

V3538
JOBIN
JOSEPH ROMEO

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total Days	

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Valley field.	22 Dec 42	7 May 44	✓ 138
Chalons I	20 Apr 41	7 Oct 41	✓ 171
Valley field	10 Dec.	11 Apr.	309
	31 Jan.	31 May	
	29 Feb.	30 June	
	31 Mar.	31 July	
	30 Apr.	31 Aug.	
	7 May	30 Sep.	
		7 Oct.	
	<u>138</u>	<u>171</u>	

Naval Personnel Records
 Officer in Charge
 Lt. Col. R. C. W. R.
 for (H. B. Honey)

DATE:



N. V. 5
5M-10-39 (2305)
N.S. 815-11-5

P043707

NATIONAL DEFENCE

JUL 18 1940

N.S. 113-9217
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME JOBIN OFFICIAL NO. 3538

CHRISTIAN NAMES Joseph Romeo Gaston MARRIED, SINGLE or WIDOWER single

PERMANENT ADDRESS		RELIGION
<u>31 Marchand St. Quebec P. Q.</u>		<u>R. C.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>26 March 1919</u>	Town <u>Quebec</u> County <u>Quebec</u> Province <u>P. Q.</u>	Father: <u>Emile Jobin</u> <u>31 Marchand St</u> <u>Quebec P. Q.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>Inf 33½</u>	<u>Lt. Brown</u>	<u>Brown</u>	<u>Sallow</u>	<u>Vaccinated on left arm</u>
Inches <u>7¾</u>	Deflated <u>30½</u>				
	Mean <u>32</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>15 July, 1940m</u>	<u>V.A.</u>	<u>Clerk</u>			

(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, Reserve, or Territorial Force.

~~* (b) I served in XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 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
	<u>Not applicable</u>		

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

Personnel Records Division.	
1. Noted in Records	<u>ly</u>
2. Account of Unfitness	<u>ly</u>
3. Statistical Card	<u>ly</u>
4. Roneo Strip	<u>ly</u>
5. Pension Card	<u>ly</u>
6.	
7.	
8.	
DATE	<u>July 25, 1940</u>

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

(a) To serve from the date thereof for three consecutive years ^{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 if called upon in time of war or emergency, and, if called into active
service, to serve ashore or afloat as may be directed, according to where my services are required.

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

Dated this 15th day of July, 1940.

Signature of applicant Gaston Jobin

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my
presence, and that he has made and signed the above declaration in my presence on this 15th
day of July, 1940.

Signature of Commanding Officer.
F. A. Price, Lt-Cdr. R.C.N.V.R. Quebec Div.

(D) OATH OF ALLEGIANCE

I, Joseph Romeo Gaston Jobin 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 Gaston Jobin

Witness F. A. Price

Date 15th July, 1940 Rank Lt-Cdr. R.C.N.V.R. Quebec Div.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Joseph Romeo Gaston Jobin having been duly enrolled to serve in the Royal
Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be
recorded in the Record Book of the Quebec Division of the R.C.N.V.R.

Signature of Commanding Officer.
F. A. Price, Lt-Cdr. R.C.N.V.R.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional
Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to
Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters,
Ottawa.

SERVICE CERTIFICATE

N. V. No. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

Name in full Jobin Joseph Romeo Gaston Company R.C.N.V.R. Quebec

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters I.C. N. 81016 Official Number Y 3538

Date of Birth 26th March 1919

Place of Birth Quebec P. Q.

Usual Place of Residence 31 Marchand St. Quebec P.Q.

Trade brought up to Clerk **O.H.F.**

Name and Address of next of kin Wife: Jeannette: 183 Latourville St. Quebec, P.Q.
Father: Emile Jobin 31 Marchand Quebec P.Q.

Religious Denomination R.C.

Can Swim _____

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
18/6/40	15/7/40	duration Hostilities	Ord. S a.		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	73/4	Sallow	LtBrown	Brown	Vaccinated left arm
On attaining 28 years						
Further Description if necessary						

V3538 OFFICIAL NUMBER

NAME JOBIN *Joseph* Romeo, Gaston.
 (Surname) (Given Names)

P.I.B.
 OFFICIAL NUMBER V3538

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Quebec Div. Str.	V.A.	15	7	40		V.G.	S at.	31	12	40	A/S.T.	14	4	41			
Duty Div. Hdqtrs.	"	20	8	40		V.G.	Sat.	31	12	41							
" " "	Ord. Smn.	24	8	40		V.G.	Sat.	31	12	42							
Stadacona	" "	20	11	40		V.G.	Sat.	31	12	43							
Patrol Vessel (Ch. 1)	" "	20	4	41	St Sacrement Hosp.-Diviated	"	"	7	5	44							
" " "	A.B.	6	12	41	Septum-23-9-41--8-10-41												
Stadacona	"	16	12	43	S-13, P-3.												
Valleyfield	"	22	12	43	S-18, P-3.												
DISCHARGED	"	7	5	44	"MISSING" per Casualty List. "Presumed Dead" (per Correction Sheet Page 98). Rated A/Ldg.Smn.15.3.44.(A-13916).												

GENERAL REMARKS

Quebec Milt Hospital-11-9-42--16-9-42

AWARDED: Canadian Memorial Cross:

WIFE: Mrs Jeannette JOBIN,
 183 Latourelle St.,
 Quebec, Que.

MOTHER: Mrs Emile JOBIN,
 183 rue Latourelle,
 QUEBEC, Que.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU		RELI	ED	PERM RESIDENCE			PREV	ENL	RANK OR RATE ON ENLISTMENT		
DY	MO	YR	BIRTH	MAIN	SUB	GION			P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
26	3	19	12	830	0	10	X		2	54	09	0	12	0	22	94
ENLIST DATE			ACT. SERV. DATE			STR	[Shaded]	ACT SERV DATE			SHIP OR		RANK OR RATE			
DY	MO	YR	DY	MO	YR	CAT		DY	MO	YR	ESTAB	A	BR	RANK		
15	07	40	22	08	40						1220	0	08	94		
SENIORITY			STR	NON-SUB		M	[Shaded]			CODED		CHECKED				
DY	MO	YR	CAT	A	B	ST										
06	12	41	13	25	00											



Can. B. 207
20M-8-38
N.S. 615-2-207

NATIONAL DEFENCE
JUL 15 1940
MS-113-2217

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

P043709

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined.....Mr...Gaston Jobin.....

candidate for entry as.....V...A...in R...C...N...V; R.....
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at.....Quebec.....the.....11th.....of.....July.....1940.....

