V55803 GUILBAULT

JOSEPH

RENE

113.19.2623



N. V. 5 50M—8-42 (5715) N.S. 815-11-5



ATTESTATION FORM

(HOSTILITIES FORM)

	PERM	ANENT ADD	RESS			RELIGION
	Kelvington	n, Sask			"	Roman Catholic
DATE	OF BIRTH		PLACE OF BIRT	'H	NAME AND	ADDRESS OF NEXT OF KIN
Sighted 28 Aug.,	1925	Town	Kelvingto	on,	Mrs.	Gabrielle B. Guilbaul
	ity of: nadian nadian	County	Sask.		Kelvi	(Mother)
*If not the sor	of natural born British				t page. N ENROLI	MENT
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	ENROLMENT		R WHICH ENRO	DLLED 1	H.M.C.S. ESTABLIS	SHMENT IN WHICH ENROLLED
	al Strengtl		d. Smn., emp)	1	H.M.C.	s. "UNICORN"
, sace orr,	DEC	LARATI	ON TO BE	E MAD	E BY APP	LICANT
	DEC					
(B)	eclare as follows:					

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

reco	Mikxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
*Cross out Clause not applicable. SERVED IN	RANK	FROM	1. Noted in Records
X XXXXXXXXXXXXX	xxxxxxxxxxxx	xxxxxxxxx	4. Statistical Card. 5. Prince Strip. 6. Pension Card
(c) I have a	never been rejected for or ount of unfitness.	discharged from	any of His Majesty's Forces

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

- (5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I und 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 by the prospect of being transferred at some future date to any other branch or rating.

Dated this Fourth day of March, 1943.

Signature of applicant Regularity

(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.

Sourth

day of March, 1943.

My authority for attestation is NS. 30-3-3, NS 30-34-1, 16 June, 1942

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Joseph Rene Celestin Guilbault 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...

Witness...

4 March, 1943. Rank

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.

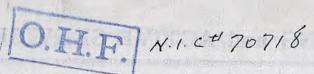
Certificates of previous service will be returned after examination.

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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

Joseph Lene Celestin Cuil BAULT

in the Royal Canadian Naval Volunteer Reserve

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Tra	ining Headquarter	s	See .		R.C.	N.V.R. Div	ision	i (A	Offic	ial Number. V. 55803
Essi	imalt			H.M.	C.S.	"UNI	100	RN"		" · · · · · · · · · · · · · · · · · · ·
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-		 	-	P	ERSONA	L DESCRIPT	ION			
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On re-enrolment—12	2 years' Service									
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NAVAL TRAINING and ACTIVE SERVICE

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Name Joseph Senc Celestin GUILBAULT Conduct

SECON	O CLASS I		DUCT	CHARACTER	, ABILITY IN RATING ON CO SERVICE, AND ANNUALLY	OMPLETION OF TR	AINING, DISCHARGE FROM THE
From			To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
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MEDALS AND MEMORIALS—DECEASED PERSONNEL	
RCNVR Jan. 45 "VALLEYFIELD"	REGISTRATION No. DATE OF DESPATCH
(1) MEDALS PERSON ENTITLED TO Mr. Joseph E. Guibault - Father KELVINGTON, Sask. ADDRESS:	English
(2) MEMORIAL CROSS	
WIDOW	MEMORIAL BAR
ADDRESS:	DATE DESP
(3) MEMORIAL CROSS Issued 22 Sept. 1944 MOTHER Mrs. Gabrielle Guibault	REGN. NO
KELVINGTON, Sask	(3)

DECEASED 7 May 1944	Α'	WARDS NAVY		war service records D.D.
GUILBAULT Joseph Rene Cele	estin	V-55803	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS) CHRISTIA	N NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No.	DATE DES	SPATCHED:		
ADDRESS:				3
CAMPAIGN MEDALS		REGISTRATION NU	MBER AND DATE	DESPATCHED
1939-45 Star				
C.V.S.M. & Clasp				
War Medal				
-	651	10	25	11-49
		(THE REVERSE TO	BE USED FOR ESTATE	E PULPOSED)

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.

NAME IN FULL SULL BAULT Joseph Rene Celestry RATING A:B: SERVICE QUALIFYING SHIP AREA TO FROM DAYS 1939-45 FROM 8-12-43 7-5-44 152 VERIFIED BY ... O.G. ... Se. Guv..... VERIFIED BY QUALIFYING PERIODS IN DAYS 1939-45 ATLANTIC DEFENCE CLASP C.V.S.M. ELIGIBLE STARS 1915 MEDAL FROM TO FOR AWARDS OF MEDALS 1939-45 ATLANTIC FRANCE G. AFRICA PACIFIC BURMA TTALY DEFENCE C.V.S.M. " CLASP WAR 1945 WAR 1915 DIR. OF PERSONNEL RECORDS.

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 COM-MITTEE 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.

EASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

	Section A—GENERAL INFORMATION	PL LE BL
1.	(a) Print name in full Joseph Rene Celestin GUILBAULT (b) Reg'l. No. 1/338/3 (a) Arm of service Naval (b) Unit H.M.C.S. "UNICORD!" RCNVR (c) Rank Ord. Smn.	BL
2.	(a) Date of birth 28 Aug. 25 (b) Unit. (c) Place of residence (d) Place of residence at time of enlistment.	
3.	(a) Date of birth any dependents? at time of enlistment any dependents? (b) Date of enlistment 4 Men. 1913	
4.	Section B—EDUCATION AND TRAINING	
5.	(a) State age on finally leaving school 15 years (b) Were you attending school or college up to the time of enlistment?	1
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.)	
	If you attended a university, give name of university and standing or degree secured	
8.	(a) Did you ever (b) If so, (d) If you did not enter upon a trade No occupation? (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	apprenticeship?	
_		
10.	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT (a) State whether you were	
	WORKING or NOT WORK- ING at time of enlistment. (b) At time of en- listment of what	
	(Enter here only "Work-	
	ing" or "Not Working", as case may be; particu- professional society were you a member?	
_	The second secon	
	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)	
	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", (b) State how long you state exact trade or occupation had worked at this	
	at which you actually worked trade or occupation	
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
-	employer, if any: Name	
16.	Nature of employer's business (for instance, "farmer", or "building contractor", or "building contractor", or "iron foundry", or "retail store", etc.)	
17.	(a) If your last employment was in a business of your own, state (b) Date of disnature and address of business continuing 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	
18.	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS IS TO 21 Name of employer	
	Nature of employer's husiness (for instance, "farmer", or "building Grain elevator agent	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
21	specific occupation	
	specific occupation	
		1
-	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 (a) State nature of business. (b) Where was	
	or professional practice it located?	. Calif
23	(a) Number of years (b) Have you made, or will you make plans to engaged in this business return to the same or a similar business on discharge?	. 個情
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24	. (a) Do you wish to engage NO (b) Do you feel competent NO (c) If so, in what in farming after the war?	
25	(a) Were you No (b) How many years' actual No (c) In what provinces born on a farm?	
-	Section G—MISCELLANEOUS	
26	. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27	If so, state nature of your plans (for example, do you plan	
28	to return to school, or have you been assured of a job, etc.)	
	may nave, other than indicated eisewhere in this form.	
****	to no 2	-
D	ATE	•

