A5954
DUPUIS
RAYMOND CLIFFO

D OF D 7-5-44

NAVy

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
DUPUIS	Raymond Clifford	A-5954	A.B.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	9493 23-11-49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNR Feb. 45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO Mr. Norman Dupuis - Father

ADDRESS: 159 Robert St.,
PENETANGUISHENE, Ont.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. N. Dupuis

ADDRESS: 159 Roberts St., Penetanguishine, Ont.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO 1862

(2)

(3)
13-10-44

A 5954 OFFICIAL NUMBER | FILE NUMBER 123-D-371 | OFFICIAL NUMBER A 5954

NAME DUPUIS (Surname) Raymond Clifford (Given Names) DATE OF BIRTH 24 February, 1923.

PLACE OF BIRTH Penetanguishene, Simcoe, Ontario. OCCUPATION Discharged Private P.E.I.Highlanders

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 159 Robert Street, Town Penetanguishene, Province, etc Ontario.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
21	6	43	Hostilities only	5' 6¼"	L.Brn.	Hazel	Medium	--nil--	P.E.I.Highlanders	Pte.	31-3-43	21-6-43

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr Norman Dupuis enc 37 rd

ADDRESS (in pencil): Street and No. 159 Robert St Town Penetanguishene Province, etc. Ont 28-10-43

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
			Eligible for award of C.V.S.M. & Clasp. (2409 A13906)	14	9	43	Qual.Anti-Gas (1day)				
				22	10	43	Marked "Tr"				

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

Second Class For Conduct

From	To

FILM NO. WSR-4638-7 DATE

W.S.G. APPLICATION 2728 RECEIVED

H.Q. 35—35M—2-43 (8309)
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

A 5954 OFFICIAL NUMBER | NAME DUPUIS (Surname) Raymond Clifford (Given Names) P.I.B. | OFFICIAL NUMBER A 5954

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
A/S Brunswicker	Able Smn.	21	6	43													
HMCS "Cornwallis"	"	11	8	43	(R.D. 11-8-43) ~~Beaver 9-10-43~~												
Stadacona	"	24	11	43	DRD H 3300 Cornwallis 16-10-43												
Hochelaga II	"	27	11	43	DRD H 3345	V.G.	Sat.	31	12	43							
Valleyfield	"	8	12	43		V.G.	Sat.	7	5	44							
DISCHARGED	"	7	5	44	"Missing" after sinking of HMCS "Valleyfield" (Casualty List) S.C. Presumed Dead 7-5-44 (Correction Sheet Pg. # 49)												

GENERAL REMARKS

Canadian Memorial Cross issued to
Mother; Mrs. Norman Dupuis
159 Roberts St. Penetanguishene, Ont
13.10.44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RATE
24	2	23	11	RPR	0	10	X	1	46	10	9	02	0	08	94

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP CS COST. B.	RANK OR RATE A	BR.	RATE
21	06	43	21	06	43						1220	0	08	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NOM-SUB A	B	M. ST.			CODED	CHECKED
11	08	43	09	00	00	21	10. 05. 44		EP	

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Raymond Clifford DUPUIS (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Penetanguishene, in the County ~~District~~ of Simcoe

Province of Ontario, Sailor (Civil Occupation)

Regimental No. B.626715, Unit #2 D.D. NRMA INF (R) R WING #9 Coy, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto MY MOTHER, Florestine DUPUIS, of 159 Roberts Street, Penetanguishene, Ontario, Canada, all of my ESTATE. . . . . .

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mrs. Florestine DUPUIS (Name), 159 Roberts St., Penetanguishene, Ont. Canada (Address), Housewife (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 19 day of Novembre 1942

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Raymond Dupuis (Signature of soldier)

First witness sign here.

(5) Signature Chas. P. Smith

Civil Address 88 Earlsdale Avenue, Toronto, Ontario, Canada

Civil Occupation Printer

Second witness sign here.

Signature Wm. H. Sutherland

Civil Address 34 Glebeholme Blvd., Toronto, Ontario, Canada

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

Every Item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of: AT SEA Township of:
If in City, Town or Village: (Name) Street: (If death occurred in a hospital or institution, give the name instead of street and number) House No.:

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred: (b) In Province: (c) In Canada (if immigrant):

3. PRINT FULL NAME OF DECEASED DUPUIS (Family name) Raymond Clifford (Given name or names in usual order)

RESIDENCE No. 159 Street: Robert Street City, Town, Village or Township: Penetanguishene Province: Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian		Single