W. W. Mentui

Examining Medical Officer

(Rank).....*Capt. Reance*.....

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Abdomen, Hernia, etc.	(i) Limbs and Joints	(j) Skin	(k) Ears and Hearing	(l) Testes, Varicocele, etc.	(m) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(n) Anus, Hemorrhoids, etc.
<i>21 4 months</i>	<i>120</i>	<i>5-7 3/4</i>	<i>Good.</i>	inches (a) maximum <i>33 1/2</i> (b) minimum <i>30 1/2</i> (c) mean <i>32</i>	right eye <i>5/6</i> left eye <i>5/6</i> colour vision <i>normal</i>	<i>In childhood</i>	<i>normal</i>	<i>normal</i>	<i>normal</i>	<i>normal</i>	<i>normal</i>	<i>Good.</i>	<i>normal</i>

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Gaston Jobin

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....*Développement nettement au-dessous de standard, mais ne devrait pas être*
considéré de suffisante importance pour causer son rejet, il étant désirable dans d'autres respects.

W. W. Mentui

Examining Medical Officer

(Rank).....*Capt. Reance*.....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

DECEASED 7 May 1944
DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

D.D.

JOBIN Joseph Romeo Gaston		L/Smn.	V-3538	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2842
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR Mar. 45 "VALLEYFIELD"

(1) MEDALS
PERSON

ENTITLED TO Mrs. Janette Jobin - Widow

ADDRESS: ~~183 Latourelle St.,~~ 90 $\frac{1}{2}$ rue Cremazie
QUEBEC, Que.

16-10-49

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

492

(2) MEMORIAL CROSS

WIDOW

Mrs. J. O. Jobin

ADDRESS: 207 Latourelle Street
QUEBEC, Que.

(2) 22 September 1944

(3) MEMORIAL CROSS

MOTHER

Mrs. E. Jobin

ADDRESS: 183 rue Latourelle
QUEBEC, Que.

(3) 13 October 1944

VERIFICATION FORM

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

RANK/RATING *Ldg. Smn* OFF. NO. *V-3538* 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.			
							1939-45	/	<i>Star</i>
<i>Atlantic</i>							ATLANTIC	/	<i>Star</i>
<i>Atlantic</i>							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ Clasp</i>
							" CLASP		
							WAR 1945	/	<i>Medal</i>
							WAR 1915		

VERIFIED BY *G. H. [Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

SEAMAN BRANCH

Application for, and report of result of,
PROFESSIONAL EXAMINATION

for the rating of... Leading Seaman

I.-Application for examination

H.M.C.S. Chaleur II
Name of Candidate (in full) Joseph R Robin
Present Rating AB O.N. V-2538
Port Division.....

Date of Application for Examination July 28 1943

Date and Particulars of Previous Failures
Nil

DRAFTING AND ADVANCEMENT REPORT	
1 History Card.....	
2 Index Card.....	
3 Placco Card.....	
4 Advancement <u>1/10/35</u>	
5 A. A. Card.....	
6 Training.....	
7 Statistical.....	

(I) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

(II) He has carried the duties of ~~hand~~ seaman satisfactorily.

(III) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To... Commanding Officer
... H.M.C.S. Chaleur II

NOTES-

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with Service Certificate, history sheet and Form S.264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S.441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers future reference. Failures are to be noted on Form S.264 (Divisional Record Sheet).

Orig. retained in R.C.N. Depot. This copy for retention with Service Certificate. S.

JOBIN R.
JOBIN R.

II. - RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "~~Failed~~". **GOOD**.....
(If passed state whether "V.G." (85% and above), "Good (70% to 85%), or Fair" below 70%)

(See A.F.C. 9/39)

SECTION II

SUBJECT	MAXIMUM MARKS		MARKS OBTAINED	
	P.O.	L.SEA	ON EXA. INA- TION	ON-REEXA- MINATION
Rigging.....		50	25	38
Anchor Work.....		60	30	40
Boat Work.....		80	40	30 FAIL
General Duties.....		80	40	50
Organization.....		20	10	14
Signals.....		30	15	21
Watertight Fittings.....		20	10	14
Duties in Part of Ship and Mess.....		20	10	14
		<u>360</u>	<u>180</u>	<u>221</u>

Marks required to pass 50% in each case.

REMARKS- The Candidate's has:-

- (i) ~~Passed a V.G./Good/Fair Examination.~~
(V.G. -85% and above, Good 70% to 85%, Fair below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officer in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date... AUGUST 9TH, 1943.....

E. Donald
President of Board,
Lieut-Cdr., R.C.N.

Candidate's signature (in full).....

Romeo Gaston Jobin H.B.

Basic date of passing professionally for... Leading Seaman
(K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is... August 9th 1943.....

Re-examined by Ship's Officer in relevant subjects of Section II on board.

H.M.C.S. "Chabert II" on... 15th October 1943..

Date... Oct 17 1943.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
R.C.N. Barracks,

J. H. Lawrence
A/Captain R. C. N.
Naval Officer in Charge.

Captain
H.M.C.S. "Chabert II".....

Date... 18 October 1943.....

DISTRIBUTION OF SERVICE ESTATES

TL

Estates Form "P. 4"

NAVY

Name: JOBIN Joseph R. G. No: V. 3538
Surname Christian Names

 L) San. H.M.C.S. "VALLEYFIELD" 7-5-44
Rank Unit Date of Death

AMOUNT

Date: 8-2-45
 L. P. C. \$ **55.73**
 Other Credits.....
 Total..... **55.73**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Jeannette Jobin, 183 Latourelle St., QUEBEC, Que., (Under marriage contract)	55.73

P4. TO TREAS. 19-5-45 04

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$55.73
CLASSIFIED BY			EXAMINED BY		
Original Signed by K. L. McCUAIG			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

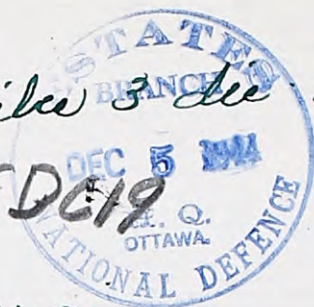
AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

V-3538
Jobin J.R.G.