MAR 1 9 1943

VWD ES

Mrs. Gabrielle B. Guilbault,	
Kelvington, Sask.	

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.....V-..55803 FD...539.....

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

_____September 12 ____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

CUILBAULT, Joseph Réné Célestin, Able Seaman,
V-55803, R.C.N.V.R.

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/

Cermin andu ferrer Director of Estates.

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:

rees	u a calendaria di tra		INFORMANT'S ST	TATEME	ENT
of ela- on- nip	RELAT	ALTERNATION OF THE PERSON OF T	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 Do	eceased	none		
			HINARI ENTATES STATES CHECKED STATES CHECKED	DE	
2	Children of the dates of their	Deceased and Births	none none and a second a secon	ri bq	oth rall- oth shallows
3	Father of the D	eceased	Joseph Edgar Guilbault	57	Kelvington Sask.
4	Mother of the I	Deceased	Gabrielle Blanche Trottier	47	Kelvington Sask
5	Brothers of the Deceased	Full Blood	Lucien Marcel Henri Patrice Maxime Alphonse Nicholas Evariste Ovide Edgar Adolphe Gilles Fernand Germain	23 22 21 20 14 12 11	R.C.A.F. overseas Canadian army O/s R.C.N. overseas Kelvington Sask
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Yvonne Victoir & Imelda Gabrielle	9 6	Kelvington Seek
		Half Blood	NONE		
7	Names of brothers of the full or the Deceased, who a death of each.	s or sisters (whether te half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children
	none		NONE		75 - 07 - 07 - 07 - 07 - 07 - 07 - 07 -

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Réné Célestin Guilbault
9	Date of his birth.	28th of August 1925
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Laurier Manitoba 27th July 1920
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Kelvington Sask.
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) Saskatchewan, all his life (c) (d)
14	Nature of employment before enlistment.	helper, P.Burns Creamercy
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.	not stated
_	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	not to my knowledge
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?	not to my knowledge yes, if any found
20	Amount of War Savings Certificates held by deceased. Indicate where located.	amount unknown to me but he had some with him when he enlisted
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	stated intention to buy \$150.00 short ly before his death
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	unknown to me,
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none here
	OTHER PARTICU	JLARS
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.	not to my knowledge
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
25	part thereof? If so, attach itemized accounts showing	e amounts authorized in the Regulations, where déath burial is made in Canada or elsewhere in the North Am nment will reimburse such relative to the extent of the a n excess of those authorized in the Regulations is not p

DECLARATION

Informant

Address

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the Mother of the deceased. N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Kelvington Sask.

CERTIFICATE I hereby certify that to the best of my knowledge and belief... {Name of informant} is the* of the Deceased *See above. The above Declaration was made by the Informant and signed in my presence. Dated at! tou Qualification. My Commission expires December 81st, 1948 u. Address..../

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



PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN.

ISTRATOR OF ESTATES.

Department of National Defence

1138401

Naval Service

AUG 3010194....

IN REPLY PLEASE QUOTE

N.S. V-55803 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

GUILBAULT, Joseph Rene Celestin,

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", V-55803, R.C.N.V.R. which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Mother: Mrs. Gabrielle B. Guilbault Kelvington, Sask.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Nil

Nil

Nil

Will: No record.

Yours truly,

for SECRETARY, NAVAL BOARD.

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

and the second ్లు కాట్లు క మార్కెట్లు కాట్లు క The state of the s TEN-7, LABOR KART. Tours Want W. T. MANAL O TOCOTAL IS THERE with siggs of the TO THE TARREST THE - 4 05 7 27 27 4 Water Property and Comments of the Comments of volvingtons, Sask. Let cornor: MANE, BAWK/BATI 1), Official Br., UNIT. 1. INDICE VIE A Comment of the comm Carried to the second second second second Rio, in the for you will that it to the second man with the large in the second man with the second man will be second man with the second man with the second man with the second man with the second man will be second man will be second man with the second man will be second man will be second

This form	, \$300'', and addressed to the Re	gistrar o	d "Dominion Statistics—FREE, pena f the Registration Division in which to ough the mail "FREE".	ilty for I the deat	mprop h
		PROV	INCE OF SASKATCHEW	AN	
	RECORD	OF	REGISTRATION	OF	DE
Registrat	ion Division of			Mu	micipa

For use of Department only.

consult definition on reverse side before making out certificate.

...M.D.