8. BIRTHPLACE: Ontario (Province or Country)

9. DATE OF BIRTH: February (Month) 24th (Day) 1923 (Year)

10. AGE in: Years | Months | Days | If less than one day old: hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc.: Discharged. Private

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: P.E.I. Highlanders

13. Date deceased last worked at this occupation:

14. Total years spent in this occupation:

15. If married give name of wife or husband of deceased:

FATHER

16. NAME:

17. BIRTHPLACE: (Province or Country)

MOTHER

18. MAIDEN NAME:

19. BIRTHPLACE: (Province or Country)

20. Person giving information sign here: [signature]
Paym. Cdr. R.C.N.V.R., Officer i/c Naval Bureau
Address: Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased:

21. Place of Burial, Cremation or Removal: Body not recovered.
Date of burial or removal:

22. Burial Permit was issued by:
Address:

23. UNDERTAKER: (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH: May (Month) 7th (Day) 1944 (Year)

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

CAUSE OF DEATH

I. Immediate cause (Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.)
(a) "Missing" presumed dead when
due to H.M.C.S. "VALLEYFIELD" was
torpedoed and sunk by enemy
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) action in the Atlantic.
due to
(c)

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

PHYSICIAN: Underline the cause to which death should be charged statistically

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

27. If a woman, was the death associated with pregnancy?

28. Was there a surgical operation? Date of operation: 19
State findings: Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury: 19
Manner of injury: (How sustained)
Nature of injury:
Specify whether injury occurred in **industry**, in **home**, or in **public place**:

Signed by: **M.D.**
Address: **Date:** 19

30. Division Registrar's Record No.:

31. Filed: 19 (Division Registrar)

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Norman Dupuis
159 Robert Street,
Penetanguishene, Ont.

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

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

and the following number quoted:—

H.Q. A-5954 FD. 579

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11 1944

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

DUPUIS, Raymond Clifford, Able Seaman,

A-5954, R.C.N.R.

ESTATES BRANCH SEP 25 1944 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

GC/

H. Wade.
Commander R.C.N.
for Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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		Norman Dupuis	54	Penetanguishene
4	Mother of the Deceased		Florentine Quenelle	48	"
5	Brothers of the Deceased	Full Blood	Elzie - (married)	29	115 Robert St. Penetanguishene.
			Edgar	26	R.156961 - Can Ord LAC. RCAF O/S.
			Nelson	16	
			Martin	18 months	
		Half Blood			
6	Sisters of the Deceased	Full Blood	Rena	23	Penetanguishene
			Bernadette	20	"
			Stella	18	"
			Geraldine	12	"
		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.	Raymond Clifford Dupuis
9	Date of his birth.	Feb. 24 - 1923
10	Place and date of his marriage.	-
11	Place and date of his parents' marriage.	Penetanguishene Nov. 25 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Penetanguishene
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Penetanguishene Ont.
14	Nature of employment before enlistment.	Worked in Tannery
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
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?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Had a Victory Bond of $50
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	not registered
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Insurance of $500 Parents received only what he had paid!
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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.	no
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.	Paid Funeral expenses absolute corpse.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*Florentine Juenelle Dufresne the deceased.
Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....{Signature of Informant

Penetanguishene.....Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Mrs F. Florentine

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

Dated at Penetanguishene this 21st day of September 19 46

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. J. M. Cantes Qualification Parish Priest

Address Penetanguishene 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

N.V. 17
60M—9-42 (5943)
N.S. 815-11-17

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.

CERTIFICATE of the SERVICE of

Raymond Clifford DUPUIS

in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number A-5954
	HMCS "Brunswicker"	"
		"

Date of Birth 24 February, 1923

Place of Birth Penetanguishene, Ontario.

Place of Residence 159 Robert St, Penetanguishene

Trade brought up to Discharged "Private" Army

Religion Roman Catholic

O.H.E.

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

Father 31/10/43

Normand

Same address.

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

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	21 June '43	Duration of Hostilities	A/B.

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	6¼	30	138½	Light Brown	Hazel	Med	None
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	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Active Service			21 June '43		
	Brunswicker		A/B.	21 June '43	10 Aug '43	
	Cornwallis		—"—	11 Aug '43	8 Oct '43	
	—"— (Beaver)		—"—	9 Oct '43	15 Oct '43	N/C
	Cornwallis		—"—	16 Oct '43	23 Nov 43	
	Stadacona		—"—	24 Nov '43	26 Nov 43	
	Hochelaga II		—"—	27 Nov 43	7 Dec 43	
	Stadacona (Valleyfield)		—"—	8 Dec '43	29 Feb '44	
	Avalon (—"—)		—"—	1 Feb '44	7 May 44	D. D.

