V3386
VALIQUETTE
RAYMOND JAMES

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
VALIQUETTE	Raymond Jas.	P.O.	V-3386		

WAR SERVICE BADGE (CLASS) No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4744
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RNCVR Dec. 44 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Helen ~~Valiquette~~ Mader (Re-married) - Widow

ADDRESS: ~~258 Maynard Street, Halifax, N.S.~~ ~~Apt. 302, 3428 Peel St. MONTREAL, Que.~~

(2) MEMORIAL CROSS

WIDOW Mrs. H. Valiquette

57 Portland ST. (29-11-51) Dartmouth, N.S.

ADDRESS: 258 Maynard St., Halifax, N.S.

(2) 13-10-44

(3) MEMORIAL CROSS

MOTHER Mrs. N.J. Valiquette

ADDRESS: Gros Pin, Charlesbourg, Quebec, P.Q.

(3) 28-10-44

MEMORIAL BAR

(1) DATE DESP 10-12-51

REGN. No 4289

CANCELLED

V3386 OFFICIAL NUMBER | FILE NUMBER 113-V-47 | OFFICIAL NUMBER V3386

NAME VALIQUETTE (Surname) Raymond, James. (Given Names) DATE OF BIRTH 10th October, 1919

PLACE OF BIRTH Smooth Rock Falls, Ontario. OCCUPATION Student.

RELIGION Roman Catholic. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 122-5th Street Town Quebec Province, etc Quebec

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
28	7	39	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'10½"	D.Brown	Brown	Clear	Scar above left knee.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Wife 2/44 NAME (in pencil) Mrs Helen Mildred Valiquette

ADDRESS (in pencil): Street and No. 258 Maynard Street Town Halifax Province, etc N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
28	2	44	C.V.S.M.(R&C)1939-43 Star.(A10359)

EXAMINATIONS, CERTIFICATES, ETC. CVS.537 28/10/13

Date (in figures) Day	Month	Year	Particulars
18	12	41	Passed prof. for Leading Seaman
17	3	42	Passed E.T. "One" R.C.N.
13	10	42	Passed Prof. for Petty Officer.

Date (in figures) Day	Month	Year	Particulars
4	1	41	Marked "Tr".
1	1	41	Qual. A/G. 1 day.

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
2	9	42	1st G.C.B.	Awarded.

FILM NO. CMR 5219-6
DATE

Eligible to count 1 yr. and 26 days NPAM Service towards award G.S.B.

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment
Venture	43	11	6	40	Absent without leave 3 hours & 15 Min.	14 days detention.

DAYS FORFEITED

Date (in figures) Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
11	6	40		14 days.				

O.H.F. received.

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V3386 OFFICIAL NUMBER | NAME VALIQUETTE (Surname) Raymond, James. (Given Names) | OFFICIAL NUMBER V3386 P.I.B.

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Quebec Div. Str.	Ord. Smn	28	7	39		V.G.	Sat.	31	12	39	L.R. 111	8	2	41			
Stadacona	" "	3	9	39		Good	Sat.	31	12	40	Q.R.11.	8	8	42			
Venture	" "	23	4	40	AIA B 29.40 (Sem-Gal)	V.G.	Supr.	31	12	41	Q.R. 1.	16	12	43	(A-17975).		
Venture	" "	25	6	40		V.G.	Sat.	31	12	42							
Stadacona	" "	15	11	40		V.G.	Sat.	31	12	43							
Venture (Otter)	" "	15	2	41		"	"	7	5	44							
Stadacona	" "	27	3	41													
St Laurent	" "	2	6	41													
"	A.B.	21	8	41													
"	A/Ldg. Smn. ty	1	3	42													
Stadacona	" "	10	7	42	DRD												
Cornwallis	" "	11	7	42	DRD												
Stadacona	" "	11	8	42	DRD												
Elk	" "	13	8	42	HDO B6923												
	A/Petty O. ty	1	12	42	249A#25328												
Cornwallis	"	18	9	43	HDO- 45225												
"	P.O.	1	12	43	249A #A-17811												
Stadacona	"	21	12	43	S-17, P-5.												
Valleyfield	"	23	12	43	S-19, P-2.												
DISCHARGED	"	7	5	44	"MISSING" per casualty List.												
					"Presumed Dead. (per Correction Sheet Page 105).												

