

V65619
GRIFFIN
JOHN

ALBER

RCNVR Jul.45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mrs. Mary Griffin - Mother

ST. PETER'S BAY, P.E.I.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Mary Griffin

ST. PETER'S BAY, P.E.I.

ADDRESS:

MEMORIAL B K

DATE DESP

REGN. NO

197

(3) 22 Sept. 1944

DECEASED 7 Ma y 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

GRIFFIN	John Albert	V-65619	O.Smn.	FILE NO.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	12 27 25 11 49
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DUPLICATE



CANADA

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **GRIFFIN** OFFICIAL No. **V-65619**
 CHRISTIAN NAMES..... **John Albert** MARRIED, SINGLE OR WIDOWER..... **Single**

PERMANENT ADDRESS	RELIGION
St. Peter's Bay, P.E.I.	Roman Catholic

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
22 June 1925	Town St. Peter's Bay County King's Province P.E.I.	Mother- Mary, (Same Address)
*Original Nationality of:		
Father Canadian Mother Canadian		

*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 6	Inflated..... 36	Light Brown	Green	Fair	Scar on right side of neck
Inches..... ½	Deflated..... 33½				
145	Mean..... 34½				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade IX	Truck Driver- A.E. Quigley, St. Peter's Bay, P.E.I.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Active Service 8th July, 1943	Ordinary Seaman for W/T	H.M.C.S. "QUEEN CHARLOTTE"

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Air Force, Reserve or Territorial Force.

* (b) I served in **17th(R)Arm.Regt.(PEILH)** 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
17th(R)Armoured Regt. (P.E.I.L.H.)	Tpr.	2 Apl. '42	21 Dec. '42

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Unemployment Insurance Book to be deposited with
Unemployment Insurance Commission, Charlottetown, P.E.I.

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

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

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as Ordinary Seaman for W/T by the prospect of being transferred at some future date to any other branch or rating.

Dated this eighth day of July, 1943

Signature of applicant John Albert Griffin

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this eighth

day of July, 1943

My authority for attestation is

[Signature]
Signature and rank of Attesting Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, John Albert GRIFFIN 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 John Albert Griffin

Witness [Signature]

Date 8th July, 1943 Rank Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

V65619

OFFICIAL NUMBER

FILE NUMBER

113-G-3139

OFFICIAL NUMBER V65619

NAME GRIFFIN (Surname) John Albert (Given Names) DATE OF BIRTH 22 June, 1925PLACE OF BIRTH St. Peter's Bay, P.E.I. OCCUPATION Truck DriverRELIGION R.C. EDUCATION Grade 9RESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town St. Peter's Bay Province, etc P.E.I.

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
8	7	43	H.O.	6' $\frac{1}{2}$ "	Lt. Brn.	Green	Fair	Scar on rt. side of neck.	17th(R) Armoured Tpr. Regt. (P.E.I.L.H.)		2-4-	21-12-42

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) MaryADDRESS (in pencil): Street and No. _____ Town St. Peter's Bay Province, etc P.E.I.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC. <u>C 7181437</u> <u>28-10-43</u>							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for award of C.V.S.M. & C	28	9	43	Qual. Anti-Gas, 1 day, 249A A7656				
				5	11	43	Marked "TR" (249A/A17569)				

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			

Date (in figures)			DAYS FORFEITED					O.H.F. Rec.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		In diff. Char.
									O.H.F. Rec. Unemployment Ins. Book- Charlottetown, P.E.I.

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-35M-2-43 (8309)
N.S. 815-7-35

PIB V65619

V65619 OFFICIAL NUMBER

NAME GRIFFIN
(Surname)

John Albert
(Given Names)

OFFICIAL NUMBER

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
H.M.C.S. Queen Charlotte Ord. Smn.W/T		8	7	43	Active Service	V.G.	Sat.	31	12	43							
" Montcalm	"	22	7	43	D.L.#263 22-7-43	V.G	Sat.	7	5	44							
" Cornwallis	"	24	8	43	D.L.24-8-43												
" "Stadacona"	"	19	11	43	DRD H-3254												
" "Hochelaga 11	"	27	11	43	DRD # H-3345												
Valleyfield	"	8	12	43	Service Certificate. (Avalon, (Valleyfield)			1/3/44)									
DISCHARGED		7	5	44	"Missing" Casualty List"												

"Presumed Dead" Casualty List Pg. 97.