Québec 3 Dec 1944

H.Q. N.S. V. 3538 FDC19



Mr. directeur des successions
Ottawa

DEC 7 1944

Monsieur

J'accuse réception
de votre lettre datée du mois de
novembre et vous suis très re-
connaissant des démarches faites
par vous à mon sujet - Si on
vous a répondu à la Banque de
Montréal succursale de Québec
que mon mari M. Gaston Jobin
n'a aucun dépôt c'est très
bien il a dû le retirer pour
raison majeure

Encore une fois merci

Je signe

Madame M. Gaston Jobin

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S.-VALLEYFIELD.

~~XXXXX~~; Romeo Gaston

AT SEA

H.M.C.S.....at.....

64

.....^{Joseph}.....

Name.....^{JOBIN, Romeo Gaston}.....
(Christian names in full)

Rank or Rating.....^{A/Lt. Romeo (G)}.....Official No.....^{V3538}.....
(If unknown, date of first entry)

Place of Birth.....^{QUEBEC}.....Date of Birth.....^{26 Nov 1919}.....

Occupation in Civil Life.....^{Clerk}.....Religion.....^{Roman Catholic}.....

Number of years in the Navy (Long Service R.C.N., or mobilized
service in case of R.C.N. (Temporary) or Reserve ratings).....^{3 yrs. 6 mos.}.....

Date of Death.....^{7th May, 1944.}.....Place of Death.....^{AT SEA.}.....

Cause of Death.....^{Torpedoing of H.M.C.S. VALLEYFIELD.}.....
(If due to accident, violence, or enemy action, particulars to be
stated briefly)

.....^{JANETTE}.....^{WIFE}.....^{WIFE}.....

Nearest known relative or friend Name.....^{JANETTE}.....Relationship.....^{WIFE}.....

Address.....^{183 Latourville Street.}.....

.....^{QUEBEC, P.Q.}.....

Date on which the above was informed by Ship.....^{Informed by N.S.R.Q.}.....

Date on which death was registered with local Officials.....^{NIL}.....

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

Place of Burial..(If known).....Date of Burial..(If known).....

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

Undertaker employed.....(If any).....

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

S. J. D. Jones
A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"
^{20th May, 1944}.....1944

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

Noted ^{Don Pa.}
20-9-44



L'AN MIL NEUF CENT QUARANTE-DEUX, le vingt-quatrième
jour de mois de janvier.

DEVANT FERDINAND AUDET, Notaire, résidant et pratiquant
en la cité de Québec, soussigné.

ONT COMPARU: Monsieur R. Gaston Jobin, marin, de la cité
de Québec, ci-après appelé le futur époux,

ET Mademoiselle Jeannette Ouellet, majeure, de la cité
de Québec, ci-après appelée la future épouse.

LESQUELS ont réglé ainsi qu'il suit les clauses et les c
conventions civiles de leur mariage projeté: -

1o. IL y aura séparation de biens entre les futurs époux
en conformité des articles 1422 et suivants du code civil de la
Province de Québec, tout douaire étant exclu.

2o. LES charges du futur mariage seront supportées par
le futur époux.

3o. LE futur époux, en considération du futur mariage,
donne par les présentes, entrevifs, à la future épouse, ce ac-
cepté par cette dernière, tous les meubles meublants, effets et
articles de ménage linge et lingerie de maison qu'il possède ac-
tuellement et, tous les meubles meublants, effets et articles de
ménage, linge et lingerie de maison acquis pendant le mariage,
seront la propriété de la future épouse, à compter de leur acqui-
sition, ainsi que tous les cadeaux de noces.

4o. LE futur époux, en considération du futur mariage,
donne aussi entrevifs, à la future épouse, ce accepté par cette
dernière, la police d'assurance-vie au montant de mille piastres
qu'il a avec la Compagnie The Prudential Life Assurance Company
of Canada, qu'il s'engage maintenir en force à ses frais, jusqu'à
maturité et faire inscrire le nom de la future épouse comme bé-
nificiaire, aussitôt après le mariage.

5o. LE futur époux, en considération du futur mariage,
donne de plus, entrevifs, à la future épouse, ce accepté par cet-
te dernière, la somme de trois mille piastres qu'il s'engage lui
payer à demande, laquelle dite somme ainsi que tous les autres
biens



Enregistré au bureau de la Division d'Enregistrement
à Québec, le vingt-neufième jour de Janvier
1942, sous le No. 271147
rel. 537177
h. Henri Turfey

biens ci-dessus donnés seront insaisissables.

6o. Si la future épouse précède le futur époux, ce dernier aura le droit de reprendre tous les biens qu'il donne par le présent contrat à la future épouse.

7o. Si au jour du décès de l'un des dits futurs époux, ce dernier n'a pas disposé de ses biens par testament fait subséquent au présent contrat, dans ce cas là seulement, l'époux survivant héritera de tous les biens laissés par l'époux prédécédé.

FAIT ET PASSE à Québec les jour, mois et an en premier lieu mentionnés sous le numéro dix huit mille huit cent quatre-vingt-deux des minutes du notaire soussigné.

EN FOI DE QUOI, les futurs époux ont signé avec et en présence de moi, Notaire, lecture faite.

(Signé:) " R. Gaston Jobin "

" Jeannette Ouellet "

" Ferd. Audet, N.P. "

Vraie copie de la minute demeurée de record en mon étude.

Ferd. Audet

5-37

No. 18882

Québec, 24 janvier, 1942.

-0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0

CONTRAT de MARIAGE

-de-

280

Monsieur R. Gaston Jobin

-et-

Mademoiselle Jeannette Ouellet

-0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0

10. copie.