		PROVINCE OF	SASNAIC	HEWA	N I	40		.J
	RECORD	OF REGIS	TRATI	ON (OF DEA	TH		
Registration Div	ision of				Municipality	No		
1. PLACE OF	DEATH AT	SEA						
		outside the limits of a city	y, town or vill	age, give s	ec., tp. and rge.	If in hospit	al, give	name)
(a) In mu	F STAY (in years, inicipality where the occurred	months and days) (b) In Province	e	(c)	In Canada (if	immigrant)		1
3. PRINT FUI	LL NAME OF DEC	EASED GUILBA	ULT. Jos	enh Re	ene Celest	in.	4	1
RESIDENC		ton. Sasic. s usual place of abode. If				2.00-0.000		id rge.)
4. SEX	5. CITIZENSHIP	6. RACIAL ORIGIN		arried, Divorced	8. BIRTHPL			
Male	Canadian	1	Singl		Saskat	chewan		
9. DATE OF B	IRTHAumust2	21h 19210. AGE in	Years	Month	s Days	If less t	han one	day
	(Month, day		18	9		hrs.	or	mi
	11. Trade, profession farmer, teams	ter, office clerk, etc	per, Gra	in El	evator			
USUAL	12. Kind of industry	or business, as agriculture						
OCCUPATION	lumbering, ba	nk, etc						
	13. Date deceased la at this occupat	st worked ion			14. Total years	spent in		
PARENTS		ierCanada		(Province of	r Country)			
	17. Maiden name of	mother						••••••
-1	18. Birthplace of mo	ther Canada						
	1420	Money.		(Province of	r Country)	_		
19. Signature of in		D October 1	10 32	20. Relati	onship to decease	ed		
Address	The Comment of the Co	.R., Officier i	- Pranton	Continue				
21. Place of burial	l, cremation or remova	L. mannered mine a new m. 3.	1	Date of bu	rial, cremation of	r removal		
	- U	not recovered		· 1				19
22. Signature of U person acting	Indertaker or as Undertaker							
•				(Name a	nd address)			
		MEDICAL CERTIF	ICATE OF	DEATH				
23. DATE OF D	EATH	May			7th			19/4
	t .	(Month)			(Day)			(Year
24. I HEREBY	CERTIFY that I atte	ended deceased from						19
to			hali	ve on				19
	1		CAUSE OF	DEATH			URATIO	
Immediate cause		WITGOTHA		ed de	ed, when	Yrs.	Mos.	Dys.
caused death, not	ry or complication which the mode of dying, such hyxia, asthenia, etc.	due to H.W.C.S.	WHAT.T.EN	FET ET.TH	man torr	hanhar		

Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such		los. Dys
	resumed dead, siles	
as heart failure, asphyxia, asthenia, etc. due to H. H. C. S.	ALLEYFIELD" was torpedeed	
backwards from immediate cause).	enemy action in the Atlantic	
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		

.....Date of injury....

Date

27. If death was due to external causes (violence) fill in also the following:—

Specify whether injury occurred in industry, in home or in public place...

Accident, suicide or homicide?....(State which)

Signed by

28. I hereby certify that the above return was made to me at....

Manner of injury.....

Nature of injury

Address.....

(Division Registrar) SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

(How sustained)

THE CANADIAN PENSION COMMISSION

MEMORANDUM

ToPension Medical Examiner, SASKATOON	
	0ttawa, Sept. 13th, 1944.
FromHead Office	

V-55803 A.S. GUILBAULT, Joseph R.C. P. & N. H. 758-J

The Department of National Defence,

Naval Service,

officially reports that the marginally named was reported Missing, presumed dead, 7 May, 1944 when H.M.C.S.
"VALLEYFIELD" was torpedoed and sunk by enemy action
in the Atlantic.

on the

Th service CANADA & HIGH SEAS.

His next of kin is reported as -

Mother - Mrs. Gabrielle B. Guilbault, Kelvington, Sask.

The Addressograph Stencil shows payment of Assigned Pay of

\$ N11

a month to -

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/AS

E. Cle wes,

for

Canadian Pension Commission.



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

	, , , , , , , , , , , , , , , , , , ,	Name of National	I Defence Ottown
Note—This Certificate is to be completed b	y the Examining Medical Officer and forwarded to the	Naval Secretary, Department of Nationa	Therence, Ottawa.
I, the undersigned, ha	ve examined GUILBAULT,	TOSEPH - RENE - C	CELESTIN C
tcandidate for entry as	rd Seaman	(R.C.N.V.R.	TEMP)
and I believe him to be *\in	all respects fit for His Majesty's Service for the	vice He has	signed the Certificate
given below in my presence.	fit for His Majesty's Service for the	reason stated below)	bigined the continues
‡Strike out if inapplicable. *Delete or	70		
Detect of			
This examination has	been made in accordance with the cu	irrent Instructions as to Med	lical Standards.
(a) Age	Yrs. Mos.	(j) Date of last Vaccina-	0000
	17 6	tion for Smallpox	Schoolage
(b) Height with bare feet	Feet In.	(k) General Development /cu	ily roses
(c) Weight without clothes		(l) Nose, Throat	0
(c) Weight without distinct	141	and Tonsils	wormal
(d) Ears and Hearing	0.	(m) Heart and 28/	
	normal	Lungs 3.1. 82	normal
(e) Chest Girth	Max. Min. Mean 373 363	(n) Abdomen Hernia, etc.	0
(f) Tooth	Deficient Defective Dentures	(o) Limbs and	nomal
(f) Teeth	6 2 0	Joints	normal
(g) Vision by	without Rt. 6 Lt. 6	(p) Skin	0
Snellens	glasses 6 6		elean
Types	with glasses Rt. Lt.	(q) Anus Haemorrhoids	a court
(h) Colour Vision	where worn Ishihara	$\frac{\text{Haemorrholds}}{(r) \text{ Testes}}$	- Carrier
(n) Colour vision	R.C.N. Lantern	Varicocele	mornal
(i) Chest not taken	1.1	(s) Urine	N
x-ray approved positive deubtful	3/3/43		
	CERTIFICATE TO BE SIGNE	D BY CANDIDATE	
			omas of Unina Disabara
from the Ears, or any other	to the best of my belief I have never disease likely to render me unfit for	r His Majesty's Service. 11	am willing to undergo
after entry, such dental treat	tment, vaccination, or inoculations as	s may be authorized.	
		RC Guillan	11
			Signature of Candidate
†The exact meaning of this is to be clearly extrike out if inapplicable.	explained to the Candidate by the Examining Medical O	mcer.	Signature of Canadacte
When a C	andidate is subject to a defect or disability, the	following information is to be inser	ted:
This Candidate is the	subject of		
	lly unfit for service, t importance to cause his rejection, h	e being desirable in other res	spects.
*Delete one	IF REJECTED		
	insert here UNFIT		
	in block letters		
SASKA	TOON, SASK	e . Muse of	7 70 04 5
Dated at	the 2	e of Murch RAMIC alon	19.7
	2000	RHMICalan	40
			' ' 16 7' 7 0 m