GENERAL REMARKS

Awarded Canadian Memorial Cross:
MOTHER: Mrs N.J. Valiquette,
Gros Pin., Charlesbourg,
Quebec, QUE.
Awarded Canadian Memorial Cross:
WIFE: Mrs Helen VALIQUETTE,
258 Maynard St.,
HALIFAX, N.S.

DATE OF BIRTH DY	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
10	0	19	11	XXX	0	10	X	2	54	09	3	12	0	08	95

ENLIST. DATE DY	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
28	07	39	03	09	39						1220	0	08	92

SENIORITY DY	MO.	YR.	STR CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
01	12	43	13	10	00		AC		

FORM 6

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

Street: No.: Hospital or Institution:

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: VALLIQUETTE (Block letters)

Given names: Raymond James

Do not write in this space

4. RESIDENCE

Street: Fifth Street No. 122

Official name of civil municipality or township: Quebec City.

Municipal county: Quebec. Province:

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian		Married

9. If married give name of wife or husband of deceased: Mrs. Helen Valliquette

10. BIRTHPLACE (Province or Country): Smooth Rock Falls, Ontario.

11. DATE OF BIRTH: October (Month) 10th (Day) 1919 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	24	7		....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Student

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)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Body Not Recovered.

20. Date of burial: 19

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) (Year) 19

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 7th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ..... 19 ..... to ..... 19 .....

and last saw h..... alive on ..... 19 .....

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

due to when H.M.C.S. "VALLEYFIELD"

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

(b) was torpedoed and sunk by

due to enemy action in the Atlantic.

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ..... 19 .....

(b) Duration of disease ..... days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? ..... Date of ..... 19 .....

State findings ..... Was there an autopsy?

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

Accident, suicide or homicide ..... (State which) Date ..... 19 .....

Manner of injury ..... (How sustained)

Nature of injury

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

Signed ..... **M.D.**

Address ..... **Date** ..... **19** .....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Paymr. Cdr., R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Head Quarters, Ottawa, Ont.

(Voir l'autre côté pour le français)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) (année) 19.....

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès..... (jour) (mois) 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b).....

dû à

(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide..... (Spécifier) Date.....19.....

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Helen Valiquette
258 Maynard St.,
Halifax, N.S.

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-3386 FD. 584

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 11 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

VALIQUETTE, Raymond James Petty Officer

Official Number V-3386 R.C.N.V.R.

ESTATES BRANCH SEP 28 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

GC/

A. H. Meade
Commander (Retired)
for Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Helen Mildred Valiquette	26	258 Maynard St.
2	Children of the Deceased and dates of their Births		Dennis Michael Valiquette November 18-1943	10 months	
3	Father of the Deceased		Michael James Valiquette		Gros Pin Charlesbourg Quebec.
4	Mother of the Deceased		Elizabeth Valiquette		Gros Pin Charlesbourg Quebec.
5	Brothers of the Deceased	Full Blood	Gerald Valiquette		Gros Pin Charlesbourg Quebec.
		Half Blood ✓			
6	Sisters of the Deceased	Full Blood	"Carmel (Valiquette) Fitzmaurice"		414 Marsfils Ave Quebec, City
			Jean Valiquette		Gros Pin, Charlesbourg Quebec.
			Betty Valiquette		Gros Pin, Charlesbourg Quebec.
		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
	Three girls died in infancy 1918		✓		✓

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Lawrence James Valiquette
9	Date of his birth.	October 10 - 1919
10	Place and date of his marriage. St Patricks Church, Halifax	April 1st - 1941
11	Place and date of his parents' marriage.	New Brunswick - 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Smooth Rock Falls, Ontario:
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Shawinigan Falls, Quebec (b) five years (c) Quebec City, four years (d) —
14	Nature of employment before enlistment.	ordinary labour
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.	Quebec City.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	— no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	two
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	bearer.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life $1,525.00 (To Mrs Helen Valiquette)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
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 Mrs Helen Valiquette Widow 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.

