISTRATION NUM | BER AND DATE D | ЕЗРАТСИЕР |
| | ALS F | REGISTRATION NUN | 18ER AND DATE D | |
| CAMPAIGN MED | | REGISTRATION NUM | | |
| CAMPAIGN MED 1939-45 Star | r | | | 95 M |
| CAMPAIGN MED 1939-45 Star Atlantic Star | r | | | |
| CAMPAIGN MED 1939-45 Star Atlantic Star C.V.S.M. & C. | r | | | 95 M |
| CAMPAIGN MED 1939-45 Star Atlantic Star C.V.S.M. & C. | rlasp | | 03-7619 | 95 M |

DVA 8:6

| MEDALS AND MEMORIALS-DECEASED PERSONNEL | |
|---|-----------------------------------|
| RCNVR Feb. 46 "OTTAWA" | REGISTRATION No. DATE OF DESPATCH |
| (i) MEDALS PERSON | A EMORIAL BAR |
| ENTITLED TOMR. Joseph Trudel - Father | |
| ADDRESS: Quebec, Que. 13 Ste. Claire St., 14-3-50 | CANCELLERS |
| (2) MEMORIAL CROSS | |
| WIDOW | (2) |
| | (=) |
| ADDRESS: | - 1 - 1 - 1 |
| (3) <u>MEMORIAL CROSS</u> MOTHER Mrs. Yvonne Larose Trudel | |
| MOTHER MIS. IVOINE Larose Iruder | |
| 13 Ste Claire St., Quebec, Que. | (3) 11-6-43 |
| ADDRESS: | |
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| V3555 OFFICIAL NU | MBER FI | LE NUMB | ER <u>11</u> 3. | -T-326 | - | | OFFICIA | L NUMBER. | V 355 | 5 |
|---|-------------------------|------------|---|---|--|---------------------|--------------------------------|--------------------|--------------|---------------------------|
| NAME | | Given Name | le, Gerai | cd. | | DATE OF BIRTH. | 23rd September | 1 1915 | (| |
| PLACE OF BIRTH Quebec, Quebec. | | | | | | | | | | |
| RELIGION Roman Catholic. | EDUC | ATION | | | | | | | | |
| RESIDENCE AT TIME OF ENLISTMENT: Street and No | Richelie | u Stree | et | | Aubbec (| lity, | | | | |
| Date (in figures) | | 1 | | DESCRIPTION | 1 | | | US SERVICE Rank | Dat | es |
| Day Month Year Period | Height | Hair | Eyes | Complexion | Mark | s or Scars | Served in | or Rating | From | To |
| | 5 ' 5 <u>1</u> " | L.Bro | wh Blue | Fresh | Vaccina | ted left arm | . Les Voltigeurs de Quebec. | Pte. | 5-4 37 | <u>28-6</u> <u>4</u> 0 |
| NEXT OF KIN, RELATIONSHIP (in pencil) | | 10/4 | 2 | | ncil) | e | Jaul J | | | |
| ADDRESS (in pencil): Street and No. | all is | F | | . Town. | | Certificates, etc. | Province, etc | - Sector barden | her | |
| Date (in figures) Particulars | Date (in | figures) | | Particulars | EXAMINATIONS, C | Date (in figu | res) | ARTICULARS | | |
| Day Month Year | Day Mo | onth Year | | Faiticulais | | Day Month | Year | ARTICULARS | | |
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| Day Month Year 1st, 2nd or 3rd G.C. Deprived Restored SHIP | OR ESTABLISHMI | ENT | wt. | Month Year | BRIEF | PARTICULARS OF OFF | ENCE | PUNISI | HMENT | |
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| Approved to count 3 years (85) days Date (in figure N. P. A. M. time towards good service Day Month | ires) | | | ORFEITED | | O.H.F. rec | eived. | | | |
| | Year Prison | Det'n | Cells | C. Power W. Tri | ial In diff. Char. | | | | | |
| badge. | | | | | •••••• | | | | | |
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| ₩3555 | OFFICIAL NUMBER | NAME | (Surn | TRUI ame) | DEL Camil (Given Na | le, Gere | ard. | | | | OFFICIAL NU | MBER. | | 7355 | 5 | | |
| Ship or Establishment | Rating | Day | From | Year | Remarks) | Character | Efficiency | Day | Date Month | Year | Non-Sub. Rating | | Qualified | | Re- Day | Qualifie | d Vear |
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| | | ~ | | | Offic | ial Number | 1. 3555 |
| Date of birth 23 2 | e to | 1 | | | | Nearest known Re (To be noted | elative or Friend l in pencil) |
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| Date passed swimming test | | | | | | 1 | |
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| All Engagemen | ts, inclu | uding I | v.c.s | ., to be n | oted i | in these Colur | nns |
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| Description of Person | Feet In | Chest, In | Hai | r Eyes | Com plexic | 1- | ounds and Scars |
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| on entry under 28 years On re-entry for C.S. or for Non-C.S. after attaining 28 years | | | mou | | | arm. | |
| Further description if necessary | | | | | | | |
| C.N.S. 1243 20M-4-41 (241) N.S. 815-9-1243 | CAUTIO | ON.—This autl | is an (hority v | Official docun will render th | e offend | Any alteration made ler liable to severe p | e to it without prope enalties. |