DEPARTMENT OF NATIONAL DEFENCE NAVY ARMY AIR FORCE STATEMENT OF WAR SERVICE GRATUITY CEASED 10745 EMBER'S Joseph Rene Celestin GUILBAULT REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) NSV-55803 FILE NO. 12 Oct.45 Director of Estates,) for Service Estate of DATE PAYEE Joseph R.C.GUILBAULT V-55803 308 Sparks St., SERVICE NO. ADDRESS Ottawa, Ont. NSV-55803 AB FINAL RANK OR RATING 7 May 44 7 May 44 DATE OF TERMINATION OF OVERSEAS SERVICE DATE OF DISCHARGE A. TOTAL QUALIFYING SERVICE 97.50 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE
NO. OF DAYS

LESS INCLIGIE INELIGIBLE DAYS, EQUAL TO 130 32.50 DAYS @ 25C. PER DAY C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE HIM ADDITIONAL PAY QR III DEPENDENTS' ALLOWANCE 1/30 OF \$ N11 19.36 NO. OF DAYS. 149.36 D. WAR SERVICE GRATUITY PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$ OVERPAYMENT OF E. DEDUCTIONS Nil OTHER DEDUCTIONS 149.36 F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-=s 149.36 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$___ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Vouder 2888- Oct. 17/45

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
CH

for Dir. Naval Payer Account

PARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Memberforeph Rec	Rank or Rank or O. No. V-55-70:
1. Dependents' Allowance and Assigned Pay in force at date of death;	D.A. nie A.P. nie D.A.
	A, P,
2. Pension awarded or being awarded to:	mo record.
3. War Service Gratuity Application(s) received from:	Mrs. Gabrielle B. Guil BAUL Kelvington, Sask.
Clause 4) and Directive dat	h the War Service Grants Act, 1944 (Part I, ed 16th December, 1944 issued under authorans Affairs, application(s) for War of the service of the above named deceased follows:
() To be paid to:	In the proportion of: /
	– and –
to;	In the proportion of: /
()) To be referred to the as to dependency within the Act, 1944, observing this a	e Dependents' Allowance Board for decision spirit and intent of the War Service Grants pplication(s) is classed under:
O' KRAHA WE	(ii) of the above mentioned Directive.
Date 28 June, 1945	Ronald J. Thorne, C.P.O. WTR. for D. N.P.A. (G) ===
i -	A A

W.S.G. Application No. 10745

FILE NO. N.S. 11-55803

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

M. Shoult ansoch Rome Cele	stin 11-55803	9.B.
SURNAME CHRYSTIAN VAMES IN FULL	OFFICIAL RANK OR RA NUMBER ON DISCHA	
CAUSE OF DISCHARGE: Wischarged d	ead (Hmcs valleyfiel	(2)
applicant mother - No A	STATE STATE OF THE	• • • •
	366	
TOTAL SERVICE	30	
Date of Active Service 23 Mar 43		
Date of Discharge 1 May 44	4/2	
Total No. of Days 412		-
# Less non qualifying service	Total Days 40	12
CVERSEAS SERVICE		
% Total No. of Days		
# Less non qualifying service	Total Days	500
The Printer of the Paris of the	20 20 dt 1	9.5
Record of Service in other Forces (per Nav	val Records)	
Branch of Service		
Date of Active Service		
Date of Discharge		
# & % Overleaf	Total Anys	
	0	
		to constitution
Computed By Jasut Woodley.	B .	
Checked By Mysoucher	4	
The second secon	Buckregor	
	for (H.B. Money) Payr. Cmdr. R.C.N.R.	
DATE: JUN 231945	Director of Personnel Records	

TO I CHTILITIE THATE!

C.F.O.

NDA

NON QUALIFYING SERVICE

(#)		STACKS TO LANGUISTON	Visitor (19
Date	Reason	No. of Days	
11 % · · · · · · · · ·	. !!	Tor (ELB. Money	
, au	"	11	0
Wheeless By 200	Ru	ı	
Continued to the	11	"	
11	n ·	11	
II .	ll .	ıı .	
A P N NONER		Total days	
Date of A wharse		10001 1100	
Dere of the state Servi	40		
	· · ·		
(%)	other Toroes (new Mark	(Encode)	
Where Serving	From	To /	No. of Days
Valleyfield	8/12/43	7/5/44	150 B
# Cass all goodstydag			152
S Total No. of Days		100	
24	DARFREY CELLOS		
3/	•		
29	,	Sotal	Delta service ques
29		Total	Dens
29		Potai	De la seconda de la constante
29 31 30:		Potai	Dell's antique to the same of
29		Potal	Della
29 31 30. 7		Watai	Della
29 31 30:	C6	Total	Dens
29 31 30: 7 52	C6		

COMBREGION OF STRUCK

WAR SERVICE CEASURER.

N.S.O. Application Fo.

CTHICIAL BANK OF RATIO, WOLLDAR OF OUR DISCHARGE

November 19, 1945.

Mr. & Mrs. Hoseph E. Guilbault, KELVINGTON, Saskatchewan.

Mo. V-55803 - R.C.N.V.R.

Dear Mr. & Mrs. Guilbault:

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

Your son died without having made a Will, therefore, this amount is distribututable in accordance with the provisions of the Intestacy laws of his Province of domicile which provice that you share equally.

Cheques in like amount have been requisitioned from Treasury, payable to your orders, as next-of-kin entitled, and on receipt of same, will you kindly sign and return the enclosed forms of acknowledgment.

Yours faithfully,

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

Enc.