GENERAL REMARKS

Can. Memorial Cross awarded to
Mother. Mrs. Mary Griffin
St. Peter's Bay, P.E.I.
to date. 22/9/44.

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION.	P.	CTV.	TOWN.	SEMI.	DIV.	A.	BR.	RANK	
22	6	25	13	580	0	10	✓	3	01	00	9	18	0	08 95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK		
08	07	43	08	07	43					96	90	0	08 95		
SENIORITY			STR.	NON-SUB.		M.	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A.	B.	ST.									
08	07	43	13	00	00	21	9 L			8 26 11/15					

09 07-05-44



CANADA

Can. B. 207
150M-9-42 (6269)
N.S. 815-2-207

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.

I, the undersigned, have examined John Albert Griffin 2
candidate for entry as D/O
and I believe him to be * in all respects fit for His Majesty's Service
unfit for His Majesty's Service for the reason 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. <u>18</u> Mos. <u>-</u>	(j) Date of last Vaccination	<u>1935</u>
(b) Height with bare feet	Feet <u>6</u> In. <u>1/2"</u>	(k) General Development	<u>NORMAL</u>
(c) Weight without clothes	<u>145</u>	(l) Nose, Throat and Tonsils	<u>NORMAL</u>
(d) Ears and Hearing	Rt. <u>NORMAL</u> Lt.	(m) Heart and Lungs	<u>NORMAL</u>
(e) Chest Girth	Max. <u>36</u> Min. <u>33 1/2</u> Mean <u>34 1/2</u>	(n) Abdomen Hernia, etc.	<u>NORMAL</u>
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	<u>NORMAL</u>
(g) Vision by Snellens Types	without glasses Rt. <u>6/6</u> Lt. <u>6/6</u> Both	(p) Skin	<u>NORMAL</u>
	with glasses where worn Rt. Lt. Both	(q) Anus Haemorrhoids	<u>NORMAL</u>
(h) Colour Vision	Ishihara <u>NORMAL</u> R.C.N. Lantern	(r) Testes Varicocele	<u>NORMAL</u>
(i) Chest x-ray	<u>not taken</u> <u>approved</u> <u>positive</u> <u>doubtful</u> <u>June 26/43.</u>	(s) Urine	<u>sugar</u> <u>alb.</u> <u>neg</u>

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.

John Albert Griffin
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.....

* {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 St. Lawrence, P.Q. the 25th of June 1943

Lynda H. Wheelock
Examining Medical Officer
Surgeon Lieutenant, R.C.N.V.R.
(Rank).....

N.V. 17
COM-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

John Albert GRIFFIN

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax, N.S.</i>	<i>H.M.C.S. "QUEEN CHARLOTTE" CHARLOTTETOWN, P. E. I.</i>	<i>V-65619</i>

Date of Birth	Place of Birth	Place of Residence	Trade brought up to	Religion	Name and Address of Nearest Relative or Friend (in pencil)
<i>22 June 1925</i>	<i>St. Peter's Bay, P. E. I.</i>	<i>St. Peter's Bay, P. E. I.</i>	<i>Truck Driver</i>	<i>Roman Catholic</i>	<i>Mother, Mary (same address)</i>

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>25 June '43</i>	<i>July '43</i>	<i>Decorations and Dmn Hostilities for W/T</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>6</i>	<i>11 1/2</i>	<i>34 1/2</i>	<i>145</i>	<i>Light Brown</i>	<i>Green</i>	<i>Fair</i>	<i>Scar on right side of neck</i>
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

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
28 Sep 43	Qual A/C 1 day	<i>[Signature]</i>			
5 Nov 43	"TR"	<i>[Signature]</i>			

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

NAME IN FULL GRIFFIN John Albert RANK/RATING O/Smnr OFF. NO. V.

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS				
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE
	8-7-43								
<i>Valleyfield</i>	8-12-43	7-5-44	152	<i>Atl.</i>					
	<u><i>Desch. "Desch"</i></u>								
	7-5-44								

VERIFIED BY J. Miller

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING OFF.NO. *V. 65619* ADDRESS

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

VERIFIED BY *J.P.*
Gus

VERIFIED BY DIR. OF PERSONNEL RECORDS.

113-9-3139

M.F.M. 16A
200M-11-49 (8110)
H.Q. 1772-39-1665

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

P138432

(NAVAL)

52485

14-7

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

9

The names required by Questions 1, 2 & 12 must be shown in block capitals.

