

V3555
TRUDEL
CAMILLE GERAR

D OF D 13-9-42

AWARDS NAVY

D.D.

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| TRUDEL | Camille Gerard | Sto. 1 | V-3555 | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |


WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|--|
| 1939-45 Star | <div data-bbox="1007 733 1617 936" style="border: 1px solid black; padding: 5px;"> <p>03-76195 M</p>  <p>P</p> </div> |
| Atlantic Star | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | 3095 16-1-50 |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR Feb. 46 "OTTAWA"

(1) MEDALS
PERSON

ENTITLED TO Mr. Joseph Trudel - Father

ADDRESS: ~~13 Ste. Claire Street,~~ 13 Ste. Claire St.,
Quebec, Que. 14-3-50

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Yvonne Larose Trudel

13 Ste Claire St., Quebec, Que.

ADDRESS:

MEMORIAL BAR

9-1-52
(1) DATE DESPATCHED ~~3-2-98~~

CANCELLED

REGN. NO. ~~778~~

(2)

(3) 11-6-43

V3555

OFFICIAL NUMBER

FILE NUMBER 113-T-326

OFFICIAL NUMBER

V3555

NAME TRUDEL (Surname) Camille, Gerard. (Given Names) DATE OF BIRTH 23rd September, 1915

PLACE OF BIRTH Quebec, Quebec. OCCUPATION Painter.

RELIGION Roman Catholic. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 72 Richelieu Street Town Quebec City, Province, etc. Quebec.

| ENGAGEMENTS | | | | DESCRIPTION | | | | PREVIOUS SERVICE | | | | |
|-------------------|-------|------|--------|-------------|----------|------|------------|----------------------|---------------------------|----------------|-------|---------|
| Date (in figures) | | | Period | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| Day | Month | Year | | | | | | | | | From | To |
| 23 | 7 | 40 | H.O. | 5'5½" | L. Brown | Blue | Fresh | Vaccinated left arm. | Les Voltigeurs de Quebec. | Pte. | 5-4 | 28-6-40 |

NEXT OF KIN, RELATIONSHIP (in pencil) *29/1/40* NAME (in pencil) *3/10/1915*ADDRESS (in pencil): Street and No. *73 Ste Claire St* Town *Quebec* Province, etc. *Quebec*

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|--|-------|------|-------------|----------------------------------|-------|------|-------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |

| BADGES, G.C. OR G.S. | | | | BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES | | | | | | | |
|----------------------|-------|------|------------------------------|---|-----------------------|---------|-------------------|-------|------|------------------------------|------------|
| Date (in figures) | | | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored | SHIP OR ESTABLISHMENT | Wt. No. | Date (in figures) | | | BRIEF PARTICULARS OF OFFENCE | PUNISHMENT |
| Day | Month | Year | | | | | Day | Month | Year | | |

FILM
NO. *W.P.R.-5222-7*
DATE

Approved to count 3 years (85) days N.P.C.A.M. time towards good service badge.

| Date (in figures) | | | DAYS FORFEITED | | | | | | O.H.F. received. |
|-------------------|-------|------|----------------|-------|-------|----------|----------|----------------|------------------|
| Day | Month | Year | Prison | Det'n | Cells | C. Power | W. Trial | In diff. Char. | |

SECOND CLASS FOR CONDUCT

From

To



V3555

OFFICIAL NUMBER

NAME TRUDEL
(Surname)

Camille, Gerard.
(Given Names)