HLV/GM



NAVY

				No	
Rank	3	Unit	R.C.N.V.R.	Da	7-5-44 te of Death
			AMOUNT	W.S.G. L.P.C\$	149.36 127.39
	Date	10-11-45		Other Credits	
				Total	276.75
				Prev.dist. This dist.	127.39 149.36
SHARE	RELATIONSHIP		NAME AND ADDRI	ESS	AMOUNT
	father		Joseph E. Guilbaul Kelvington, Sask.	t,	74.68
	mother		Mrs. Babrielle B. (as above)	Guilbault,	74.68
		100	next of kin entit	led)	1
		(0.5	Here of Ain choice		1
			OV 6 1945		
		M	DV 6 1945		
		M			
		M	DV 6 1945		
		M	DV 6 1945		
		M	OV 6 1945		
		M	OV 6 1945		
		M	OV 6 1945		
		M	OV 6 1945		wsc

AUTHORITY

H.Q. VOTE PRI H.Q. OBJ. AMOUNT

9999

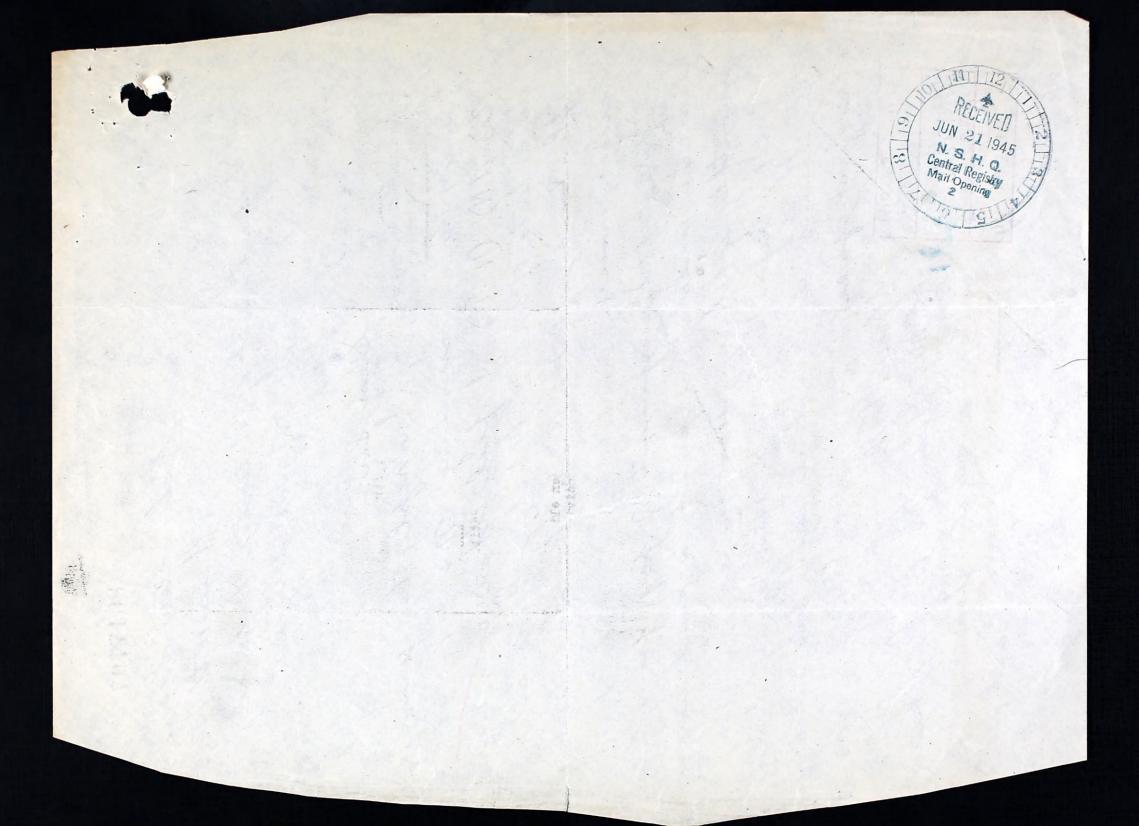
CLASSIFIED BY

For Chief Treasury Officer

(L. M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

P617707 Kelvington Sask June 18 th 1945 Defeartment of National Defence Haval Service Dear Sir: -June 7th concerning M.S. 1.55803 Pers (N) (N-15) I feel that we were dependents of Rive Celestin Guilbault, able Seaman of the R.C. n. U.R., who died on active service. There was no assignment of pay from him but he made it a point to send us money monthly while in service. If preferable to you, you may divide the amount as was done with his estate in the first place. yours truly NAVAL PERSONNEL Mrs. Gabrielle B. Genlbault Lebnigton Sask. 10745 JUN 2 2 1945 WAR SERVICE GRATUITY SECTION



Bers (n) 2/9/44 142603 #18

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

Septiment

Official No. v. 55803 H.M.C.S.AVAION "VALLEYFIELD Who* DISCHARGED DEAD on the 7 May	19. 44
Who* on the on the	19
Not sum due en ladger en account of Wages	\$ 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	127 39
Cash debited in the Accountant Officer's Cash Acct.	
If in debt in ledger, amount to be stated (in red ink)	
Rate of allotment (in words) Nil charged to	
Name of ship from which transferredHMCSVALLEYFIELD!!	
Total† CRED LTCR	127 39
We hereby certify that we have every reason to believe that the ab	ve account contains a
true statement of all wages, Effects, and other Credits or Debts on the L "VALLEYFIELD" amounting to a net balance; CREDITO	
of ONE HUNDRED & TWENTY-SEVEN dollars THIR	Y-NINE cents.
Dated on board H.M.C.S. AVALON at	ST. JOHN'S
NFLD. this FIFTH day of	JUNE 19.4.4
Approved PAY LIEUT: CDR; R.C.N.Y.R.	Accountant Officer
Sulvaires Jup	{ Initials of the Assistant Accountant Officer
A/CAPTAIN. RCN Commanding Officer.	*
For Use at Headquarters. \$ctscredited or	Inspector's certificate
Noto	
Signature	
Date	19

*State whether discharged on shore, D.D. or Run.