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
21 June '43	I.C. # 32984	[illegible]			
14 Sep '43	Qual P/G 1 day	[illegible]			
22 Oct '43	"TR"	[illegible]			

Name Raymond Clifford Dupuis Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	SAT (AB)	31 Dec 43	[illegible]
		V.G.	Sat (A.B.)	7 May 44	[illegible]

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

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

N. R. 5

15M—10-41 (2057)
N.S. 815-12-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME DUPUIS, OFFICIAL NO.

CHRISTIAN NAMES Raymond Clifford MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
159 Robert Street, Penetanguishene, Ontario	Roman Catholic.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
February 24,1923	Town Penetanguishene, County Simcoe, Province Ontario.	Mother: Mrs Florestine Dupuis, 159 Robert Street, Penetanguishene, Ontario.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 6¼	Inflated 31 Deflated 29 Mean 30	Light Brown	Hazel	Medium	Nil.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
June 21,1943	Able Seaman, R.C.N.R.(Temp)	Discharged, Private, P.E.I.Highlanders.

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) That it is my intention to follow the sea for a period of at least five years from this date.

~~(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~

~~(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in P.E.I.Highlanders for the period shown.

Served in	Rank	From	To
P.E.I.Highlanders.	Private	March 31/43	June 21/43

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

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

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 21st day of June, 1943

Raymond Clifford Dupuis
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Raymond Clifford Dupuis do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Raymond Clifford Dupuis

Witness Stanley E.MacKenzie

Date June 21,1943 Rank Sub.Lieut, (SB) R.C.N.V.R.(T)

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 21st day of June, 1943

S.E.MacKenzie, S/L.(SB) R.C.N.V.R. (T)
(Signature of Officer and rank)

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL Dupuis Raymond Clifford RANK/RATING P.B. OFF

SHIP	SERVICE			AREA	QUALIFYING PERI			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLAN
	21.6.43							
Beaver	9.10.43	15.10.43	7	Atl.				
Valleyfield	8.12.43	7.5.44	152	Atl.				
	Visits. "Cloud"							
		7.5.44						

VERIFIED BY [signature]

VERIFIED BY

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

AVAL GENERAL SERVICE MEDAL (1915).

NK/RATING .....A.B.....OFF.NO. A-5954.....ADDRESS .....

EA	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	1	1 star
tl.								ATLANTIC		
tl.								FRANCE G.		
y								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	2 Clasp
								" CLASP		
								WAR 1945	1	medal
								WAR 1915		

VERIFIED BY .....

ED BY .....

.....
DIR. OF PERSONNEL RECORDS.

TFH/AT

REGI
AIR MA
NS:A-5954 (Pers.

8 May, 1944.

11

Dear Mr. Dupuis:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son Raymond Clifford Dupuis, Able Seaman, Official Number A-5954, Royal Canadian Naval Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER dispatched by
ROYAL NAVAL
MAY 8 1944

SECRETARY, NAVAL BOARD.

Mr. Norman Dupuis,
159 Robert Street,
PENETANGUISHENE, Ont.

P.M.
N.P.R./5-2.

FORM "B"

FILE: N.S. A-5954 Pers. (N)

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

AUG 30 1944
(Date)

22

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
~~DUPUIS, Raymond Clifford~~	~~Able Seamen~~	~~A-5954 R.C.N.R.~~

DATE OF ENLISTMENT - ~~21 June, 1943~~

DATE OF DISCHARGE - ~~7 May, 1944~~

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, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.~~

(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. Norman Dupuis,~~

ADDRESS - ~~159 Robert St., PENETANGUISHENE, Ont.~~

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
Mrs. Florestine Dupuis, 159 Robert St., Penetang., Ont.	Mother		

	D. A.	A. P.	TOTAL
Monthly rate:		$25.00	$25.00

To Whom Paid: Mrs. Florestine Dupuis Address 159 Robert St., Penetang., Ont.

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for ~~25.00~~ has been made for the period

from 1st to ~~31st~~ of ~~May~~ 194 4

Remarks:

Computed by...Y.M.....

Checked by...D.P.....

Alec L. 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.

CANADA

Department of National Defence

Naval Service

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. A-5954 PERS. (N)

124117

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

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, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
DUPUIS, Raymond Clifford, Able Seaman, A-5954, R.C.N.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father: Mr. Norman Dupuis, 159 Robert Street, Penetanguishene, Ont.