FERD. AUDET,

Notaire.

271147



-0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0 -0-0

147 Blv. Langelier, Québec.

Tel: 3-3378

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

Mrs. Janette Jobin
183 Latourelle St.,
Quebec, P.Q.

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

and the following number quoted:—

H.Q. NA. V-3538 FD. 619

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 15 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



JOBIN, Joseph Romeo Gaston, Lead. Seaman,

Official Number V-3538

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/

J. A. Woods
Comm. in Charge
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:

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.....	Mrs Jeanette Jobin	25 ans			
2	Children of the Deceased and dates of their Births..... Quebec City - 21/7/43	Son / Josephth Emile Gaston				
		Pierre Jobin	14 mois	207 Latourelle		
3	Father of the Deceased.....	Emile Jobin	52 ans	183 Latourelle		
		Marquette Lemblay Jobin	52 ans			
4	Mother of the Deceased.....					
5	Brothers of the Deceased	Full Blood	Gules Guy Jobin	24 ans	183 Latourelle	
			Gérard Jobin	26 ans		183
			Paul Emile Jobin	21 ans		H.M.S LETHBRIDGE c/o F.M.O. Halifax N.S.
6	Sisters of the Deceased	Full Blood	Lorraine Jobin	19 ans	183 Latourelle	
			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			

In loco

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Romeo Gaston <i>J.R.</i>
9	Date of his birth.	March 26 - 1919
10	Place and date of his marriage.	Notre Dame du Chemin Quebec
11	Place and date of his parents' marriage.	Quebec City

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Quebec City
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec City (b) Quebec City (c) All is life (d)
14	Nature of employment before enlistment.	Salesman
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.	Quebec City

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	X
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?	Yes
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?	Bank of Montreal, Quebec City \$125.00 Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Industrial \$500.00 Wife Jeanne Queltte <i>J.Q.</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Inceps 32.91 only because my husband died in dangerous water

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.	
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.	_____

(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

*Wife Jeannette Jobin 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.

207 LATOURELLE Quebec Address

Signature of Informant

CERTIFICATE

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

*See above. Jeannette Jobin { Name of informant } is the * épouse - Wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at..... this 18 day of septembre 1944

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

Eugène Desrosiers Qualification: Curé - Priest

Address: Presbytère St-Jean-Baptiste, Québec

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

My debt acc 65,95 to P. T. Gagné Limited

OTHER PARTICULARS

Did the deceased after entering into any debt for... (faint text)

The Government pays funeral expenses... (faint text)



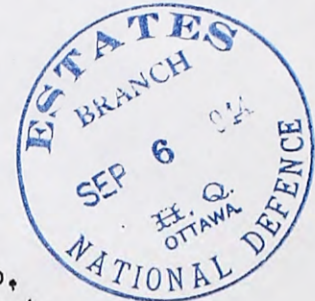
Department of National Defence
Naval Service

126734

AUG 30 1944 194.....

IN REPLY PLEASE QUOTE

N.S. V-3538 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
JOBIN, Joseph Romeo Gaston, Lead Seaman, Official Number V-3538.	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.	Wife: Mrs. Janette Jobin, 183 Latourelle St., Quebec, P.Q.

ALLOTMENTS IN FORCE

<u>In favor of</u>		<u>Amount</u>	<u>Initials</u>
I MRS. JEANNETTE JOBIN 183 LATOURELLE ST. QUEBEC QUE	D.A. A.P.	\$51.12 \$37.00	F.C.
2 " REC.GEN. OF CANADA WAR SAVINGS CERTIFICATES OTTAWA ONT.	A.P.	\$1.00	F.C.

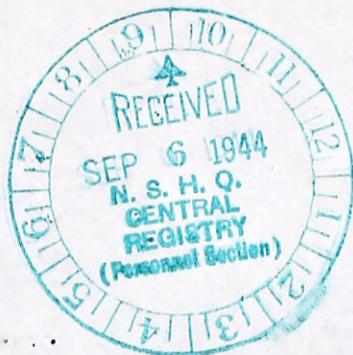
Will: No Will

Yours truly,

HB Money

for SECRETARY, NAVAL BOARD.

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



OFFICE OF THE
DIRECTOR OF PERSONNEL
WASHINGTON, D. C.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE: 10/27/44

OLNEY ONE
NAVY SAVINGS CASHIER
SEC. 101 OF 10100

101

101

OLNEY ONE
101 SAVINGS CASHIER
SEC. 101 OF 10100

101

101

OLNEY ONE

101

101

A-2222
OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

OLNEY ONE
SEC. 101 OF 10100

A-2222 (A)

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

ROYAL DEFENCE
JUL 18 1940
P043708
N.S. 113-921
CANADA

Nom (en entier)..... *Joseph-Romeo-Gaston Jobins*
 Date et lieu de naissance..... *26 Mars 1919 Québec P.Q.*
(L'extrait de baptême, une déclaration des parents, ou un affidavit devra être annexé à ce questionnaire)
 Lieu de résidence permanente..... *31 Marchand Québec P.Q.*
 Ville la plus rapprochée de la résidence. (Si le candidat réside à la campagne).....
 Etes-vous sujet britannique?..... *Oui*
 Etes-vous célibataire, marié ou veuf?..... *Célibataire*
 Dans quelle classe désirez-vous vous enrôler?..... *V. A.*
(Voir la brochure ci-jointe quant aux qualités requises)
 Occupation actuelle..... *Commis*
(Annexer tout certificat ou lettre de recommandation)
 Appartenez-vous à une force navale, militaire, de réserve ou territoriale?..... *non*
 Avez-vous déjà servi dans une de ces unités? (Donnez les dates ainsi que les détails)..... *non*
 Avez-vous été renvoyé d'une des forces quelconques de Sa Majesté parce que vous étiez physiquement
 impropre au service?..... *non*
 Votre offre de servir dans une des forces de Sa Majesté a-t-elle déjà été refusée?..... *non*
 Quel est votre poids?..... *120*
 Quelle est votre taille?..... *5.7 3/4*
 Quelle est votre mesure de poitrine (position naturelle)..... *32*
 Etes-vous affligé de quelque infirmité ou malformation, ou sujet à des attaques d'épilepsie?..... *non*
 Etes-vous consentant à vous faire vacciner ou revacciner et inoculer selon que les autorités le jugeront à
 propos?..... *Oui*

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

Gaston Jobins..... Signature
15-Juillet-1940..... Date
31 Rue Marchand..... Adresse
Québec P.Q.