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

Question 6: Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence, Part II Orders should show record.

Question 7: In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

Questions 9 and 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

1. Surname of applicant.....GRIFFIN.....
2. Full Christian name or names.....JOHN ALBERT.....
3. Official Number V.....65619.....
4. Rank.....Ordinary Seaman.....
5. Unit, Station, or Establishment.....H.M.C.S. "QUEEN CHARLOTTE".....
6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay.....8-JULY-1943..... D.O. No.....d/.....
7. (If "Officer") (a) Date of appointment..... D.O. No.....d/.....
(b) Date reported for duty..... D.O. No.....d/.....
8. Are you a member of the permanent forces, ~~military or air~~ NAVAL?.....YES.....
If so, (a) State permanent establishment, unit or station.....H.M.C.S. "QUEEN CHARLOTTE"..... (b) Are you receiving permanent force rates of pay and allowances?.....YES.....
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension....."
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....TRUCK DRIVER.....
\$100.00
12. Name of dependent.....GRIFFIN..... MARY..... MRS.....
Surname Christian Name Mr. Mrs. or Miss
13. Address.....ST. PETER'S BAY PRINCE EDWARD ISLAND.....

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.



14. Age of dependent 38 Yrs 15. Relationship MOTHER

Questions 16 to 23:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

GRIFFIN, JOHN A. Son St. Peter's Bay, P.E. Island
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? Herself and

(State relationship) her two sons.

18. Is dependent being maintained in a Public Institution at the public's expense? No

Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address

of family doctor, if any Has to stay at home to look after her two
remaining sons at home

20. From what date have you been contributing to the support of this dependent?

July, 1939

21. Are you the sole or partial support? Sole

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of

same for the 6 months \$15.00 per month Total for six
months \$90.00 This included room and board

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Yes

vide your own board and lodgings? Yes

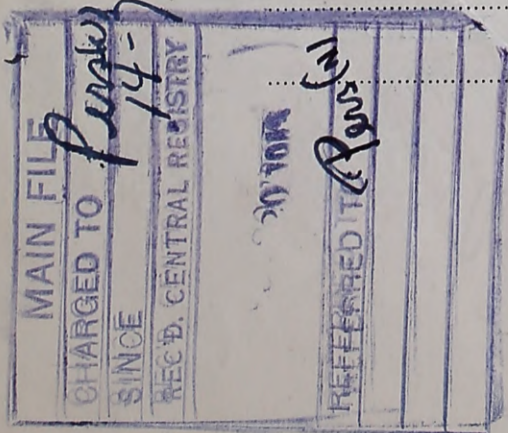
23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so

dependent upon you?

24. If dependent is your mother, is your father living? No

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.



25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
GRIFFIN, Basil	Nt. Peter's Bay	14	School	Single
GRIFFIN, Emmett	" "	12	School	Single
Griffin, Rosella	Ch'town	20	Housekeeper	Single

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

NIL

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings \$	Workmen's Compensation Award. \$
Contributions and allowances from other members of family. \$	Widow's Pension..... \$
Insurance \$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$
Dividends from shares, bonds, etc. \$ \$
Interest on loans or mortgages. \$ \$
Rentals. \$ \$
Other \$ 20.00 \$
Total \$ 20.00	Total \$

Question 28:

(If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.

(If "OFFICER") Five days' pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay \$ 19.00 plus \$1.00 (\$20.00)

29. Date assigned pay effective 8 July 1943

30. Have you made a prior assignment of pay. If so state number of days and to whom

LEDGER: L. W. Land
 CHECKED: W. H. Bensch

[OVER]

31. Have you made a previous claim for dependent's allowance?.....NIL.....

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement.

J. Morris Kalyan
(Paymaster) Lieutenant (Rank) RENVR
.....
Treasury Officer

x John A. Griffin
Signature of Applicant
Ordinary Seaman
Date 13-July-1943

WITNESS *Lloyd W. Ford*
WRITER

Establishment, unit or station

HMCS "QUEEN CHARLOTTE"

Place CHARLOTTETOWN, P.E.I.

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

*17/7/43
OK
In July acct
RMB*



*LEADER of ...
CHECKED ...*

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

Section A—GENERAL INFORMATION

1. (a) Print name in full John Albert GRIFFIN (b) Reg'l. No. V- 65619
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank O/D for W/E
3. (a) Date of birth 22 June '25 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment St. Peter's Bay, P.E.I.
4. (a) Place of enlistment Charlottetown, P.E.I. (b) Date of enlistment 8th July, '25

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) Grade IX
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member?.....