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: AVALON'S CNS 249A #A13928 dated 19 May, 1944

LEDGER: MU

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

Ship's ook in secutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash
	, , ,	The state of the s	1. 5 G. J.	
		A CONTRACTOR OF THE CONTRACTOR		
	7 100.1	Committee the second		
		- Internation		
		*,		
••••••				
		favorice) of the		
	1.	VI 117-34 17		
		• C.		
	. 6g Let			
12	L 101 17			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same of	****
		14.4750		
		Total proceeds of sale carried to account on the other side	• (3)	
	12.2	CONTRACTOR OF STREET		
	20		atte	nt or Officer on nded at the s ne Effects.
The w	hole of the Effects which were le	ft by the person named on the other side	, are enume	rated in the ab
uno an	SEP TO SEP TO SEP			
	1 1000	Signature		Signat

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.

STATEMENT OF ACCOUNT

Janeor out.	F.B.	Date	of appearan	ice	F.B.	.Whither discharged	DEAD	
							\$	C.
CREDIT from	former account						49	68
Pay as A.B.	frc	m 1 /	pl to 3	1 May	(61 days	at \$ 1.85 day)	112	8
ust. 0.Sm	n. (over 6 m	ths) 26	Feb. 3	1 Mch	(35 4	25 ")	8	7:
ust. A.B.		25	Mch. 3	1 Mch.	.(9		3	1
						· .10 ·)	6	10
						")		
Kit Unkeen Al	Ad	justmen	t March,	1944		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	3
								4-
OTHER CRE								******
	,					Total credits	- 0 -	. 3.
						Total credits		
DEBT from f	ormer_account						NI	L
PAYMENTS:	1st	2nd	3rd	4th	5th			*
4	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month	49,00					Total	57	9
						Total		
		1						
	ages							
Mulcts	and the second second second second	C7 0a				a /Drogont Wom	127	
	RGES: U.R.A	Jroz bay	ADTE VO	ш•малат	. дз са се	s (Present War	1+2.)	2
OTHER CHA								
OTHER CHA								
OTHER CHA								
OTHER CHA	4							
	Host?					Total debits	185	3
LEDGER:	Host				Balance Cr		185 N	_
LEDGER:	Hot 9		,	(_
LEDGER:	Hot D			,	Balance Dr.	to be shown in red)		_
LEDGER:	Joh ys actually victua	alled during	period ment	,	Balance Dr.	to be shown in red)		_
LEDGER:	ys actually victua		period ment	,	Balance Dr.	to be shown in red)		3: I

PAY LIEUT. COROCUMTANT OFFICER

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

Date 5 June 19 44

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S	110168	at
Name	ne Calestin Gil (Chris	istian names in full)
Rank of Rating.	e Seema	Official No
Place of Birth	itatia, fina	Date of Birth
Occupation in Civil Life.	Melper, Clerk	Religion
	MH)	g Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Re	eserve ratings)	1 year 2 months
		Place of Death
Cause of Death	ay antion. T	or enemy action, particulars to be stated briefly)
Nearest known Name	Joseph Sullba	Relationship
relative or friend.	esssa	n, finalistopping
Date on which the above	ve was informed by S	Ship.
Date on which death w	as registered with loc	ocal Officials
		Active Service, Pensioner or Reserve, date on which the
prescribed return wa	as rendered to the Re	egistrar General in London, Edinburgh or Dublin, accord-
ing 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 o	nly, date D.S.Q. or in	nvalided
		O Daris
		Cantal Mantal
		Commanding Officer,
	. 1	

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

			¥
Name Rene Cel	estin Joseph GU	LLBAULII 23/3/4/3	
	iority O. Som Wang		
O.N. V 5580	, / 1 .	W.B.	1
Joined Ship		from Uni	
Engagement: Period	23 March, 19	4/3 Expires	
Date of Birth	145450, 1727	0 1	oman Catholig
	Efficiency.	11	ht'
BadgesC		Class for Le	ave
Date due for:	Next Badge23	13,/46	1 2 1 pix 63
	Progressive Pay	Ann ver 6m	05 23/29 43
	L.S. & G.C. Recomn		
Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			,
Professional or higher Sub-rating			
	Seamen Form T.S.34 (S.536		
Any Non-Service	Attainments Cre	amery 1 es	levalor (wheat)
emplos	jce		
Swimming Qualit	ication		
Athletic capabilit	ies Basebal	L.	
	s (including intellige S ANTI/GAS 17-5-43	nce, energy, initiati	ve, powers of com-
M-149 le	nergy inte	ed to get	Thows frequent
restrained	but an exc	ephonally 9	ood man.
H.M.C.S. "	6/43.		Officer of Division.
Date			

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.

⁽²⁾ The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.

⁽³⁾ On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

tair power of command - reliable Date may 6/43 Twouble maker + inclined to than in authority. Below average S/LIEUT. R.CN. V.R. of Division. Date 26th. July 1943 Remarks: H.M.C.S. Livenchy of Division. Date 2 6 Oct 43 H.M.C.S. Officer of Division. Date..... H.M.C.S..... Officer of Division. Date.....