Marcel Dubé
 Témoin de la signature

Je déclare, par les présentes, avoir vu personnellement le certificat de naissance de ce candidat, ou une
 déclaration assermentée quant à la date de sa naissance.

Je certifie, de plus, que la date de sa naissance d'après les documents légaux en mains, est.....

Signé..... *Eugène Noël*
Commandant de la Commission
 A/LIEUTENANT EUG. F. NOEL, .

ENDORSEMENTS
from
Chiefs of Staff of all three Services

"This is one way in which everyone can help the War Effort. No matter how small the contribution it all adds up to an immense sum and, may I remind you that in helping your country you are also helping yourselves, as you will receive your money back with interest in due course. It's going to be a long hard war, so let's all tighten our belts if necessary and do our damndest and so 'Stop Hitler'."

PERCY W. NELLES,
Chief of the Naval Staff

"I commend this form of saving to all ranks of the Canadian Military Forces. By supporting it you are doing both Canada and yourself a good turn."

T. L. ANDERSON,
*Major-General,
Chief of General Staff.*

"I heartily commend the purchase of these War Savings Pledges to the Officers, Warrant Officers, Non-Commissioned Officers, and Aircraftmen of the Royal Canadian Air Force.

I feel that in this vital period, when the very existence of the British Empire is being threatened, the members of the R.C.A.F. will be glad of this opportunity to assist in making Canada's War Effort as great as possible."

L. S. BREADNER,
*Air Commodore,
Chief of the Air Staff.*

WAR SAVINGS PLEDGE

NAME OF PURCHASER PRINT IN BLOCK LETTERS SURNAME OF REGISTERED HOLDER PRINT IN BLOCK LETTERS

J O B I N G A S T O N R.	J O B I N
-----------------------------------------------------------	-----------------------

REG'T OR OFFICIAL No. V.3538 CHRISTIAN NAME

M R S. M I S S	M A R I E T T E
----------------------------------	--------------------------------------

SHIP, UNIT OR ESTABLISHMENT
H.M.C.S. STADACONA

Until further notice please deduct the sum of \$ 1.00 each month, from any pay and allowances which may be payable to me, for the purchase of War Savings Certificates.

It is understood that for each . . .	\$4	\$8	\$20	\$40	\$80	Strike out units not applicable
so deducted I will receive one . . .	\$5	\$10	\$25	\$50	\$100	CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE

registered in my name or that of anyone else I may designate. Purchases are to be made in each month during which my accumulated savings are sufficient to buy a certificate of any denomination.

Date FEBRUARY 25 1941 Signature Esther R. Johns

EXECUTIVE OFFICER
All. S.
5/2/528 9/ser. 1.50

OCCUPATIONAL HISTORY FORM

17
113-8-217

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 INDUSTRIAL LIFE FOR 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 SOBIN, Romeo Gordon (b) Reg'l. No. V-3538
 2. (a) Arm of service Navy (b) Unit ACNVR (c) Rank AB (ST)
 3. (a) Date of birth 21 Feb 1919 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Quebec P.Q.
 4. (a) Place of enlistment Quebec, P.Q. (b) Date of enlistment 15 July 1940

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 yrs (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 8 Public School
 7. If you attended a university, give name of university and standing or degree secured No.
 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Work (Leather Goods) (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? 7 yrs
 9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? Both

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)
 (b) At time of enlistment of what trade union or professional society were you a member? Cornule Paritaire des Commerce en detail de Quebec Certif. No 3644

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 R.F. Roy Address Quebec City, Que. P.Q.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Leather Goods
 20. (a) Your specific occupation Clerk (b) Number of years' experience at this occupation with any employer 7 yrs
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? Yes (c) Do you wish to return to your former employment? Unsettled

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? — (b) Do you feel competent to operate a farm? — (c) If so, in what kind of farming? —
 25. (a) Were you born on a farm? — (b) How many years' actual farming experience have you had? — (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.) No.
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Work as a Radio Technician

DATE 1 April 1942 SIGNATURE Romeo Sobin

[Stamp: RECEIVED]

Copy To
VWD

ES
APR 14 1942

DEPARTMENT OF NATIONAL DEFENCE

15743

ROYAL CANADIAN NAVY

096526

Pers. P.R. 21-6/44

HALIFAX, N.S. 17th. MAY 1944 # 828

AIR-MAIL.

MEMORANDUM:

The undermentioned rating is, according to Drafting Depot Records, eligible in all respects for advancement.

It is approved to advance this rating if, in your opinion, he is fit to perform the duties of the higher rating and subject to your verification that he is qualified according to regulations, particularly as regards "V.G." Conduct, time and sea service.

IMPORTANT: If any doubt exists whether this rating is suitable in ALL respects for advancement, this form may be retained for a period of not more than one month, while the rating is under observation. At the end of that period he must either be advanced, effective from the date shown on this form, or the permission for advancement cancelled and returned with the reasons for cancellation noted thereon. (See Canadian Naval Regulations Article 208).

Name and Official Number	Present Rating	Rating to which to be advanced	REMARKS
Romeo Gaston JOBIN	A.B.	ACTING LEADING SEAMAN (Ty)	Reference Naval Order 2219 <i>your 151750/4/44 refers</i>
V 3538		Effective date of Advancement 15th. MARCH 1944	

To: The Commanding Officer
H.M.C.S. "AVALON" (Valleyfield)
St. John's, Nfld.