Name Camille Lisard IRUCEL

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| Ship's Name Tenders to be inserted in brackets) | List and No. | Rating | From | То | Cause of Discharge |
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| Jucker Div | | Sto. 11 | 17/9/40. | 2/10/40. | |
| Stadacono | | | 3. Oct . 40 | 31 Dec. 40 | |
| | | | 1. Jan. '41 | 22 apl: 41 | |
| Hocheloga" | | | 28 Apl. 41 | 26 apl. +1 | |
| enture Kimouck | j | | 27 apl. 41 | 31 May 41 | |
| Re | | 51.1 | 1 June +1 | 25 aug. 41 | |
| Stadacono | | - to, fe- | | 14 aug. 41 | |
| fockelaga. | | , | 15' Jug. 41 | | |
| enture Swift fors | rent) | | 0 | 31 Dec. 41 | |
| darona | | | 1 Jaw. 42 | 1 Hel. 42. | |
| Madacona to Sunday | | | 2 Acto 42 | 14 Apl. 42. | |
| nture Sunday | | ····· | 15'Apl. 42. | 0 | |
| Valon Mawa) | | | | 15 May 42 | 22 |
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Examinations passed and Notations or Qualifications other than those entered on History Sheets

Particulars Date Captain's Signature Particulars Captain's Signature Date Henr. 60 ec. 21 34 assed 100 * .

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| Secon | d Class for | r Conduct | 7 | | | Efficiency in R | ating_Arm | ICLE 607-K.R. | - |
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| - | 1 | | | following defi | nitions are | given of the terms | to be used:- | - | en making their awar |
| From | n | То | | | Superior | | man who pe | | es with more than av |
| | | 13 | | to be written | Supr | | efficiency. | | s with average efficien |
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| | | | | | Inferior | A | man who pe | erforms his duti | es in an inefficient ma |
| | | | | | Inferior. | | | | |
| | | ······ | | NOTE. | In these defi | nitions "duties" me | eans the gene iciency of all | nal duties of the men in the Ser | substantive rating held vice holding the same |
| | | | | stantive ratin | | | | | |
| | | | | The sub | stantive rat | ing held by the r | nan at the t | time is to be no | oted in brackets after |
| | | | | assessment th | ius: Supr. (| A.D.). | | | |
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| Go | ou Conduc | t Dauges | | Character | noting su | bstantive rating | R.M.G. or not | Date | Captain's Signatur |
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| ate | 3rd | Depriv Restor | red, red | lily | 101 | Cathan | - | SI ADDE TH | |
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| Date | C.P., W.T. | | Gund | | | | | | |
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N. V. 5 5M-10-39 (2365) N.S. 815-11-5

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Trudel OFFICIAL NO.