ALLOTMENTS IN FORCE

In favor of	Amount	Initials
Mrs. Florestine Dupuis, 159 Robert St., Penetanguishene, Ont.	$25.00 A.P.	Stopped May 31st, 1944

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD" ending 30 June 1944

List 122 No. 13 (Name) DUPUIS. Raymond C. Rank Rating A.B. No. A.5954

When entered F.B. Date of appearance F.B. Whither discharged DEAD

	$	c.
CREDIT from former account	55	55
Pay as A.B. (Rank Rating) from 1 Apl to 31 May (61 days at $ 1.85 a day)	112	85
~~Adjust. Meh~~ " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Adjustment March, 1944	3	67
Kit Upkeep Allowance 1 Apl - 7 May	4	47
OTHER CREDITS:		
Total credits	176	54
DEBT from former account	NIL	

PAYMENTS:—	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	59.00	8.94				Total	67	94
2nd month						Total		
3rd month						Total		

	$	c.
Allotment 8.40 chged Apl., 25.00 chged May.	33	40
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES: O.R. No. 25181 payable Adm.Naval Estates (Present War)	74	20
I.C.N.S.	1	00
Total debits	176	54
Balance Cr. or Dr. (Balance Dr. to be shown in red)	NIL	

LEDGER: Det

AUDIT:

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R.

ACCOUNTANT OFFICER

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

Pers(n) 12/9/44

#45

142574

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 DUPUIS. Raymond C. *Rating* A.B.

Official No. A.5954 *H.M.C.S.* AVALON " VALLEYFIELD" *List* 12²/13

*Who** DISCHARGED DEAD *on the* 7 May *19*44

32

	$	cts.
Net sum due on ledger on account of Wages	N I	L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No. 25182 Adm. Naval Estates (Present War)	74	20
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) TWENTY-FIVE DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	74	20

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of -- SEVENTY-FOUR - - - - dollars - - TWENTY - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this FIFTH day of JUNE 19 44.

Approved ..... Accountant Officer

PAY LIEUT. CDR., R.C.N.V.R. { Initials of the Assistant Accountant Officer

..... Commanding Officer.

~~A/CAPTAIN RCN~~

For Use at Headquarters. $..... cts. ..... credited on Inspector's certificate

No. ..... to .....

Signature .....

Date ..... 19 .....

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

C.N.S. 46

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALONS CNS 249A #A13929 dated 19 May, 1944

LEDGER:

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: DUPUIS, (Surname) Raymond C. (Christian Names) No.: A.5954

A.B. (Rank) H.M.C.S."VALLEYFIELD" (Unit) 7-5-44 (Date of Death)

AMOUNT

L.P.C. $ 74.20

Date: 27-1-45

Other Credits

Total 74.20

Dist.Herewith 7.42

This Dist. 66.78

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
6/10	Father	Norman Dupuis, 159 Robert Street, PENETANGUISHENE, Ont. R (1/10 As next of kin) (5/10 for benefit of 5 minors)	44.52
1/10	Mother	Mrs. Florentine Dupuis, R (As above)	7.42
1/10	Sister	Rena Dupuis, R (As above)	7.42
1/10	Brother	Elric Dupuis, R 115 Robert Street, PENETANGUISHENE, Ont. (As next of kin entitled)	7.42

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 26/2/45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$66.78

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: DUPUIS, Raymond C. No.: A.5954
Surname Christian Names

A.B. H.M.C.S. "VALLEYFIELD" 7-5-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 74.20

Date: 15-1-45

Other Credits

Total 74.20

Dist.Herewith 66.78

This Dist. 7.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/10	Brother	Receiver General of Canada for: R.156961, LAC. Dupuis, Edgar, R.C.A.F. Overseas. (Next of kin entitled)	7.42

TO BE SENT TO ESTATES BRANCH

~~TO BE FORWARDED BY REG. MAIL DIRECT.~~

P4. TO TREAS. 26/2/45 Q4

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831 00		50	000	$7.42

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

IG

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Raymond Clifford (CHRISTIAN NAMES) DUPUIS (SURNAME)

REGISTER NO. 2728
FILE NO. NS.A-5954
DATE 19th July'45
SERVICE NO. A-5954
FINAL RANK OR RATING A.B.

PAYEE
ADDRESS Mrs. Florestine Dupuis,
159 Robert St.,
Penetanguishene, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 7th May'44. DATE OF DISCHARGE 7th May'44.