DRAFTING and ADVANCEMENT

Effective date of Advancement

1 History Card

2 Index Card

3 Bonus Card

4 Advancement

5 A. A. Card

6 Training

7 Statistical

8

DATE 6-7-44

W. Barpentier
DRAFTING CAPTAIN
R.C.N. DEPOT, HALIFAX, N.S.

Noted in H.M.C.S. *Avalon* S.249A# *A-13916* It has been verified that this man is qualified under the regulations for advancement and I consider him to be fit to perform the duties of the higher rating.

He has been advanced to *Acting Leading Seaman* (Ty)
to date *15th March* 1944

Submarine

COMMANDING OFFICER

DATE *22 May* 1944

NOTE

Advancement may only be made on the precise terms shown and a man is not advanced until he has seen the Captain and been formally rated by him. If, therefore, the man concerned has committed a serious offence recently he is not eligible for advancement, even if the offence was committed after the date to which advancement may be antedated according to this form. In such circumstances, the form is to be returned, and a report enclosed of the details of the offence and punishment. Any amendment to this form (e.g., in the date) must have prior approval of the DRAFTING DEPOT.

This form is to be returned to the DRAFTING CAPTAIN, R.C.N. DEPOT, HALIFAX, N.S.

Proven noted for
Arch 7.5.44.

DEPARTMENT OF NATIONAL DEFENCE
ROYAL CANADIAN NAVY



The undersigned being is, according to Drafting Department records, eligible in all respects for advancement to the next higher rating in your opinion, he is fit to perform the duties of the rating to which he is qualified according to regulations, particularly in respect of conduct, time and sea service.

It is recommended to advance this rating in your opinion, he is fit to perform the duties of the rating to which he is qualified according to regulations, particularly in respect of conduct, time and sea service.

It is recommended to advance this rating in your opinion, he is fit to perform the duties of the rating to which he is qualified according to regulations, particularly in respect of conduct, time and sea service.

Name and Official Number	Present Rating	Rating to which to be advanced	Reference Naval Order 2219
Commodore Gordon J. ...	R.	ADJUTANT GENERAL (A)	
		Effective date of Advancement	
		REF. MARCH 1944	

For The Commanding Officer
H.M.C.S. ...
St. John's, Nfld.

It has been verified that the rating to which he is qualified under the regulations for advancement and I consider him to be fit to perform the duties of the rating to which he is qualified.

Three overlapping blue stamps from the 'DRAFTING AND ADVANCEMENT DEPOT' are visible, each with a date and a signature in the 'INITIALS' field.

- Stamp 1: DRAFTING AND ADVANCEMENT DEPOT, JUL 7 1944, INITIALS *M.*, FILE
- Stamp 2: DRAFTING AND ADVANCEMENT DEPOT, JUN 10 1944, INITIALS *[Signature]*, FILE
- Stamp 3: DRAFTING AND ADVANCEMENT DEPOT, MAY 18 1944, INITIALS *m.*, FILE

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

Sir:

11, May 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
JOBIN, Joseph Romeo Gaston	Able Seaman	V-3538 R.C.N.V.R.

DATE OF ENLISTMENT - 15 July, 1940 Active Service 22 August 1940 41

DATE OF DISCHARGE - Will be reported later

HOSPITAL -
(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death occurred. 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- Wife NAME- Mrs. Janette Jobin

ADDRESS- 183 Latourelle St., Quebec, P.Q.

NOTE: If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the separation Agreement, etc., to be furnished.

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

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

A.B. Money

for
SECRETARY, NAVAL BOARD. *emc*

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

B of 12/18/44 N.P.R./5 C

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

(See reverse side for further instructions)

TFH/LP

REGISTERED
AIR MAIL

N.S. V-3538 Pers. (N)

11 May, 1944.

38

Dear Mrs. Jobin:

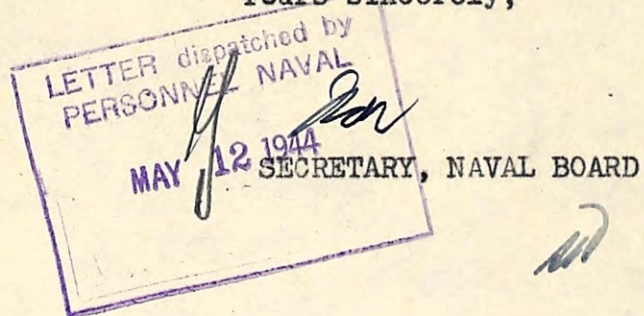
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your husband has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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. Janette Jobin,
183 Latourelle Street,
QUEBEC, P.Q.

12

LA/GFM

N.S. V-3538. PERS. (H)

58

21st September, 1944.

THIS IS TO CERTIFY that according to official information Joseph Romeo Gaston Robin, Leading Seaman, Official Number V-3538, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

Deputy

SECRETARY, NAVAL BOARD.

VT

AUG 30 1944

V-3538 PERS. (N)

53

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

JOBIN, Joseph
Romeo Gaston,
Lead. Seaman,
Official Number
V-3538.

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.

Wife:
Mrs. Janette Jobin,
183 Latourelle St.,
Quebec, P.Q.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

MRS. JEANNETTE JOBIN
183 LATOURELLE ST.
QUEBEC QUE

D.A.
A.P.

\$51.12
\$37.00

F.C.

REG.GEN. OF CANADA
WAR SAVINGS CERTIFICATES
OTTAWA ONT.

A.P.

\$1.00

F.C.

Will: **No Will**

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

7

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-3538 Rank or Rating Leading Seaman
JOBIN Romeo Gaston
(Surname) (Christian Names)

Military Unit.....
 Air Force Establishment or Station.....
 Naval Ship or Establishment.....

48

DECISION OF THE BOARD

dated June 13, 1944
 Award ~~folio~~ is hereby vacated.

Casualty Missing Date May -44 Authority Off i/c N.P. Records

Monthly payments to be made for a period of six months from June 1, 1944 to Nov. 30-44

A sum equal to Dependents' Allowance in issue at date of casualty ...	\$ 51.12
Plus Assigned Pay of <u>15</u> days pay	\$ 30.00
	81.12
Total ... (including Cost of Living Bonus)	\$

or

Award made to conform with Pension Rates which in this case are higher
 vide Article 113 (a) (3)\$

If at the end of six months there is no change in status, continue payments at the
 Pension Rate of \$ 75.00 per month and ~~return~~ ^{refer} file to Board when there is a change
 in status.