3555

CHRISTIAN NAMES Camille Gérard MARRIED, SINGLE or WIDOWER Single

P04870

| | PERMANENT ADDRESS | RELIGION |
|-------------------|---|---|
| 72 Richelieu St. | Quebec. P.Q. | R.C. |
| DATE OF BIRTH | PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KI |
| 23 September 1915 | Town Quebec County Quebec Province Quebec | Father: Joseph Trudel 72 Richelieu St Quebec. P. Q. |

PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST ME | ASUREMENT | HAIR | EYES | COM- PLEXION | WOUNDS, SCARS, MARKS |
|------------|----------|------------|--------------|------|-----------------|--|
| Feet | Deflated | | Lt. Brown | Blue | Fresh | vaccinated left arm |
| DATE OF EN | ROLMENT | RATING ENR | OLLING FOR | TRAI | DE OR CALLI | NG AND IN WHOSE EMPLOY |
| 23td Jul | y, 1940 | Stoker | 2 | Pair | nter | ************************************** |

(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 an not serving in any Naval Military Reserve or Territoriak Force.

* (b) I served in Les Voltigeurs Quebec for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

| | SERVED IN | RANK | FROM | то |
|-----------|--|---|--------------------------|------------------------------|
| N. Les | Voltigeurs de Quebec | Private | 5/4/37 | 28/6/40 Personnel Records |
| | (c) I have never been (4) That the particul | rejected from any of His ars contained above are o | s Majesty's Forces on ac | count of unfitness rds |

(5) On being enrolled as a member of the Quebec. Division of t

(a) To serve from the date thereof for three constants, 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.

Signature of applicant.

(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 this23td..... day of July, 1940

Eugenetthil

A/Lt. Eugene Noel RCNVR Signature of Commanding Officer.

For: F.A.Price Lt-Cdr. Quebec Div. RCNVR (on leave) OATH OF ALLEGIANCE

(D)

I, Joseph Camille Gérard Trudel 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

Date 23 July, 1940

Rank A/Lt- Eugene Noel R.C.N.V.R.

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

(E)

CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Joseph Camille Gérard Trudel having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Quebec

A/Lt. Eugene Noel RCNVR

(on leave to manding Officer Quebec Div. RCNVR

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.



Can. B. 207 60M-4-40 (4636) N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nore-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 Mr. Gerard Trudel He has signed unfit for His Majesty's Service for the reason stated below. the Certificate given below in my presence. \$Strike out if inapplicable. * Delete one. This examination has been made in accordance with the current Instructions as to Medical Standards. Testes, Varicocele, etc. Ears and Hearing and Joints Veight without Clothes General Chest rrhoids. with Development Girth Height Feet Mouth, Abdom etc. Limbs Anus, Hæmo Age Skin (a) (b) (i) (c) (d) (1) (k) (1) (m) *(n)* (0) (p) (e) right eye lbs. ft. ins inches (a) maximum 6 -00 M. left eye HU U (b) minimum 6 SC: mean *X-Ray colour vision α 3 ON *Insert either:-NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtin If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated. CERTIFICATE TO BE SIGNED BY CANDIDATE I hereby certify that to the best of my belief I have never suffered from Fits, *†Incontinence of* Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. [‡]I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized. Signature of Candidate The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer. tStrike out if inapplicable. When a Candidate is subject to a defect or disability, the following information is to be inserted: This Candidate is the subject of..... which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects. *Delete one. IF REJECTED insert here UNFIT in block letters Dated at. Quebec .the. 20th Examining Medical Officer (Rank)