OFFICIAL NUMBER V3555

| Ship or Establishment | Rating | From | | | Remarks | Character | Efficiency | Date | | | Non-Sub. Rating | Qualified | | | Re-Qualified | | |
|-------------------------|-----------|------|-------|------|---|-----------|------------|------|-------|------|-----------------|-----------|-------|------|--------------|-------|------|
| | | Day | Month | Year | | | | Day | Month | Year | | Day | Month | Year | Day | Month | Year |
| Quebec Div. Str. | Stoker 11 | 23 | 7 | 40 | | V.G. | Sat. | 31 | 12 | 40 | | | | | | | |
| Duty Div. Hdqrs. | " " | 17 | 9 | 40 | | V?G. | sat. | 31 | 12 | 41 | | | | | | | |
| Stadacona | " " | 2 | 10 | 40 | | " | " | 13 | 9 | 42 | | | | | | | |
| Hochelaga | " " | 23 | 4 | 41 | | | | | | | | | | | | | |
| Rimouski. | " " | 26 | 4 | 41 | | | | | | | | | | | | | |
| Stadacona | " " | 14 | 8 | 41 | | | | | | | | | | | | | |
| " | Stoker 1 | 26 | 8 | 41 | | | | | | | | | | | | | |
| Hochelaga 11 | " " | 3 | 10 | 41 | | | | | | | | | | | | | |
| Venture (Swift Current) | " " | 11 | 11 | 41 | | | | | | | | | | | | | |
| Chilivabk | " " | 24 | 1 | 42 | <i>Review Photo Check C-31</i> | | | | | | | | | | | | |
| Stadacona | " " | 24 | 1 | 42 | | | | | | | | | | | | | |
| Fundy | " " | 15 | 4 | 42 | <i>302610</i> | | | | | | | | | | | | |
| Ottawa | " " | 17 | 5 | 42 | <i>(208013)</i> | | | | | | | | | | | | |
| DISCHARGED | " " | 13 | 9 | 42 | Missing, believed killed in action. Ottawa Casualty List. | | | | | | | | | | | | |

GENERAL REMARKS

Awarded Canadian Memorial Cross;
MOTHER: Mrs Yvonne Larose TRUDEL,
13 Ste Claire St.,
Quebec, Que.

| DATE OF BIRTH | | | PLACE OF BIRTH | CIVIL | OCCU | REL. ED. | PERM. RESIDENCE | PREV. ENL. | RANK OR RATE ON ENLISTMENT | | | | | |
|---------------|----|----|-----------------|---------|--------|----------|-----------------|------------|----------------------------|------|------|----|----|------|
| DY | MO | YR | | MAIN | SUB | 6102 | D | CTV | TOWN | SERV | DIV. | A | BB | RANK |
| 23 | 9 | 15 | 12 | 458 | 0 | 1101X | 054 | 09 | 9 | 12 | 0 | 10 | 90 | |
| ENLIST. DATE | | | ACT. SERV. DATE | STR. | ESTAB. | A | BB | RANK | | | | | | |
| 23 | 07 | 40 | 19 | 09 | 40 | | | 0350 | 0 | 15 | 94 | | | |
| SENIORITY | | | STR. | NON-SUB | M | CODED | | CHECKED | | | | | | |
| 26 | 08 | 41 | 09 | 00 | 00 | 20 | 13-09-42 | HR | AK | | | | | |

N.F. 217-2

V-3555

TRUE COPY
OF THE
CERTIFICATE of the Service of

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

Camille Gerard TRUDEL
IN THE ROYAL CANADIAN NAVY *VOLUNTEER*

Official Number *V-3555*

Date of birth *23rd September, 1915*

Nearest known Relative or Friend
(To be noted in pencil)

Where born { Province *Quebec*
Town or county *Quebec*

Name: *Joseph Trudel*

Relationship: *Father*

Trade brought up to *Painter*

Address: *78. Richelieu St*

Religious denomination *Roman Catholic*

Date passed swimming test

Man's signature on discharge to pension }

All Engagements, including N.C.S., to be noted in these Columns

| Date of actually volunteering | Commencement of time | Period volunteered for | Date of actually volunteering | Commencement of time | Period volunteered for |
|-------------------------------|----------------------|------------------------|-------------------------------|----------------------|------------------------|
| 1. <i>10 June '40</i> | <i>23 July 40</i> | <i>Hoeb.</i> | 5. | | |
| 2. | | | 6. | | |
| 3. | | | 7. | | |
| 4. | | | 8. | | |