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 A. H. Quigley Address St. Peter's Bay, P.E.I.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Farm Produce Dealer
20. (a) Your specific occupation Truck Driver (b) Number of years' experience at this occupation with any employer 4 mos.
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

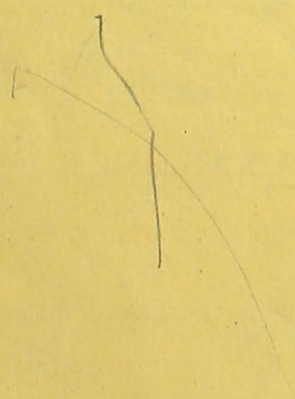
24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None



DATE 8th July, 1943. SIGNATURE John Albert Griffin



1972 8 13

COPY TO
VWD
LES

TFH/GM

REGISTERED

AIR-MAIL

N.S. V65610 PERS.(N)

11th May, 1944

Dear Mrs. Griffin:

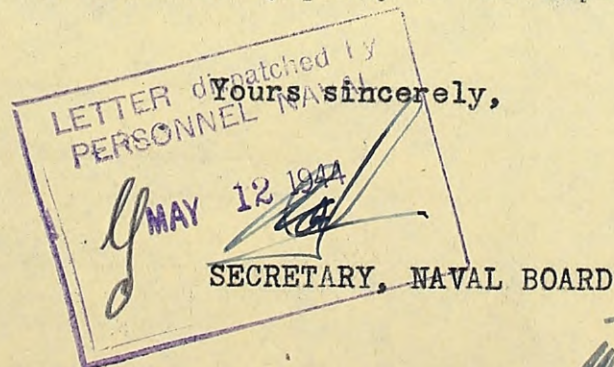
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,



Mrs. Mary Griffin
ST. PETER'S BAY
P.E.I.

GJ

N.P.R./5-1

FORM A.

FILE: N.S. V-65619 PERS.(N)

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

Sir:

11 May, 1944

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
GRIFFIN, John Albert	Ordinary Seaman	V-65619 R.C.N.V.R.

DATE OF ENLISTMENT - 8th July, 1943.

DATE OF DISCHARGE - Will be reported later

26

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 -

"Missing" at sea when the ship in which he was serv-

when and where any disability was incurred, or where death occurred.

ing 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-

Mother:

NAME- Mrs. Mary Griffin,

ADDRESS-

St. Peter's Bay, P.E.I.

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.

*130
12/18/44
NPR/15
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)

REMARKS:

.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

AN

AUG 30 1944

V-65619 PERS (N).

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:

42

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
GRIFFIN, John Albert Ordinary Seaman, OFFICIAL NUMBER V65619 R.C.N.V.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.	Mother: Mrs. Mary Griffin, St. Peter's Bay, P.E.I.

In favor of

ALLOTMENTS IN FORCE

<u>Amount</u>	<u>Initials</u>
Mrs. Mary Griffin, D.A. \$53.12	
St. Peters Bay, P.E.I. A.P. \$20.00	
Total \$73.12	J.C.
Stopped May 31st, 1944.	

Will: No. Record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

D N P A
lybb

30th August, 1944.

Dear Mrs. Griffin:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, John Albert Griffin, Ordinary Seaman, Official Number V-65619, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

42

[Red line]

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

[Signature]

Deputy SECRETARY, NAVAL BOARD.

Noted on Estate Card.
5-9-44
G.P.

Mrs. Mary Griffin,
St. Peter's Bay,
P.E.I.

[Handwritten initials]

BF 30-9/44
NPR/5
[Handwritten initials]

Royal *✓* Canadian *✓*
Message Condolence
Date Sent 30-8/44 NPR 5

Despatched by
Sec. N. B.

Date *1/9/44*
Time *1700*

Report
Canadian
Intelligence
NPR 2

N.C.R.

PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.



Department of National Defence
Naval Service

124370

AUG 30 1944

194.....

IN REPLY PLEASE QUOTE

N.S. V-65619 PERS (N).



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
GRIFFIN, John Albert Ordinary Seaman, OFFICIAL NUMBER V65619 R.C.N.V.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.	Mother: Mrs. Mary Griffin, St. Peter's Bay, P.E.I.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mary Griffin, St. Peters Bay, P.E.I.	D.A. \$53.12 A.P. \$20.00	<i>J.C.</i>
	Total \$73.12	
	Stopped May 31st, 1944.	