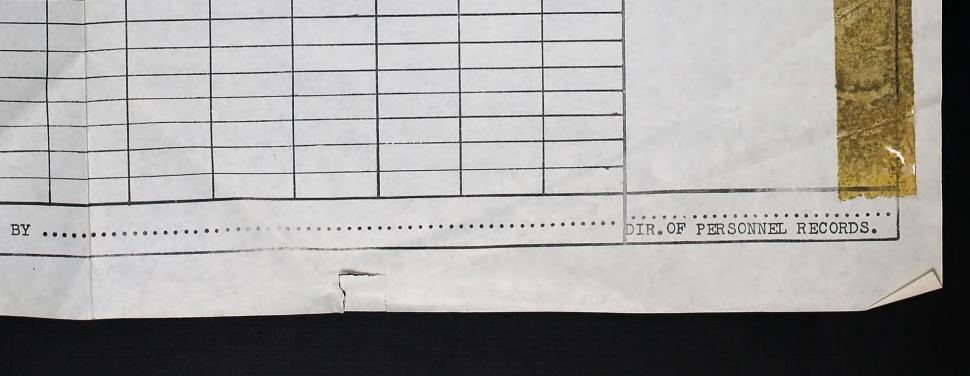
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C.N.S. 264 20M-2-40 (4128) N.S. 815-9-264

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| Sub-Rating and Sen | iority 18 23/2/1 | Non-Sub. | |
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| Higher Educ. Test. Professonal for higher Sub-rating | | | |
| de Non-Sub | | | |

(For Ordinary Seamen Form T.S. 34 must be used in addition) ao

Any Non-Service Attainments PRINTER.

Swimming Qualification Athletic Capabilities NIL.

General Remarks (including intelligence, energy, initiative, powers of command).

Vair - Difficulty in understanding English

H.M.C.S. "STADACINA. Date 10/10/40

Officer of Division.

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division. (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 - (3) On a rating changing his Ship or Establishment, Form S. 264 is to be transferred with his other papers for the information of the next Officer of Division.

SERVICE CERTIFICATE

OF

Name in full Camille Gérard Trudel Company Quebec Div. R.C.N.V.R.

141. 362. dap.

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3м—10-39 (2176) N.S. 815-11-17

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

| Training Hea | adquarters • | 1 ₁₀ 4 | | | 1 | Official Number V 3555 |
|-------------------------------------|--|---------------------------|----------|-----------------|---------------|---------------------------|
| Date of Birth 23 | td Septemb | ver, 1915 | | | | |
| Place of Birth | Quebec. H | P. Q. | | | | |
| Usual Place of Re | esidence 72 F | Richelieu St | . Quel | bec P. | ~~. | |
| Trade brought up Name and Addres | Zan | theol | el 72 | 2 Riche | lieu St. | Quebec. P.Q. |
| Religious Denomi | ination R.C |). | | | | |
| Can Swim | | | | F . | | |
| | | PARTIC | ULARS | OF SERV | TICE | and mining the last |
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| 10/6/40 | 23/7/40 | duration Hostilitie | s Stok | er 91. | DATE RECEIVED | NATURE OF DECORATION |
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| Further Description if neces- sary | | | | | | | |