Medals, Clasps, Etc.

| Date received or forfeited | Nature of decoration | Date received or forfeited | Nature of decoration |
|----------------------------|----------------------|----------------------------|----------------------|
| | | | |
| | | | |
| | | | |

| Description of Person | Stature | | Chest, In. | Colour of | | | Marks, Wounds and Scars |
|--|-----------|--------------|------------|--------------------|-------------|--------------|-----------------------------|
| | Feet | In. | | Hair | Eyes | Complexion | |
| On entry as a boy..... | | | | | | | |
| On advancement to man's rating or on entry under 28 years..... | <i>5'</i> | <i>5 1/2</i> | | <i>Light Brown</i> | <i>Blue</i> | <i>Fresh</i> | <i>Vaccinated left arm.</i> |
| On re-entry for C.S. or for Non-C.S. after attaining 28 years..... | | | | | | | |
| Further description if necessary..... | | | | | | | |

1-7-34



N. V. 5
5M-10-39 (2365)
N.S. 815-11-5

P048702

DEFENCE
JUL 28 1940
113-1-326
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Trudel OFFICIAL NO. U 3555

CHRISTIAN NAMES Camille Gérard MARRIED, SINGLE or WIDOWER Single

| PERMANENT ADDRESS | RELIGION |
|-------------------------------|----------|
| 72 Richelieu St. Quebec. P.Q. | R.C. |

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

PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COM- PLEXION | WOUNDS, SCARS, MARKS |
|--|--|--------------|------|-----------------|----------------------|
| Fect. <u>5</u> Inches. <u>5 1/2</u> | Inflated <u>38</u> Deflated <u>35</u> Mean <u>37</u> | Lt. Brown | Blue | Fresh | vaccinated left arm |

| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY |
|-------------------|----------------------|--------------------------------------|
| 23rd July, 1940 | Stoker 2 | Painter |

(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 I have never served, and am not serving in any Naval, Military, Reserve or Territorial 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 | TO |
|--------------------------|---------|--------|---------|
| Les Voltigeurs de Quebec | Private | 5/4/37 | 28/6/40 |

Personnel Records Division.

1. Noted in Records

2. Non-Su. Card

3. Statistical Card

4. Roneo Strip

5. Pension Card

6.

7.

8.

DATE Aug 7, 1940

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

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

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

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

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

Dated this 23rd day of July, 1940

Signature of applicant J. Camille Trudel

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 23rd day of July, 1940

Eugene Noel

A/Lt. Eugene Noel RCNVR

Signature of Commanding Officer.

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

(D) OATH OF ALLEGIANCE

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 J. Camille Trudel

Witness Eugene Noel

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 Division of the R.C.N.V.R.

Eugene Noel
A/Lt. Eugene Noel RCNVR

Commanding Officer.

For: F.A. Price, Lt-Cdr. (on leave) Commanding 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.

VERIFICATION FORM
 DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 GENERAL SERVICE MEDAL (1915).

NAMING OFF. NO. ... ADDRESS

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

VERIFIED BY *J. S. H. ...*

BY DIR. OF PERSONNEL RECORDS.

Name TRUDEL GERARD
Sub-Rating and Seniority STO 23/7/40 Non-Sub.
O.N. V3555 S.B. No. 5A-2/82 W.B. No.
Joined Ship 4/10/40 from QUEBEC
Engagement: Period HOSTILITIES Expires
Date of Birth 23/9/15 Religion P.C.
Character Efficiency Date
Badges Class for Conduct Class for Leave
Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended
Advancement. Wishes to Pass? Recommended? Date Qualified?
Educ. Test Pt. 1
Higher Educ. Test.
Professional for higher Sub-rating
do Non-Sub.
(For Ordinary Seamen Form T.S. 34 must be used in addition)

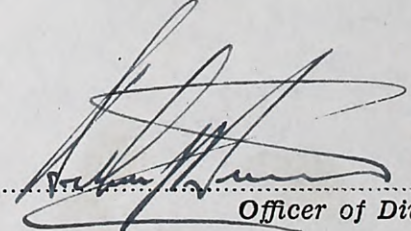
Any Non-Service Attainments PRINTER.