Will: No. Record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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



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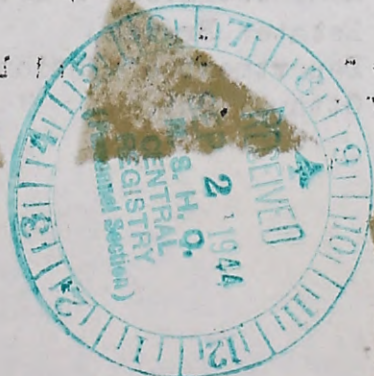
Faint text lines, possibly a header or address, located in the middle section.

Block of faint, illegible text in the middle section, possibly a body of a letter.

Faint text lines at the bottom of the middle section.

Faint text lines in the lower middle section.

Faint text lines in the lower section of the page.



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 PRINCE EDWARD ISLAND—CERTIFICATE OF REGISTRATION OF DEATH

1. **PLACE OF DEATH** { County of Registration District of Registered No.
 (For use of Registrar General only)
 If in City or Town At Sea Street House No.
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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. **NAME OF DECEASED** GRIVIN John Albert
 (Surname) (Given name or names)

RESIDENCE No. Street City, Town or Township St. Peter's Bay Province Prince Edward Island
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>Canadian</u>	7. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
8. BIRTHPLACE <u>St. Peter's Bay, King's County, P.E.I.</u> (Province or Country)			
9. DATE OF BIRTH <u>June 22 1925</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>13 10</u> hrs. or min.			
11. Trade, profession or kind of work as <u>spinner, teamster, office clerk, etc.</u> <u>Truck Driver</u>			
12. Kind of industry or business, as <u>cotton-</u> <u>mill, lumbering, bank, etc.</u> <u>A.P. Quigley, St. Peter's Bay, P.E.I.</u>			
13. Date deceased last worked at this occupation.....			
14. Total yrs. spent in this occupation.....			
15. If married give name of wife or husband of deceased.....			
16. NAME.....			
17. BIRTHPLACE..... (Province or Country)			
18. MAIDEN NAME.....			
19. BIRTHPLACE..... (Province or Country)			
20. Signature of informant <u>H.B. [Signature]</u> Address <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>Body not recovered</u> Date of burial or removal.....			
22. UNDERTAKER..... (Name and address)			

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 19
(Month) (Day) (Year)

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

CAUSE OF DEATH

I
Immediate cause (a) Missing, presumed dead when H.B.C.S. "VALLEYFIELD" was torpedoed & sunk by enemy action in the Atlantic.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 (b) due to
 (c)

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

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

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

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

Signed by..... [Signature] **M.D.**
 Address..... [Address] **Date**..... 19.....

28. District Registrar's Record Number.....

29. Filed..... 19.....
 (District Registrar)

SEC. 45, VITAL STATISTICS ACT, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DISTRICT REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK. (See reverse side for instructions.) Every item of information should be carefully supplied.

142558

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..... GRIFFIN John A. Rating ORDINARY SEAMAN.....
 Official No. V-65619..... H.M.C.S. AVALON FOR "VALLEYFIELD List 12²/1.....
 Who* DISCHARGED DEAD on the 7 MAY 1944.....

	\$	I	L	cts.
Net sum due on ledger on account of Wages.....				
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. <u>O.R. #25182 Adm. of Naval Estates (Present War)</u>			68	80
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) <u>TWENTY DOLLARS</u> charged to <u>31 May 44</u>				
Name of ship from which transferred..... <u>H.M.C.S. VALLEYFIELD</u>				
Total† <u>CREDITOR</u>			68	80

57

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. AVALON FOR VALLEYFIELD amounting to a net balance† CREDITOR of SIXTY-EIGHT dollars EIGHTY cents.

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

Approved [Signature] PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

[Signature] { Initials of the Assistant Accountant Officer }
[Signature] Commanding Officer.
A/CAPTAIN R.C.N.

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 (3801)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S C.N.S. 249A #A-13928 DATED 19 MAY, 1944.