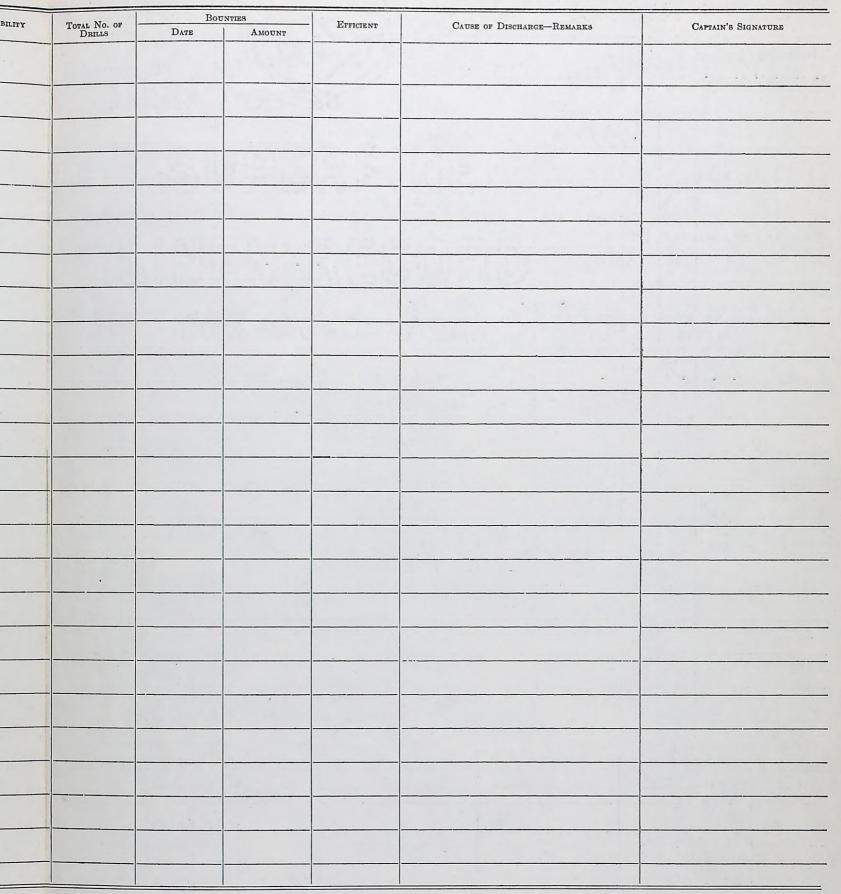
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EXAMINATIONS AND NOTATIONS OTHER THAN THOSE EN

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70

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

| sum due on ledger on account of Wages | \$ 80 | cts. 14 |
|---|---|--|
| eeds of sale of Effects charged against Wages, brought from the other side | 00 | 1.4 |
| Proceeds of sale of Effects, paid for in Cash, brought from the other side | | |
| Found amongst Effects | | |
| Debts collected § | | |
| debited in the Accountant Officer's Cash Acct | | |
| debt_in ledger, amount to be stated (in red ink) | | |
| of allotment (in words) | | - |
| | | |
| e of ship from which transferred Total† Creditor | 80 | 14 |
| Total†Creditor | | |
| Total [†] Creditor | int cont: | ains a |
| Total [†] Creditor | int cont: H.M.C. | ains a |
| Total [†] Creditor | int cont: H.M.C. | ains a |
| Total [†] Creditor We hereby certify that we have every reason to believe that the above account statement of all wages, Effects, and other Credits or Debts on the Ledger of F OTTAWA amounting to a net balance [†] CREDITOR ightydollarsFourteen | Int cont: | ains a |
| Total [†] Creditor We hereby certify that we have every reason to believe that the above account statement of all wages, Effects, and other Credits or Debts on the Ledger of H OTTAWA amounting to a net balance [†] CREDITOR ighty | Int cont: H.M.C. | ains a |
| Total [†] Creditor We hereby certify that we have every reason to believe that the above account statement of all wages, Effects, and other Credits or Debts on the Ledger of F OTTAWA amounting to a net balance [†] CREDITOR ightydollarsFourteen | Int cont: H.M.C. | .S |
| Total [†] Creditor We hereby certify that we have every reason to believe that the above account statement of all wages, Effects, and other Credits or Debts on the Ledger of H OTTAWA amounting to a net balance [†] | Int cont: H.M.C. | ains a .S cents. .4.2. |
| Total [†] Creditor | Int cont: H.M.C. Fohns: Intant Clials of the A | ains a .S cents. |
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| Total [†] Creditor | Int conts H.M.C. Tohns C | ains a .S cents. .4.2 Officer |

MEMORANDUM FOR

P. 64

Mr. Joseph Trudel,

13 Ste. Claire, Street,

.....

Quebec, P.Q.

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

THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, ONTARIO ATTENTION: ADMINISTRATOR OF ESTATES

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

.....

October 5...194 2

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.....

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

TRUDEL Camille Gerard Stoker 1st Cl.,

0.N. V-3555, 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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

1- Avach .