S. 98B 100M—7 N.S. 81 (88)

KIT LIST-MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

*	Stat	Nar e where issue made.	ne	- 0	1		M		Rating		•••••	Offic	ial No.	
Sca Allov	e		ar dayen					Forms	S.1048 on whi	ich issues v	vere made			
R.C.N.	R.C.N.V.R.	Article	No. Date						and the state of t					
R.C	R.C												-	
		Bags, Kit Bags, Soap		/	/									
		Belts, Life			/									
		Belts, Waist			<i>I</i>									
		Boots, half			,									
		Brushes, Hard			/							•••••		
		" Clothes.	ıg		/					,				
		" Hair			1									
		" Tooth			/,									
		Caps, blue cloth Caps, white duck			5									
		Cases attache			/								-	
		Combs. horn			/							Proceedings of the Control		
		Collars, blue jean	L		3									
		Coats, oilskin Drawers			2									
		Jerseys, naval			1					1				
		Jerseys, sport			2				/	7				
		(b) Knives, with spik	e			1 4			/	11	The second			
		Lanyards, knife			4									
		Overcoats	•••••		2									
•••••	•••••	Scarves black sill	k		2									
		Shoes, black leath	her		2									
		Shoes, gymnastic	2											
		Shorts, recreation								of contact and contact	CALL CONTRACTOR	200		
•••••		Shorts, tropical Singlets, tropical												
		Socks, pairs												
		Stockings, pairs												
		(a) Suits, blue overal	11											
•••••		Towels												
•••••		Type Vests, flannel			3								· · · · · · · · · · · · · · · · · · ·	
		Vests, cotton uni	iform											
		Vests, Singlets for w	vear unde	r										
		Tumpore corde			2	1000								
	Carre	Jumpers, duck w Trousers, serge	orking		2									
•••••		Thomas duals			2									
	1	Beds												
	10000	Blankets			2									
		Bed Covers			1	e	\/							
•••••		Class and Langu												
	ALC: NO	Lashing	arus, se		/									
		(b) Manual of Seam												
-		Winter	Issue						Gift Clo	othing rece	ived from	Organiza	ition	
	7			Ye	ar Issued							Yea	r Issued	
		Description	19	19	19		19		Description		19	19	19	19
Cap	s, W	inter							ters					
Con	ifort	ers						Helmets	, Balaclava		The second section is a second second	1		The second second
		, Woollen							or Mitts		100000000000000000000000000000000000000	1	CO. C. S. S.	CARL STREET, S
		, Balaclava							gs		17			
		naval						The second second	8					
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Stoc	king	ġs												

S.—1245 10M—1-1 32) N.S. 815-9-1245

Sis.

GUNNERY HISTORY SHEET

To be attached to the rating's Service Certificate until final discharge from the Service,	when this History Sheet is to be given
to the man, together with his Service Certificate.	when this illigion's Sheet is to magain

Name GUILBAULT J	Official No. 155 803
(Surname in BLOCK LETTERS)	Official 1101
Port Division ESQUIM AULT BC	

RECORD OF GUNNERY STATIONS IN SHIPS AT SEA

To be filled in, in H. M. C. Ships at sea, when duties are performed for not less than six months. Where a rating is found unsuited for any particular Gunnery duty, a notation to that effect is to be made in RED. Should any man be subject to severe seasickness, and therefore unsuitable for employment in ships smaller than cruisers, this fact is to be reported to the Commodore of the man's Depot, and a notation made on Page 1.

Date	SHIP	Ra	tings	Star	tion	Ability	Initials of Gunnery Officer
Date	Sim	Seaman	Gunnery	Gun and Mounting	Duty	Ability	Officer
			1				
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•••••							
•••••					-		
	*						
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		, 1					
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RECORD OF EXAMINATIONS IN GUNNERY

To be filled up on qualification in Gunnery for Able Seaman and on completion of every qualifying or re-qualifying course, for confirmed or acting Gunnery rating carried out in a Gunnery School.

Failures to be filled in, in RED.

Gun Drill	ne Gun	750 150 150 170	00 00 00 00 00 00 00 0	150 80 20	S 6 Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	ined
SUBJECT Gun Drill	ne Gun	700 100	ool obtained	150 150 80.	S 6 Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.)btained	Max.	btained	Max.	btained	Max.	ined
Gun Drill	ne Gun	100 100 150 150	100 100	150 150 80	100	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.)btained	Max.	btained	Max.	btained	Max.	ined
Stripping	ne Gun	150 150	100	150 80 20	90							- mary			0		0		0		Obtained
Stripping	ne Gun	150 150	100	150 80 20	90	,			0												
Field Training	ne Gun	720 720	100	20						,,,,,,,,,											
Land Fighting Section Leading	ne Gun	150	100	20																	
Land Fighting Lewis and Machine Bayonet Fighting	ne Gun	.50	100		111																
Bayonet Fighting Accoutrements		50.																			
Ammunition		.50	16																		
Hydraulics (Paper)			16	1-0																	
" (Oral)																					
Fire Control (Paper) " " (Oral) " " (Oral) " " (Oral) " " (Oral) High Angle Control (Paper) High Angle Control (Paper) High Angle Control (Oral Long Range (above 2-pdr Practical Drills Close Range (2-pdr. and be Practical Drills Close Range (Miscellaneo Weapons) Director and Sighting (Paper) " " (Oral) " Use and Testing of tems " Mechanical Knowledge Adjustments Electrical Course Shooting Appliances R.Y.P.A. Practice Qualifying Firings Rangefinder (Paper) " (Oral) " (Oral) " (Oral)				80	60																
" " (Oral)		100	.Jo																		
A.A. Gunnery General High Angle Control (Paper High Angle Control (Oral Long Range (above 2-pdr Practical) Long Range (above 2-pdr Practical Drills	al)			120	Po																
A.A. Gunnery General High Angle Control (Paper High Angle Control (Oral Long Range (above 2-pdr Practical									,,,,,,,,,,												
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High Angle Control (Oral Long Range (above 2-pdr Practical																					
Practical	ral)																				
Long Range (above 2-pdr Practical Drills																					
Practical		• • • • • • • • • • • • • • • • • • • •													•••••						
Practical																					
Close Range (2-pdr. and be a Practical Drills	d below)									-											
Practical Drills		•																			
Close Range (Miscellaneo Weapons)											leanne l										
Director and Sighting (Paper). " " (Oral) " Use and Testing of tems " Mechanical Knowledg Adjustments Electrical Course											-										
" " (Oral)" " Use and Testing of tems " Mechanical Knowledg Adjustments Electrical Course																					
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" Mechanical Knowledg Adjustments Electrical Course	of Sys-																	1			
Electrical Course	edge and	The more control of																			
Shooting Appliances	5	0.0000000000000000000000000000000000000	Annual Control of	CC390.00		ALCOHOLD VA	Name of Street		317 22 20 30			2004						0.000		14000	
R.Y.P.A. Practice										VICE 25 30 ST		1000		000000000000000000000000000000000000000	200		100000	2000000		1000000	1000
Qualifying Firings Rangefinder (Paper) " (Oral)																and the same of	Section 1	Section to			04.41
" (Oral)																					
													346.000.000.00	12323	1.30.000	0.24-10.57	Annual States	30000000		2000	7.00
Testing and Removal of Error													111111111111111111111111111111111111111								Same
Knowledge of R/F Mtgs									17.11.11								2000	20000	burners.		
Silhouettes		1000000	2007	1		12.00		100				100		1000000	State of a grant					7	ACC.
School Office Work			A 200 1 1 1 1 1			ALEX SERVICE STATE									7						
Musketry																		0.000		2000.000	
General Gunnery							100000		200	200											
TOTAL				1	442	ļ					.										
G. Rating Qualified for. Qualified = Q. Re-qualified = R. Failed = F.		A			11/0																