Full name principal Dependent Mrs. Jeanette Jobin,
 Street Address 183 Latourelle St.,
 Town or City QUEBEC, Quebec.

Reviewer K. Beardsley
 Date June 26, 1944

.....
(Chairman)

(Member)

(Member)

D.A.B. 20C
 50M-12-43 (3254)
 H.Q. 1772-45-20

Noted 10.7.44
 D.N.P.A. P.P.

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	----------------------------------------------------------

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	51.12	37.00	88.12

To Whom Paid: Mrs Jeanette John Address 183 Latourville St Quebec

Date of Enlistment: See over

Date of Discharge: See over

Inclusive date to which D.A. and/or A.P. was Paid: May 31st 1944

The final deduction of Assigned Pay for 37.00 has been made for the period from 1st to 31st of May 1944

Remarks: Stop by Memo from H.N.P.A.

Computed by G. G. M.

Alec J. Boswell

Checked by G.

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

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

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
JOBIN, Joseph Romeo Gaston Ldg. Seaman V-3538 R.C.N.V.R.

DATE OF ENLISTMENT - 15 July, 1940 Active Service: 22 August, 1940

DATE OF DISCHARGE - 7 May, 1944

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & .N.H.)

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
when and where any disability was torpedoed and sunk by enemy action in the Atlantic.
was incurred, or where death occurred.

(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 - Wife; NAME - Mrs. Janette Jobin,
ADDRESS - 183 Latourelle St., QUEBEC, Que.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

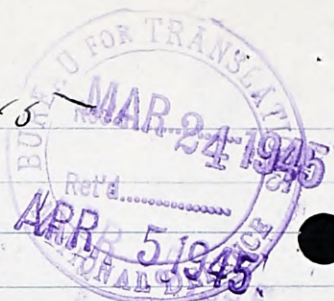
C. R.
P. A.
NAVAL TREASURY
DATE 26/9/44
INITIAL K

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county At sea		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township																			
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred		Years	Months	Days	(c) In Province		Years	Months	Days	(d) In Canada (if immigrant)		Years	Months	Days				
3. NAME OF DECEASED		Surname JOBIN (Block letters)		Given names Joseph Romeo Gaston		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																	
4. RESIDENCE		Street Marchand Street		No. 31		Official name of civil municipality or township Quebec		Municipal county		Province Quebec		22. Date of death		May		7		44		19					
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		23. I HEREBY CERTIFY that I attended deceased from		19		to		19		and last saw h		alive on		19					
9. If married give name of wife or husband of deceased		Mrs. Janette Jobin		24. CAUSE OF DEATH		I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.		(a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.		(b)		(c)		II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		(a) Date of appearance		19		(b) Duration of disease		days			
10. BIRTHPLACE (Province or Country)		11. DATE OF BIRTH		March		26		1919		12. AGE OF DECEASED		Years 25		Months 2		Days		If less than one day old		hrs. or		min.			
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Clerk		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		15. Date deceased last worked at this occupation		16. Total years spent in this occupation		17. NAME		18. BIRTHPLACE (Province or Country)		25. If a woman, was there a puerperal condition?		26. Was there a surgical operation?		Date of		19		State findings		Was there an autopsy?	
19. Place of burial, cremation or removal		Body not recovered		20. Date of burial		19		27. If death was due to external causes (violence) fill in also the following:—		Accident, suicide or homicide		Date		19		Manner of injury		(How sustained)		Nature of injury		Specify whether injury occurred in industry, in home, or in public place			
21. PLACE OF REGISTRATION OF THIS FUNERAL		(a) Name of parish or church		(b) Civil municipality of		(c) Municipal county		(d) Date		(Month)		(Day)		(Year)		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.		Signed		M.D.			
																Paymr. James Cdr. R.C.N.R.		Naval Service Headquarters, Ottawa, Ont.		Official Records.		(Voir l'autre côté pour le français)			

22 Mars 3/45



Je vous envoie cette lettre
pour vous demander mon contrat
de mariage c'est la deux ième
lettre que je vous envoie
si vous seriez a se bon de
m'envoyer une reponse le
plus tot possible s. v. p.

Mme R. G. Labin

Quebec 24/3/45

Je suis Madame veuve
Gaston Labrie serriez vous assez bon
s. V. P. dansvoyer mon contrat de
mariage j. en aurais besoin d'urgence
s. V. P. Le numereau de mon Mari
V. 35-35
Merci d'avance

Madame veuve Gaston Labrie

Je vous donne ma nouvelle
adresse parce que je demenage
dans un mois j. i serai pour le 2 avril
Adresse 9034 Cremazie



TRANSLATION
MB/er
16/1/45

C.R.(N)

409135

DEPARTMENT OF NATIONAL DEFENCE, (Naval Service),
OTTAWA, Ontario.

Sir:

Be kind enough to send to the insurance company,
221 St. Jean St., Quebec, P. Q., a certificate to the
effect that my husband V-3538 R. Gaston Jobin, who
died in the sinking of the frigate Valleyfield, died
in Canadian waters. You, no doubt, understand, that
I will be unable to draw my insurance before you
give me an affirmative reply.

Trusting that you will take this letter into
consideration, and that you will send an early reply
to those concerned, I ~~am~~ thank~~ing~~ you most sincerely.

Yours truly,

Mrs. R. Gaston,
207 Latourelle,
Quebec.



Département Of National Defence
Naval Service
Ottawa, Canada,

Monsieur,

Auriez l'obligeance d'envoyez à la
Compagnie d'Assurance au no. 221 rue Saint-Jean
pour dire si mon mari R. Gaston Jobin V 3538 qui
est mort lors du coulage de la fregatte Vallefield
Est mort en eau canadienne .

Vous comprenez sans doute que je
ne pourrez retirer la somme due de mes assurances
tant que vous ne donnerez la réponse affirmative.