(H.R. Wade) Lt.-Cdr., R.C.N.V.R.,

for (L.M. Firth) Lt.-Col., Administrator of Estates.



M.F.W. 77 3M-5-40 (4995) H.Q. 1772-39-972 STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

| hip | | | INFORMANT'S ST | ATEMEN | T |
|----------------------------|--------------------------------|--|---|--------|--|
| Degrees of Relationship | RELA' required to be | TIVES accounted for | NAME IN FULL of any Relative, if any, in each degree inquired for | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1 | Widow of the D | eceased | He was a bachelos | | |
| 2 | | Deceased and Births | Nil | | |
| 3 | Father of the De | eceased | Trudel. Joseph | 53 | 13. Aleblanie Pr |
| 4 | Mother of the D | Deceased | Trudel. yvonne farose. | 53 | Dame as above |
| 5 | Brothers of the Deceased | Full Blood | None | | |
| | | Half Blood | Non | | |
| 6 | Sisters of the Deceased | Full Blood | Truckel, Simonne | 28 | 13. At blance. Lube |
| | | Half Blood | None | | |
| | of the full or the ha | or sisters (whether alf blood) of the De- d, and date of death | Names and ages of their children (if any) | 0 | Address of their children |
| 7 . | | N | we had a | pri | re Anton |
| | | N | we than a | br | |

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

| | _ | NAMES OF THOSE LIVING | Age | ADDRESS IN FULL |
|---|--|-----------------------|-----|-----------------|
| 8 | Grand-Parents of the Deceased | | | |
| 9 | Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage) | | Age | |
| | | | | |

| 2 | FULL PARTICULARS A | AS TO IDENTITY |
|----|--|--|
| 10 | What is the full name of the deceased? | Trudel, Camielo Gerard |
| 11 | Give the month and year of his birth. | Sept. 24 Th. 1915 |
| 12 | Where and when were his parents married? | Lubre City. P. John the Baph Church - 13 october 1913 |
| 13 | Was he ever married? If so, state exact place and date of marriage. | No |
| 14 | Did he leave a (later) Will? If so, it should be forwarded. | No |
| 15 | Is there any other estate which will necessitate application being made for Probate or Letters of Administration? | No. |
| | PARTICULARS OF | DOMICILE |
| 16 | Where was deceased born? | huber bity |
| 17 | In what Province, Country or State did he reside, and in which last? | Lubre |
| 18 | How long in each? | hifetime |
| 19 | What was the nature of his employment? | furier cutter. |
| 20 | Did he own the house or homestead in which he lived? If so, where? | No |
| 21 | Did he ever state verbally, or in writing, where he intended to make his permanent home? | No |
| 22 | State your postal address in full. | 13 At blaire Pr. Lubre |
| | PARTICULARS AS | TO CLAIMS |
| 23 | Have the funeral expenses been paid? If so, by whom? | as have not as yet fave a figur perice culibrated but will have |
| 24 | Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below). | one chartly when all hopes of a covery will be lost. None |
| | NOTE.—Paragraph 24 refers to debts incurred for board an purchased, etc.; the following information to be embodied in all 1. Name and address of Creditor. 2. Detailed statement of particulars of claim with date or 3. At the end of his statement the creditor should certify as shown, have been made thereon and that he and if you admit that the claim is correct, then and if you admit that the claim is correct, then and if you admit that the claim is correct. | dates incurred. that the account is just and reasonable, that no payments save holds no security therefor; the creditor should then sign same, |

(PLEASE TURN OVER)

DECLARATION 600 "Insert degree of relationship, for example "Widow,"" "Father," "Brother," etc. of all the relatives that the deceased ever had in the degrees inquired for; and that I am theof the deceased. * N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate Signature Inuc Joseph of Informant CERTIFICATE I hereby certify that, to the best of my knowledge and belief..... Dreph Indel { Name of is the * Sather of the Deceased *See above above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct. day of Oclo tre 1942 Dated at..... icaire Signature of Clergyman, Priest or Magistrate a Qualification is č 40 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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. No. 11)-1-320

233743

Ottawa, Canada.