Swimming Qualification

Athletic Capabilities NIL.

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

Fair - Difficulty in understanding English

H.M.C.S. "STADACINA" "  S. 25
Officer of Division.

Date 10/10/40

- 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.

1 yr. 362 days.

SERVICE CERTIFICATE

N. V. Co. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

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

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters _____ Official Number ✓ 3555

Date of Birth 23rd September, 1915

Place of Birth Quebec. P.Q.

Usual Place of Residence 72 Richelieu St. Quebec P. Q.

Trade brought up to Painter

Name and Address of next of kin (Father) Joseph Trudel 72 Richelieu St. Quebec. P.Q.

Religious Denomination R.C.

Can Swim _____

PARTICULARS OF SERVICE

| DATE OF ACTUAL VOLUNTEERING | DATE OF ENROLMENT | PERIOD VOLUNTEERED FOR | RATING ON ENROLMENT | MEDALS, DECORATIONS, ETC. | |
|-----------------------------|-------------------|------------------------|---------------------|---------------------------|----------------------|
| | | | | DATE RECEIVED | NATURE OF DECORATION |
| 10/6/40 | 23/7/40 | duration Hostilities | Stoker 11. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PERSONAL DESCRIPTION

| | HEIGHT | | COMPLEXION | HAIR | EYES | MARKS, WOUNDS, SCARS |
|----------------------------------|--------|--------|------------|-----------|------|----------------------|
| | FEET | INCHES | | | | |
| On Entry | 5 | 5½ | Fresh | Lt. Brown | Blue | Vaccinated left arm |
| On attaining 28 years | | | | | | |
| Further Description if necessary | | | | | | |

P290509 113-T-326 36-

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name.....TRUDEL, Gerald.....Rating.....Sto.1.....
 Official No..V-3555...H.M.C.S.....OTTAWA.....List.5A2/148
 Who*.....D.D.....on the 13 September.....19.42

| | | |
|---|----|------|
| Net sum due on ledger on account of Wages..... | \$ | cts. |
| Proceeds of sale of Effects charged against Wages, brought from the other side | 80 | 14 |
| CASH— | | |
| Proceeds of sale of Effects, paid for in Cash, brought from the other side..... | \$ | cts. |
| Found amongst Effects..... | | |
| Debts collected \$..... | | |
| Cash debited in the Accountant Officer's Cash Acct..... | | |
| If in debt in ledger, amount to be stated (in red ink)..... | | |
| Rate of allotment (in words)-----NIL-----charged to----- | | |
| Name of ship from which transferred..... | | |
| Total†.....Creditor..... | 80 | 14 |

Noted in JWP (G) 11-7-42

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.... OTTAWA amounting to a net balance†..... CREDITOR of Eighty.....dollars.....Fourteen.....cents.

Dated on board H.M.C.S..... AVALON..... at St Johns Newfoundland..... this thirteenth..... day of November..... 19.42.

Approved *[Signature]* FOR Accountant Officer
[Signature] A/Pay Lieutenant RCNVR
[Signature] PAY. LIEUTENANT R.C.N.V.R. Initials of the Assistant Accountant Officer
 Lieutenant Commander RCN Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....
 Signature.....
 Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

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

and the following number quoted:—

H.Q.S. 113-T-326 FD 253

**DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.**

October 5...1942

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.,

O.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.