and a

9-4

Ship

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To be filled in for Test Firings only carried out in Gunnery Schools and H. M. C. Ships at sea with any gun 3-inch and above. Assessment is V.G.I., V.G., G., Fair and Poor (Failure).

Date	Ship	Gun	Mounting	Rounds	Nature of Practice	Qualified or Failed	Assessment	Initials of Gunnery Officer
1-43 M	BIMBCH.	GL MAKIL	Pg	,	QUARTERS	<i>Q</i>	SAT	HJ)
*								
			· v					

LEWIS GUN, RIFLE AND PISTOL PRACTICES

To be filled in immediately on completion of Course.

Ship and Date	Lewis Gun (Points)	Rifle (Points)	Pistol (Points)	Initials of Gunnery Officer	Ship and Date	Lewis Gun (Points)	Rifle (Points)	Pistol (Points)	Initials of Gunnery Officer
1									
							······································		
			-						

RECORD OF VISION TESTS

To be filled in by Medical Officer after each Test. Note:—Date of issue of astigmatic lens is to be noted in this space.

Ship	Gunnery Rating	Date	Hospital or Ship	Vision R. L.		Initial Test for	Re- qualifying Test for	Passed or Failed	Remarks	Initials of Medical Officer
NADENZ		29-7-43		6/9	6/30	A A.3.		F	1.0	
/ (,,		1.		C.R. 3		F	_	
/(,,	,			L.R.3.		F	_	RAL
								7.		9-40

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME

Joseph Rene Celestin GUILBAULT

OFFICIAL No.

Date of Birth

V. 55803 28 Aug., 1925

ON LEAVING HARBOUR TRAINING SERVICE

Enth 82, Eng. 6. Salsfactory	G. 6
	G. 6
	G. 6
Salsfactory	G. 6
Date qualified	
	*
3 DAYS ANTI/GAS 17-5-43	
	Later Control
y is it is	20,000

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

Date 9 may x 3

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations							Date				Ship			Signature and Rank of Divisional Officer	
Ec	assed luca- nally	For A	Able Se	l Adva	I,			3 -							
-		Rate	a Orai	nary S	eamai	1			1					***************************************	
SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches. Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship			
SEAN	Hours %	02	gh	68		50	72			63 %	17-7-4.3	JH SIL	Par	Le	
GUNNERY	% typeique Hours % %	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	63. 6 % TOTAL	7-6-43 Date of Passing	Signature and Rank of Divisional Officer, and Ship		Rank of	
TORPEDO	Hours Supject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		60 % TOTAL	21-6-45 Date of Passing		Pers	er, and Ship	
I	% n the even	t of failur	e to pass and t	ny examir he word " I, C.R. II in the cas	nation, th FAILEI I, A.A. 3,	e percenta	age is to be	o noted in	RED.			Officer's Rem		Recommenda- tion for non-sub.	
_	† The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D. by the Divisional Officer in the case of men so recommended, the word "NO"is to be entered. Total Period of Practical Experience as Ord. Seaman in part of Ship Revenue:			Recommended for cement to Able Seaman on (Date)							rate† ·				
						t geg									
Ordinary Seaman Qualified for advancement to Able S								n		Rate	Rated Able Seaman and Recommenda- tions inserted on History Sheet				
				Date	e. 			Com						Date	

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a 60M—9-42 (5981) N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—	Telephone Bus
Name Joseph Rene Celestin Guilbault Surname (in Block Letters) Christian Names Address Kelvington, Sask. Sighted Number Street Town or City Place Column 1925	Home
Address Kelvington, Sask.	Combination
Sighted Number Street Town or City Date of birth 28 August, 1925 Place of b	irth Kelvington Sask
Nationality Canadian Are you British by birth?	on by naturalization?
NationalityAre you British by birth:	M. I. Consider
Birth place of (a) Father Canada (b)	7 /
Are you (a) Single Yes(b) Married(c) Widower	
Any physical defects (especially eyesight?)	A =
Height 5 7" Weight 141 Can you swin	n? A little
B. Education— Highest school grade passed successfully? Grade VIII	Any Matriculation? No.
University: (a) Name(b) Years attended	(c) Course and Degree
Technical courses taken	
Special studies	
C. Sea Experience—	
Have you ever been employed at sea?Give number of y	
Name and number of Mercantile Marine Certificates held	
State last position held at sea (with dates)	
State employment since leaving sea	
D. Occupation: What is your profession, trade or occupation in cive experience and grain buying	
Are you (a) Actively pursuing your profession or trade on your (b) Employed; if so, in what capacity and under what	own account?
(b) Employed, it so, in what capacity and under what	
General experience (with dates) Helper at Greamer 1942.	cy from June to November,
No. and Class of any Stationary Engineer's certificates or other	certificates of competency
Have you ever served in any of His Majesty's Forces? If so, w	which? How long? None
Have you had 30 days' training? No Where registered Kelvington, Sask.	
E. Any other Qualifications that might be of use to the Naval Se	ervice (yachting, cadet corps, hobbies, etc.)
F. Branch Applying for: (a) As Officer(b) As ra	ting (i.e., in the ranks) Yes
If you cannot be accepted as an Officer are you willing to serve	as a rating? Yes
In what capacity do you wish to enrol?	
How long would you need to settle up your private affairs?	Ready any time
	C. Guilbault