Ledger: [Signature]
 Audit: [Signature]

LB
DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name:.....GRIFFIN,.....John A......No.: V65619
Surname Christian Names

Rank O/S.....Unit R.C.N.V.R......Date of Death May 7, 1944

AMOUNT

Date:.....21-6-45.....
L.P.C.....\$ 68.80
Other Credits.....
Total.....68.80

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Mary Griffin, St. Peter's Bay, P. E. I.</p> <p style="text-align: center;"><i>(as next of kin entitled)</i></p>	\$68.80

TO BE FORWARDED BY REG. MAIL DIRECT.

*24. TO TREAS. 11-7-45
RW*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<i>831</i>	<i>00</i>	<i>50</i>	<i>000</i>	<i>\$68.80</i>
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

BJ

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

Deceased Member's

NAME **John Albert**
Payee (CHRISTIAN NAMES)
ADDRESS **Mrs. Mary GRIFFIN**
St. Peter's Bay,
P.E.I.

GRIFFIN
(SURNAME)

REGISTER NO. **6277**
FILE NO. **NB V65619**
DATE **26 Feb 45**
SERVICE NO. **V65619**
FINAL RANK OR RATING **O. 3mn.**
DATE OF DISCHARGE **7 May 44**

DATE OF TERMINATION OF OVERSEAS SERVICE **7 May 44**

A. TOTAL QUALIFYING SERVICE
NO. OF DAYS **305** EQUAL TO **10** COMPLETE PERIODS AT \$7.50
30

B. QUALIFYING OVERSEAS SERVICE
NO. OF DAYS **152** LESS **5** INELIGIBLE DAYS, EQUAL TO **147** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	53.12	\$	1.75
TOTAL	\$	4.50	X7 = \$ 31.50
NO. OF DAYS	147	X\$	31.50
	183		

D. WAR SERVICE GRATUITY

E. DEDUCTIONS
OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$ **N11**

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS AFFAIRS.

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

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	137.05								
CHEQUE No.	111811								
DATE	10/3-45								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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.

TREASURY
PREPARED BY **BJD** CHECKED BY **[Signature]** CHECKED BY **[Signature]** DATE **4/3/45**

Dir. of Naval Pay Accounting
SERVICE REPRESENTATIVE

Mrs. Mary Griffin,

St. Peter's Bay,

Prince Edward Island.

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. NS V.65619 FD 602

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

5th April 1945

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

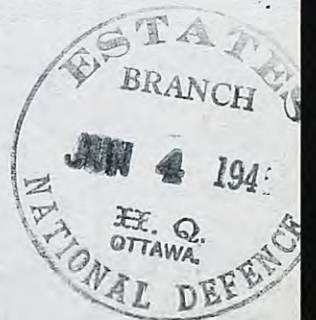
GRIFFIN

John Albert, Ord. Smn.

V.65619 Royal Canadian Naval Voluntary Reserve

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.



M. R. Wade
Commander
 Director of Estates.

/HRW

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.....	<i>Does not apply</i>		
2	Children of the Deceased and dates of their Births.....	" " "		
3	Father of the Deceased.....	<i>John A. Griffin</i>		<i>Deceased</i>
4	Mother of the Deceased.....	<i>Mrs. Mary Griffin</i>	<i>44</i>	<i>St. Peter Bay, P. E. I.</i>
5	Brothers of the Deceased	Full Blood	<i>Emmet Griffin</i>	<i>14</i> <i>St. Peter Bay, P. E. I.</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Rosella Griffin</i>	<i>22</i> <i>Second Ward Home, Charlottetown, P. E. I.</i>
		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	
	<i>Basil Griffin;</i> <i>Aug. 17 45</i>			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Albert Griffin
9	Date of his birth.	June 22, 1925
10	Place and date of his marriage.	Does not apply
11	Place and date of his parents' marriage.	St. Peter Bay, Nov. 3, 1924

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Peter Bay, P.E.I.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Prince Edward Island (b) Kings Co. (c) Nfld. (d) Nfld.
14	Nature of employment before enlistment.	Day laborer.
15	State whether he owned the premises in which he lived, and, if so, where situated.	_____
16	Name place where deceased stated he intended to make his permanent home.	St. Peter Bay.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Does not apply.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

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.	No

(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

* Motherof 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.

+ Mrs Mary Griffin

{Signature of Informant

Sr. Peter's Bay, P.E.I.

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Mary Griffin

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

Dated at Sr. Peter's Bay this 30th day of May 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Rev. Lawrence Levesque

Qualification Priest

Address Sr. Peter's Bay, P.E.I. Canada.

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