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



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

| Degrees of Relationship | RELATIVES required to be accounted for | INFORMANT'S STATEMENT | | |
|-------------------------|--|---|---------------------------|---|
| | | NAME IN FULL of any Relative, if any, in each degree inquired for | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1 | Widow of the Deceased..... | He was a bachelor | | |
| 2 | Children of the Deceased and dates of their Births..... | Nil | | |
| 3 | Father of the Deceased..... | Trudel, Joseph | 53 | 13. McBlaine St Zeebee |
| 4 | Mother of the Deceased..... | Trudel, Yvonne Larose. | 53 | Same as above |
| 5 | Brothers of the Deceased | Full Blood | None | |
| | | Half Blood | None | |
| 6 | Sisters of the Deceased | Full Blood | Trudel, Simonne | 28 13. McBlaine St. Zeebee |
| | | Half Blood | None | |
| 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 | |
| | | never had others than above stated | | |

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

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

FULL PARTICULARS AS TO IDENTITY

| | | |
|----|---|--|
| 10 | What is the full name of the deceased? | Trudel, Camille Gerard |
| 11 | Give the month and year of his birth. | Sept. 24 th . 1915 |
| 12 | Where and when were his parents married? | Zuebee City. St. John the Baptist 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? | Zuebee City |
| 17 | In what Province, Country or State did he reside, and in which last? | Zuebee |
| 18 | How long in each? | Lifetime |
| 19 | What was the nature of his employment? | furrier 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 <u>your</u> postal address in full. | 13 St. Blaine St. Zuebee P. 2 |

PARTICULARS AS TO CLAIMS

| | | |
|----|---|---|
| 23 | Have the funeral expenses been paid? If so, by whom? | as he was reported lost at sea we have not as yet had a funeral service celebrated but will have one shortly when all hopes of recovery will be lost. |
| 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). | None |

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the * father of the deceased.

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

Joseph Trudel {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....
*See above Joseph Trudel {Name of Informant} is the * father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Quebec this 8 day of October 1942

Signature of Clergyman, Priest or Magistrate } Lactance Blais Qualification Petre Vicar
Address 448 St-Jean, Quebec

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-T-326

233743

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:

| <u>NAME, RANK/RATING NO.</u> | <u>PLACE, DATE & CAUSE of DEATH</u> | <u>NEXT OF KIN</u> |
|--|--|--|
| 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". | Father: Mr. Joseph Trudel, 13 Ste. Claire St., QUEBEC, P.Q. |

ALLOTMENTS IN FORCE.

| <u>In favour of:</u> | <u>Amount.</u> | <u>Initials.</u> |
|----------------------|----------------|------------------|
|----------------------|----------------|------------------|

NO ALLOTMENTS IN FORCE.

MR. Yew

WILL: No record.

Yours truly,



R. A. ...
SECRETARY, NAVAL BOARD.

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

Transféré à
la milice.

MILICE ACTIVE NON PERMANENTE DU CANADA

CERTIFICAT DE LICENCIEMENT

Je certifie par la présente que 796 Sgt. Gerard Trudel
(Grade et nom)
de Québec Comté de Québec
Province de Québec a servi sans interruption dans le
Les Voltigeurs de Québec de la Milice Active
(Régiment ou Corps)
Non Permanente du Canada à partir du 5^{ème} jour de avril
1937 jusqu'au 28^{ème} jour de juin 1940
et en est maintenant licencié, et qu'il a pris part à tous les exercices
annuels durant les années 1937-1938-1939
(Chaque année spécialement en chiffres)
Trois années
(Total du nombre des années en mots)
Gerard Trudel }
(Signature du soldat) }
Commandant Gerard Dorion, Lieutenant
(Escadron, batterie ou compagnie)
Endroit Manège Militaire Québec }
Date 23 juillet 1940 } Commandant Les Voltigeurs de Québec
(Régiment ou Corps)

NOTE:—† 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

LA:FMW

N.S. 115-T-326.

12 October, 1942.

25

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.

Rat
SECRETARY, NAVAL BOARD.
LA *Hm*

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

September 28th, 1942.