September 28th, 1942.

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:

PLACE, DATE & CAUSE

of DEATH

NAME, RANK/RATING NO.

In favour of:

TRUDEL, Camille Gerard, Stoker 1st cl., O.N. V-3555, RCNVR Missing, believed killed in action on the 13th of September, 1942. He was

on board H.M.C.S. "OTTAWA".

ALLOTMENTS IN FORCE.

Father: Mr. Joseph Trudel,

· NEXT OF KIN

Mr. Joseph Trudel, 13 Ste. Claire St., QUEBEC, P.Q.

Amount.

Initials.



WILL: No record.

NO ALLOTMENTS IN FORCE.

Ra

SECRETARY, NAVAL BOARD.

.Yours truly,

Administrator of Estates, Estates Branch, Department of National Defence, OTTAWA.



Trand MILICE ACTIVE NON PERMANENTE DU CANADA

CERTIFICAT DE LICENCIEMENT

Je certifie par la présente que 196 (Grade et nom) Comté de de Province de.a servi sans interruption dans le de la Milice Active (Régiment ou Corps) Non Permanente du Canada à partir du Sem jour de avril 1937 jusqu'au 28 eme jour de pris 19 40 et en est maintenant licencié, et qu'il a pris part à tous les exercices annuels durant les années 193 Chaque année spécialement en chiffres) (Total du nombre des années en mots) (Signature du soldat) Commandant (Escadron, batterie ou compagnie) Endr Dat (Régiment ou Corps) Nore:-- †Non requis dans le cas d'un escadron, d'une batterie ou d'une compagnie indépendante ou détachée. M.F.B. 350A

2M-9-39 H.Q. 1772-39-62

| NAVY ARMY ARMY AIR FORCE | NA NA |
|---|---|
| STATEMENT OF WAR SERVICE GRATUITY | Ø |
| | R NO. 10767 E NO. NS. V-355 |
| PAYEE Director of Estates Address 308 Sparks St., OTTAWA, Ont. Date of termination of overseas service Date of termination of overseas service | DATE 2/1/46 E NO. V-3555 TING Sto.1/0 |
| A. TOTAL QUALIFYING SERVICE NO. OF DAYS 723 EQUAL TO 24 OMPLETE PERIODS AT | \$7.50 180.00 |
| B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO 336 DAYS @ 25C. PER DAY | 84.00 |
| 242 | - |
| C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE | - |
| PAY \$ 0 00 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45 ADDITIONAL PAY # 1.5 1 GCB \$ 05 | and the |
| S DEPENDENTS' ALLOWANCE 1/30 OF S n1] | |
| TOTAL \$ 3.63 ×7 = \$ 25.41 NO. OF DAYS X\$ 25.41 | 47.63 |
| D. WAR SERVICE GRATUITY | 311.63 |
| E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE \$ AND ASSIGNED PAY \$ | |
| OTHER DEDUCTIONS \$ nil | |
| F. TOTAL AMOUNT PAYABLE | 311.63 |
| G. YOUR PORTION OF GRATUITY IS- | 1111 |

N.S. 113-T-326.

/2 October, 1942.

THIS IS TO CERTIFY that according to official information Camille Gerard Trudel, Stoker I, Official Number V-3555, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA", which has been reported lost.