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 322/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 159 LESS 22 INELIGIBLE DAYS, EQUAL TO 137 DAYS @ 25C. PER DAY	34.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY		$ 1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		$ 1.25
ADDITIONAL PAY	H.L.M.	$ .13
		$
		$
DEPENDENTS' ALLOWANCE 1/30 OF $		$
TOTAL		$ 3.23 ×7 = $ 22.61
NO. OF DAYS 159/183		×$ 22.61 = 19.65

		$ ¢
D. WAR SERVICE GRATUITY		128.90
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	Nil
F. TOTAL AMOUNT PAYABLE		128.90

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ = $ 128.90
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 47036- July 30/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
DHJ	[signature]	H. Lafleur	[illegible]

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

STATEMENT OF WAR SERVICE GRATUITY -- NAVY

Deceased.

Member's Name Raymond Clifford DUPUIS
(Christian Names) (Surname)

Payee Mrs Floreline DUPUIS.

Address 159 Robert street
Penetanguishene. Ont

Register No. 2728
File No. A5954
Date 18 July 45
Service No. A5954
Final Rank or Rating A-B
Date of Discharge 4 May '44

Date of termination of overseas service 4 May '44

	$ ¢
A. TOTAL QUALIFYING SERVICE NAVY 322 ARMY NIL No. of days 322/30 equal to 10 complete periods at $7.50	75.00
B. QUALIFYING OVERSEAS SERVICE No. of days 159 less 22 ineligible days equal to 137 days @ 25¢ per day	34.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 1.85 Subsistence or Lodging and Provision Allowance $ 1.25 Additional Pay H.L.M $ .13 Dependents' Allowance 1/30 of $ — $ — Total 3.23 x 7 = $ 22.61 No. of days 159/183 x $ 22.61	19.65
D. WAR SERVICE GRATUITY	128.90
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	128.90

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $ _____ of $ = $128.90
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	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1 DN 6
2 DN 7
3 DN 8
4 9
5 10

GJ

N.P.R./5-1 FORM A.

FILE: N.S. A-5954 PERS.(N)

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

Sir: 10 May, 1944.
(Date)

The following casualty has been reported -

15

NAME	RANK or RATING	NAVAL NO.
DUPUIS, Raymond Clifford	Able Seaman	A-5954 R.C.N.R.

DATE OF ENLISTMENT - 21 June, 1943.

DATE OF DISCHARGE - Will be reported later

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" at sea when the ship in which he was serving was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

(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. Norman Dupuis,

ADDRESS- 159 Robert Street, Penetanguishene, 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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

H.B. Money
for
SECRETARY, NAVAL BOARD.
EMC

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

BJ
12/8/44
NPR/5
C

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

(See reverse side for further instructions)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

25

Name Raymond Clifford DUPUIS (Christian names in full)

Rank of Rating A.B. Official No. A-5954 RCNR (If unknown, date of first entry)

Place of Birth Penetanguishene, Ont. Date of Birth 24th February, 1923

Occupation in Civil Life Private "Army" Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Eleven Months

Date of Death 7th May 1944 Place of Death At Sea

Cause of Death (If due to accident, violence or enemy action, particulars to be stated briefly) Enemy action, torpedoing of H.M.C.S. "VALLEYFIELD"

Nearest known relative or friend. Name Norman J. Dupuis Relationship Father

Address 159 Robert Street, Penetanguishene, Ontario.

Date on which the above was informed by Ship Informed by N.S.H.Q.

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

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

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

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

Undertaker employed (if any)

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

Commanding Officer, (Avalon)
A/Captain, R.C.N.

17th May, 194

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
15M—6-41 (831)
N.S. 815-9-1121

OCCUPATIONAL HISTORY FORM

123-D-371

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 DUPUI, Raymond Clifford (b) Reg'l. No. A5954
2. (a) Arm of service Navy (b) Unit R.C.N.R. (c) Rank Able Seaman
3. (a) Date of birth 24th Feb/23 (b) Have you any dependents? No (c) Place of residence at time of enlistment Saint John, N.B.
4. (a) Place of enlistment Saint John, N.B. (b) Date of enlistment 21st June, 1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 years (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.) Grade VIII
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? French and English (b) What languages do you read well? French and 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 P.E.I. Highlanders Address Saint John, N.B.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Army
20. (a) Your specific occupation Private (b) Number of years' experience at this occupation with any employer 7 Months.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No.

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? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
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.) Lake Head Transportation, Port William, Ont.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None.

DATE 21st June, 1943 194 SIGNATURE R C Dupui

O.H.F. Received

GJ

REPORT OF PARTICULARS OF PERSONNEL REPORTED
DEAD, MISSING, PRISONER OF WAR OR INTERNEE.

CASUALTY NO. 471
FILE NO: N.S. A-5954 PERS.(N)

NAVAL INFORMATION
D. N. P. A.
C.T.O. (N), (N. ALLOTS.)
C.T.O. (N) Re: Dependents' Allowance

14

It is notified for your information that Raymond Clifford Dupuis, Able Seaman, Official No. A-5954, Royal Canadian Naval Reserve, is missing at sea when the ship in which he was serving was lost by enemy action.