(Date)

Sir:

The following casualty has been reported -

20

| | | |
|---------------------------|--|--------------------|
| <u>NAME</u> | <u>RANK or RATING</u> | <u>NAVAL NO.</u> |
| TRUDEL, Camille Gerard | Stoker 1st class. | V-3555, R.C.N.V.R. |
| <u>DATE OF ENLISTMENT</u> | July 23, 1940. (Active Service Sept. 17th, 1940.) | |
| <u>DATE OF DISCHARGE</u> | September 13th, 1942. | |
| <u>HOSPITAL</u> | (If discharged in hospital under jurisdiction of D.P. & N.H.) | |
| | "Canada & High Seas." | |
| <u>SERVICE</u> | (Indicate whether in Canada only; or in Canada and on high seas or elsewhere). | |

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

"DEAD" - - Missing, believed killed in action.
He was on board H.M.C.S. "OTTAWA".

(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 | Father, | NAME | Mr. Joseph Trudel, |
| ADDRESS | 13 Ste. Claire St., QUEBEC, P.Q. | | |

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 MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

| | | | |
|---------------------------------|-----|------------------|-----|
| \$ | NIL | PAID TO | NIL |
| MARRIAGE ALLOWANCE AT \$ | NIL | PER DIEM PAID TO | NIL |
| DEPENDENTS ALLOWANCE AT \$ | NIL | PAID TO | NIL |
| TOTAL MONTHLY PAYMENT TO - WIFE | \$ | NIL | |

Computed by _____
Checked by m

DEPENDENTS \$ _____

R. A. ...
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.
Copy to the Sec. D.P. & N.H.

(See reverse side for further instructions.)

Questionnaire pour les candidats à l'enrôlement dans
la Réserve des Volontaires de la Marine
Royale Canadienne

P048704

DEFENCE

JUL 28 1940

N.S. 113-3326
CANADA

Nom (en entier) Joséphine Lucille Girard Gudel
 Date et lieu de naissance 23 septembre 1915 Québec P.Q.
(L'extrait de baptême, une déclaration des parents, ou un affidavit devra être annexé à ce questionnaire)
 Lieu de résidence permanente 72 Richelieu Québec P.Q.
 Ville la plus rapprochée de la résidence. (Si le candidat réside à la campagne).....
 Etes-vous sujet britannique? Oui
 Etes-vous célibataire, marié ou veuf? Célibataire
 Dans quelle classe désirez-vous vous enrôler? Stotes 2 11
(Voir la brochure ci-jointe quant aux qualités requises)
 Occupation actuelle aucune
(Annexer tout certificat ou lettre de recommandation)
 Appartenez-vous à une force navale, militaire, de réserve ou territoriale? Non
 Avez-vous déjà servi dans une de ces unités? (Donnez les dates ainsi que les détails) Oui
Les Voltigeurs de Québec
 Avez-vous été renvoyé d'une des forces quelconques de Sa Majesté parce que vous étiez physiquement
 impropre au service? Non
 Votre offre de servir dans une des forces de Sa Majesté a-t-elle déjà été refusée? Non
 Quel est votre poids? 150 lbs
 Quelle est votre taille? 5 5 1/2
 Quelle est votre mesure de poitrine (position naturelle) 34
 Etes-vous affligé de quelque infirmité ou malformation, ou sujet à des attaques d'épilepsie? Non
 Etes-vous consentant à vous faire vacciner ou revacciner et inoculer selon que les autorités le jugeront à
 propos? Oui

Je déclare, par les présentes, que les réponses ci-dessus sont véridiques sous tous rapports.

Girard Gudel Signature

23 juillet 1940 Date

72 Richelieu Québec P.Q. Adresse

Marc Gudelé
Témoin 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 le
23 septembre 1915

Signé Eugène Noël
A/Lt. Eugène Noël (Commandant de la compagnie) R.C.N.V.R.

For: F.A. Price Lt-Cdr. Québec Div. RCNVR
(on leave)