Donc espérant que vous prendrez
cette lettre en considération et que vous répondrez
à qui de droit dans un court délai

Je vous en remercie bien sincèrement

Madame R. G aston
207 Latourelle
Quebec.



4
NAVY

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

DECEASED
MEMBER'S
NAME

Joseph Romeo Gaston **JOBIN**
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. **710**
 FILE NO. **NSV-3538**
 DATE **20 Feb/45**
 SERVICE NO. **V-3538**
 FINAL RANK OR RATING **Ldg. Smn.**
 DATE OF DISCHARGE **7 May/44**

PAYEE **Mrs. Jeannette Jobin,**
 ADDRESS **207 Latourelle St.,
 Quebec City, Que.**

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

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1357** EQUAL TO **45** COMPLETE PERIODS AT \$7.50

\$ **337.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **309** LESS **7** INELIGIBLE DAYS, EQUAL TO **302** DAYS @ 25C. PER DAY

\$ **75.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.10**
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.45**
 ADDITIONAL PAY **S.T.** \$ **.10**
1 B. \$ **.05**

DEPENDENTS' ALLOWANCE 1/30 OF \$ **51.12** \$ **1.70**

TOTAL \$ **5.40** X7 = \$ **37.80**

NO. OF DAYS **302** X \$ **37.80**
183

\$ **62.38**

D. WAR SERVICE GRATUITY

\$ **475.38**

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

OTHER DEDUCTIONS \$ **NIL**

F. TOTAL AMOUNT PAYABLE

\$ **475.38**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

= \$ **475.38**

Cheque 120554 - 29/3-45

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.

TREASURY	
PREPARED BY SJD	CHECKED BY <i>V. Libeau</i>
	DATE <i>27/3/45</i>

for Dir. Naval Pay. Acctg. SERVICE REPRESENTATIVE

OFFICE COPY

DOMINION OF CANADA

DEPARTMENT OF NATIONAL DEFENCE

NAVAL SERVICE

No. 1743

V-3538

TO:

C. M. Romeo Jubin
 18 P. A. St.
 Quebec, P. Q.
 TREASURY OFFICE
 DATE..... 5/7/46
 INITIAL..... a.L.
 R. L. CRAIN LIMITED

OTTAWA,
ONT.,

April 5 1946

Dear Sir: (Madam)

Herewith

A. Official Cheque No. 196151 B. Interim Receipt

for \$ 3.00 being

A. Refund of payment(s) B. Balance due on

Victory Bond(s) War Savings Certificate(s)

Yours truly

H. C. Playfair
R. C. PLAYFAIR, CHIEF TREASURY OFFICER, NAVAL SERVICE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Copy

Deceased Person's Name Joseph Romeo Gaston JOBIN.
(Christian Names) (Surname)

Payee Mrs Jeannette JOBIN.
Address 207 Latourville Street,
Quebec City.

Register No. 410
File No. V3538
Date 19 Mel 45
Service No. V3538
Final Rank or Rating LOC. SMN
Date of Discharge 7 May '44

Date of termination of overseas service 7 May 44

A. TOTAL QUALIFYING SERVICE
No. of days 135 equal to 45 complete periods at \$7.50
30

B. QUALIFYING OVERSEAS SERVICE
No. of days 309 less 7 ineligible days equal to 302 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE

Pay	\$	2.10
Subsistence or Lodging and Provision Allowance	\$	1.45
Additional Pay <u>S-T</u>	\$.10
<u>1-B</u>	\$.05

Dependents' Allowance 1/30 of \$ 51.12 = 1.70
Total 5.40 x 7 = \$ 37.80

No. of days 302 x \$ 37.80 = 62.38
183

D. WAR SERVICE GRATUITY 475.38

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

F. TOTAL AMOUNT PAYABLE 475.38

G. YOUR PORTION OF GRATUITY IS
Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 475.38
Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>5109</u>	6	
2	<u>5209</u>	7	
3	<u>5309</u>	8	
4	<u>5409</u>	9	
5	<u>5509</u>	10	

410

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

Name of Deceased Member Joseph Romeo Gaston JOBIN Rank or Rating LOG. SMN O. No. V3538

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. 39.20 ^{15.12}

A.P. 37.00

D.A. _____

A.P. _____

^{Wife}
M^{rs} Jeannette JOBIN (wife)
207 Latourville Street,
Quebec City

2. Pension awarded or being awarded to:

3. War Service Gratuity Application(s) received from:

M^{rs} Jeannette JOBIN,
207. Latourville Street
Quebec City

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to:
M^{rs} Jeannette JOBIN - wife

In the ~~the~~ full proportion of: /

- and -

to:

In the proportion of: /

() To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 16 March 45

[Signature]
for D.N.E.A. (G) D.K.G.

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

CTO@29/9 W Card

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

#219

2010070

Application for War Service Gratuity

(Canadian Armed Forces)

ENCLOSURES CHECKED IN N.C.R.		
SECTION	NO.	INIT.
Mail		
Index		
Routing		
Remarks:	<i>no enc</i>	

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... JOBIN (Print)
2. Christian Names ROMEO GASTON (Print)
3. Service No. V. 3538 4. Paid rank or rating at date of termination of Service..... AB/Sea.
5. Address, in full, to which payments of gratuity are to be forwarded.....

MRS. JEANNETTE JOBIN,
207. LATOURELLE ST.,
QUEBEC CITY, QUEBEC

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<i>no land</i> <u>NAVY</u>	<u>V. 3538</u>	<u>AB/Sea</u>	<u>AUG. 1940</u>	<u>MAY 1944</u> <u>HMCS</u> <u>VALLEYFIELD</u>

(Service Certificate not held.)

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... NOT KNOWN. If so, state name of Force or Forces.....
8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... NOT KNOWN. If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Oct. 27/44.
(Date)

Mrs. Jeannette Jobin
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Comp. forms complete and retained 24/11/44

RECORDS

710

OCT 30 1944

WAR SERVICE GRATUITY

SECTION

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

DEPARTMENT OF NATIONAL DEFENSE
OFFICE OF THE SECRETARY

OFFICE OF THE SECRETARY
FOR THE SECRETARY

TO: [Illegible]

FROM: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