While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

Next of kin as recorded in this office is:

Father: Mr. Norman Dupuis,
159 Robert Street,
PENETANGUISHENE, Ont.

H. B. Money

(H. B. Money),
Paymr. Lieut. Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records.

Ottawa, Ont.,
Date - 10 May, 1944.

	CURRENT	
D.A.		
A.P.		
TOTAL		
CHECKED		
LEDGER		

Certified that Ledger Action has been taken

.....
for C. T. O. (N)

Can. B. 207
150M—9-42 (6260)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

3

I, the undersigned, have examined DUPUIS, Raymond Clifford.

‡candidate for entry as A.B.SEAMAN? R.C.N.R.

and I believe him to be *{in all respects fit for His Majesty's Service / ~~unfit for His Majesty's Service for the reasons stated below~~} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. *Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 20	Mos. 4		(j) Date of last Vaccination	Childhood.
(b) Height with bare feet	Feet 5	In. 6¼		(k) General Development	Good.
(c) Weight without clothes	138½ Lbs			(l) Nose, Throat and Tonsils	Normal.
(d) Ears and Hearing	Rt. Drums intact	Lt. Hearing good.		(m) Heart and Lungs	Normal. B.P. 108/75
(e) Chest Girth	Max. 31	Min. 29	Mean 30	(n) Abdomen Hernia, etc.	Normal.
(f) Teeth	Deficient 9	Defective 2	Dentures 0	(o) Limbs and Joints	Normal.
(g) Vision by Snellens Types	without glasses	Rt. 6-6	Lt. 6-6	Both 6-6	(p) Skin Normal.
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids Normal.
(h) Colour Vision	Ishihara R.C.N. Lantern Normal.				(r) Testes Varicocele Normal.
(i) Chest x-ray {not taken / approved / positive / doubtful}	Approved.				(s) Urine S.G. 1018 Sug. Neg. Alb. Neg.

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.

Raymond Dupuis.
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike 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 Dental caries.

*{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 Saint John, N.B. the 27th of May 1

Paul Levesque.
Examining Medical O

(Rank) Surg.Lieut,R.C.N.V.R.

VI

AWARDS—CANADIAN ARMY (ACTIVE)

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
DUPUIS,	Raymond Clifford	B-626715	Pte		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 39-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES) 281409

91/6

NOV 20 1942

(To be completed in triplicate)

M.F.M. 103
125M—4-42 (4203)
H.Q. 1772-39-1828

D-1
19
NO DEP
NO ASS

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.T.
#2 D.D. (NRMA)
INF.(R)
#9 COY. "R" WING

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call B-179744 Regimental Number B 626715

1. Taken on Strength of No. 2 N.R.M.A. Clearing Depot Toronto, Ontario, Canada
2. Surname (Block Letters) DUPUIS
3. Christian Names (in full) Raymond Clifford
4. Present Address 159 Roberts Street, Penetanguishene, Ontario, Canada
5. Place of Birth Canada (Country) Ontario (County or Province) Penetanquishene (Town or Township)
6. Date of Birth February 24th 1923 7. Religion—Denomination Roman Catholic
8. Physical Description: Height 5'5½" Weight 133 Eyes grey Hair brown
   Complexion fair Identification marks
9. Married, Single, Widower? Single
10. Next-of-Kin Mrs. Florestine, DUPUIS (Name) Relationship Mother
    159 ~~Penetanguishene~~ Roberts Street, Penetanguishene, Ontario, Canada (Address)
11. Trade or Occupation ~~X~~ Sailor (great lakes)
12. Previous Naval, Military or Air Service NIL (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? NA Army? NA (Arm of Service) R.C.A.F.? NA
14. Employment in War Industry, if any NIL

C.J.

Raymond Dupuis
(Signature of Man)

Thos. Bradfield Capt
(Signature and Rank of Enrolment Officer)

November 17th 1942
(Date of Signature)

1400 hrs.