SECRETARY, NAVAL BOARD.

| LA: RK | | | |
|--------|-------|------|-----------|
| | File: | N.S. | 113-7-326 |
| . 5 . | | | |

DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

Ottawa, Canada,

September 28th, 1942. (Date)

STOR &

| Sir: | | 20 | | | | | | |
|--|----------------------------------|--|--|--|--|--|--|--|
| The following ca | sualty has been | reported - | | | | | | |
| NAME | RANK or RATING | NAVAL NO. | | | | | | |
| TRUDEL, Camille Gerard | Stoker 1st class, | V-3555, R.C.H.V.R. | | | | | | |
| DATE OF ENLISTMENT - | July 23, 1940. (A | stive Service Sept. 17th, 1940.) | | | | | | |
| DATE OF DISCHARGE - | September 13th, 1942. | | | | | | | |
| HOSPITAL - | | | | | | | | |
| (Iſ di | P. & N.H.) | pital under jurisdiction | | | | | | |
| SERVICE - | "Canada & High Se | | | | | | | |
| (Indicate whe | ether in Canada r elsewhere). | only; or in Canada and on | | | | | | |
| a fill the state of the state o | is a set bound of | ton of an entry that a BROAD . | | | | | | |
| Reason for discharge and - "DEAD" - Missing, believed killed in action | | | | | | | | |
| was incurred, or where de occurred. | eath He w | as on board H.M. C.S. "OTTAWA". | | | | | | |
| | Las contrations a | Denter in the second state of the second state | | | | | | |
| 101 6 3 100 | | | | | | | | |
| A CONTRACTOR OF A CONTRACTOR O | | | | | | | | |
| (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). <u>NEXT OF KIN & RELATIONSHIP</u> - | | | | | | | | |
| RELATIONSHIP | NAME | | | | | | | |
| ADDRESS | Claire St., QUEBRC | | | | | | | |
| 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. | | | | | | | | |
| OFFICER'S OR RATING'S MC | NTHLY PAY ALLOT | TED TO WIFE AND/ OR DEPENDENT | | | | | | |
| \$ <u></u> | PAID TO | | | | | | | |
| MARRIAGE ALLOWANCE AT | WEL. | PER DIEM PAID TO - | | | | | | |
| DEPENDENTS ALLOWANCE AT | ÷ | PAID TO | | | | | | |
| TOTAL MONTHLY PAYMENT TO |) - WIFE 🖗 | 825 | | | | | | |
| Computed by Checked by The Secretary, The Canadian Pension Copy to the Sec. D.P. & N | DEPENDENTS | See reverse side for further instructions.) | | | | | | |

lestionnaire pour les candidats à l'enrôlemen la Réserve des Volontaires de la Marine Royale Canadienne Nom (en entier Date et lieu de naissance (L'extrait de baptême, une lil P Lieu de résidence permanente..... Ville la plus rapprochée de la résidence. (Si le candidat réside à la campagne) Lull. Etes-vous sujet britannique?..... Etes-vous célibataire, marié ou veuf?.... Dans quelle classe désirez-vous vous enrôler?. (Voir la brochure ci-jointe quant aux qualités requises) menne Occupation actuelle ... (Annexer tout certificat ou lettre de recommandation) Appartenez-vous à une force navale, militaire, de réserve ou territoriale? (Donnez les dates ainsi que les détails).... Avez-vous déjà servi dans une de ces unités? MINI Avez-vous été renvoyé d'une des forces quelconques de Sa Majesté parce que vous étiez physiquement impropre au service? XLO~~ Votre offre de servir dans une des forces de Sa Majesté a-t-elle déjà été refusée?..... Quel est votre poids?..... Quelle est votre taille?..... Etes-vous affligé de quelque infirmité ou malformation, ou sujet à des attaques d'épilepsie?... Etes-vous consentant à vous faire vacciner ou revacciner et inoculer selon que les autorités le jugeront à propos?..... Je déclare, par les présentes, que les réponses ci-dessus sont véridiques sous tous rapports. Signature uc 0:0. ared lémoin de la signature Je déclare, par les présentes, avoir vu personnellement le certificat de naissance de ce candidat, ou une déclaration assermentée quant à la date de sa naissance. Je certifie, de plus, que la date de sa naissance d'après les documents légaux en mains, est 23 Septembre 1915 Eugenet lais Signé..... A/Lt. Eugeneandant della compagnie) N. V. R. N. V. 3a 400-6-28 For: F.A. Price Lt-Cdr. Quebec Div. RCNVR N. S. 815-11-3 (on leave)