ALS

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. ..... at ..... Date .....
   Completed ..... Days Basic Training.
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. ..... at ..... Date .....
   Completed ..... Days Advanced Training.
   Qualities of Leadership, Positive ..... Becoming Evident? ..... Dormant? .....
   Transferred to ..... Date .....
   (R.C.N. formation or unit of the C.A., R.C.A.F.)
   (Date, Signature, and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre A1

14

RECORD OF SERVICE of DUPUIS (Surname) Raymond Clifford (Christian Names) Regimental Number B 626715

QUALIFICATIONS

1. Naval, Military, or Air: NIL
2. Business or Professional: NIL
3. Trade or Civil: SAILOR (GREAT LAKES)
4. Technical: NIL
5. Languages, etc.: FRENCH & ENGLISH (mother tongue) Can speak? YES Can read and write? YES Can drive a car? YES Repair a motor? NO Cooking experience? NO Hobby? Hunting

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate: NIL (years completed) Graduation or Matriculation: IN TRADE (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. T.O.S. #2 CLEARING DEPOT (NRMA) & ATT. TO #2 D.D. P.A.P. INC. PAY.	PRIVATE	17-11-42	10102 INF.(R) #9 COY:	TORONTO ONTARIO	PT.11 D.O.# 278	21-11-42
		Ceases to be attd to #2 D.D. on trans to #20 BDC for pay and pay	"	4-12-42	"	"	D.O. 28517	3-12-42
		Attd to #20 BDC for pay on attmt from #2 D.D.	"	5-12-42	#20 BDC	Brantford	D.O. 22317	4-12-42
		Granted Christmas leave from 1700 hrs 21-12-42 to 1700 hrs 26-12-42 To draw R/A @ 50¢ per diem	"	21-12-42	"	"	D.O. 22917	15-12-42
		A.W.L. from 0600 hrs. 26-1-43	"	26-1-43	"	"	D.O. 20	27-1-43
		Retd from A.W.L. 0005 hrs. 27-1-43	"	27-1-43	"	"	D.O. 20	27-1-43
		Awd 3 dys extra fatigues on 27-1-43 for A.W.L. (48 hrs. 5 min.) Forf. 1 dy. P/A.	"	27-1-43	"	"	D.O. 20	27-1-43
		Ceases to be attd to #20 BDC for pay on attmt to A10 CDDC	"	2-2-43	"	"	D.O. 244	1-2-43
		T.O.S. A10C DDC on trans from #20 BDC	"	3-2-43	A10CDDC	Camp Borden	D.O. 42	3-2-43
		Adm to C.B. on A.	"	15-2-43	"	"	D.O. 19	17-2-43
		Permitted to wear Service Chevrons	"	17-11-42	"	"	D.O. 21	25-2-43
		Disch from C.B. on A.	"	9-3-43	"	"	D.O. 26	11-3-43
		Posted to A.U. on trans to P.E.D. Highrs	"	30-3-43	"	"	D.O. 32	30-3-43
		T.O.S. P.E.D. Highrs for pay on trans from A10CDDC	"	31-3-43	P.E.D. Highrs	Sussex	D.O. 72	1-4-43
		Granted inc. of 10¢ per diem Pay to be $1.40 per diem	"	17-3-43	"	"	D.O. 131	10-6-43
		S.O.S. for purpose of enlisting in P.C.N.V.R. not eligible to Receive Rehabilitation Grant	"	21-6-43	"	"	D.O. 140	21-6-43

Regtl. No. B 626715 Rank Pte Surname DUPUIS Christian Names Raymond Clifford jrg

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature

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				

THE CANADIAN ARMY—RESERVE PERSONNEL

CERTIFICATE OF DISCHARGE

This Certifies *that* B626715 Private DUPUIS RAYMOND CLIFFORD
(Regtl. No.) (Rank) (Name in full)

of Penetanguishene *County of* .....

Province of Ontario *served continuously in the*

#2 Clearing Depot NPAM & R.M.R.I.Highlanders,CA.
(Regiment or Corps)

from the 17th *day of* November 19 42, *to*

the 21st *day of* June 19 43, *and is now discharged*

therefrom, ~~*and that he attended and completed Annual Training for the years*~~

.....
(Each year separately in figures)

Seven Months and Four days.
(Total number of years, in words)

R.C. Dupuis
(Signature of Soldier)

Place Saint John, N.B.

Date 21 June 19 43

Commanding W. E. Howard Major
(~~Sqn., Bty.~~ or Coy.)

†Commanding W. D. MacDonald Lt Col
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50M—7-41 (1067)
H.Q. 1772-39-62

M.F.M. 23
35M—9-40 (7259-60)
H.Q. 1772-39-1677

CANADIAN ACTIVE SERVICE FORCE

PROCEEDINGS ON DISCHARGE

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

Regimental No. B626715 | Rank Private.

Surname DUPUIS

Christian name RAYMOND CLIFFORD

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

Unit or Corps Prince Edward Island Highlanders,CA.(A).

Date of discharge 21 June, 1943.

Place of discharge St.John,N.B. Mil. Dist. No. 7

1. DESCRIPTION AT DATE OF DISCHARGE

Age 20 years 4 months

Height 5 feet 5¾ inches

Complexion Fair

Eyes Grey

Hair Brown

Trade

Descriptive marks Nil.

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address) Enlisting in the Royal Canadian Navy.

Street and Number P.O., City or Town, etc.

Province

2. The above-named man is discharged in consequence of

For enlistment in the Royal Canadian Navy.

Authority for discharge ~~RR/6-2-3 d/11 June 43.~~ J/45-1-24 "D" d/10 June 43. CARO.#1030.

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. 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. Very good

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* 384, K.R. Can.)

(OVER)

5. He is in possession of the following number of G.C. Badges:

Nil.

5A. Service Button (Class and number ....Nil.....)
(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 ..... Nil.

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) St.John,NB. H.J. MacDonald Lt Col

(Date) 21 June 43. *Commanding* P.E.I.Highlanders,CA.(A).

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) St.John,N.B. R.C. Dupuis *(Signature of Soldier)*

(Date) 21 June 43. D. I. Sinclair 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—C.A.S.F.) H.D. 17-11-42.

(Date of discharge—C.A.S.F.) 21 June 1943.

(Total Service—C.A.S.F.) ..... years ..... days

10. **Confirmation of Discharge**

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

(Place) St.John,N.B. *(Signature* H.J. MacDonald Lt Col

(Date) 21 June 43. *Commanding* P.E.I.Highlanders,CA.

Reservations referred to at Para. 8

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

Nil.

(Date) 21 June, 1943.

R C Dupuis.
(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

~~Extract Copies of Convictions by Civil Power~~

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

~~Form of Will (M.F.M. 10 or 10A)~~

~~Certified Copy of Record of Deliberations of Court of Inquiry (M.F.M. 3).~~

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Nil.

x W. J. MacDonald Lt-Col.
Officer Commanding
(W.J.MacDonald) Lt-Col.,
Officer Commanding
P.E.I.Highlanders,CA.(A).

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: DUPUIS RAYMOND CLIFFORD (b) Reg'l. No. B 46715
2. (a) Arm of service: INF. (b) Unit: RESERVE A10 TC (c) Rank: PTE
3. (a) Date of birth: 24 FEB 23 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: PARKDALE ONT
4. (a) Place of enlistment: TORONTO (b) Date of enlistment: 16 NOV 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 (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.): 1 YR. HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured: N.A.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A (c) Did you finish it? N.A (d) If you did not finish it, how long did you serve at it? N.A
9. (a) What languages do you speak fluently? FRENCH (b) What languages do you read well? FRENCH

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? N.A

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: SARNIA STEAMSHIP LINES Address: SARNIA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): STEAMSHIP LINE
20. (a) Your specific occupation: WATCHMAN (b) Number of years' experience at this occupation with any employer: 2 YRS.
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? N.A (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: N.A (b) Where was it located? N.A
23. (a) Number of years engaged in this business: N.A (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N.A

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? N.A
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? N.A (c) In what provinces did you have experience? N.A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
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.): MERCHANT MARINE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: N.A

DATE 11 MAR. 1943 SIGNATURE R. C. Dupuis

M. F. D. 930A
500M—3-42 (3877)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. or Official No. B626715 Rank and Name Pte. Dupuis, R.C.

of "B" Coy. Company, etc. P.E.I.Highlanders, C.A.(A) Regiment, etc., on

~~(Transfer, Posting or Discharge)~~ to (Unit and Station) on June 21 1943

Reason for discharge R.O.1029(13).To join R.C.N.V.R. Authority D.O. 140 d/21 June 43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ N/A has been paid by the Treasury Officer, Military District

No. or Air Command.

REMARKS:

State (1) Date of appointment or enlistment Nov. 17, 1942.

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? No

(3) Has assignment of pay been made? No If so, amount N/A effective date N/A

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ N/A

The following is a statement of the account of the above named from June 1 to June 21 1943 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT		Cr. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account	7	60
First Monthly Payment			Regimental Pay 21 days at $ 1.40	29	40
Casual Payments			Tradesmen's Pay days at $		
Payment on Transfer, Posting or Discharge	34	61	Additional Pay (Give particulars) days at $		
Assigned Pay			Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars): MFC512	2	39	D.O. 131d/10 June 43, granted Increase in pay from $1.30 to $1.40 per diem. w.e.f.17 Mar 43		
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	37	00	Total	37	00

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Saint John, N.B.
(Place)

June 22, 1943.
(Date)

W. A. Short Capt.
Paymaster or Accounting Officer.