Mrs Helen Valiquette {Signature of Informant}

288 Maynard St. Halifax N.S. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Helen Valiquette {Name of informant} is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Halifax this 25th day of September 1944

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

Ernest Sweeney Qualification Priest

Address St. Patrick's Church, Halifax N.S.

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

N. V. 5
2M—10-37
N.S. 815-11-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Valiquette OFFICIAL NO. 3386 12228

CHRISTIAN NAMES Raymond James MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
122 5th Street, Quebec City.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
October 10th, 1919.	Town Smooth Rock Falls, County – Province Ontario.	Father: Michael Valiquette, Same Address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 10¾	Inflated 38½ Deflated 33 Mean 35	Dark Brown	Brown	Clear	Scar above left knee.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
28 July 1939.	Ord. Sea.	Student.

(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 81st Field Battery, R.C.A. 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
81st Field Battery, R.C.A.	Gunner	April 13th, 1938.	May 8th, 1939.

Continued 5/8/39.

(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.

Mrs Beche

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

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

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

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

Dated this 28th day of July, 1939.

Signature of applicant R. J. Valiquette

(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 28th day of July, 1939.

Albert Blais Pay S/ A/Lieut., R.C.N.V.R.
Signature of Commanding Officer.
For: F.A.Price, Lieut-Cmdr., R.C.N.V.R.
(On leave)

(D) OATH OF ALLEGIANCE

I, Raymond James Valiquette 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 R. J. Valiquette

Witness Albert Blais

Date 28th July 1939. Rank Pay S/Lieut., R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Raymond James Valiquette 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.

Albert Blais Pay S/A/Lt., R.C.N.V.R.
For: F.A.Price, Lt-Cdr. Commanding Officer.
R.C.N.V.R. (On leave)

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.

H.M.C.S. "VENTURE"

Warrant No. ~~24~~ 43 1922, dated 11th June 1940.

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For Detention

(a) WHEREAS it has been represented to me by Lieutenant Commander George Arthur Worth, Royal Canadian Navy, Temporary.

that on the 11th day of June 1940,

Name Raymond James VALIQUETTE

Date of Birth 10th October, 1919

Rating Ordinary Seaman, Royal Canadian Naval Volunteer Reserve

Official Number V.3386

Good Conduct Medal Nil

Good Conduct Badges Nil

Date of Entry in Ship 23rd April, 1940.

List and Number on Ship's Book 5A1/29

Date of First Entry in H.M. Service 28th July, 1939

Class for Conduct First

Character assessed to date, from the last annual assessment, but not including this offence Very Good

Class for Leave First

Did [Insert full particulars of Offence.] improperly leave Main Office and His Majesty's Canadian Dockyard at 0200, whilst duty watch on board, returning on board at about 0515, 11th June, 1940, thereby remaining absent without leave 3 hours and 15 minutes.

I do hereby adjudge him the said Raymond James Valiquette

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		† Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stopped Days	Other Punishments
Name of Gaol*	For days	With days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stopped	Pay forfeited			
			military Detention Barracks Melville Island	14									2	2			

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (*see* Article 770, Clause 2).

†*See* page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
1M—4-37.
N.S. 815-9-271.

NOTED.

Before awarding the foregoing punishment, (b) I did, on the 11th day of June, 1940, personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of Lieutenant Commander George Arthur Worth, Royal Canadian Navy(Temporary)

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence of (c)~~

he calling no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the First Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforestated (d).

Given under my hand on board His Majesty's Canadian Ship "VENTURE" at Halifax, N. S., the 11th day of June 1940

[signature]
~~Captain~~
COMMANDER, R.C.N.
COMMANDER IN CHARGE

[signature]
Lieutenant Commander RCN (Temp)
Signature and Rank of Complainant.

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(*a*) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(*b*) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the day of , in presence of (*insert name of Executive Officer, or of the Watch, as the case may be*), and having heard what the Accused had, etc.—"

(*c*) If the Accused does not call any witnesses the fact should be stated.

(*d*) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (*or* detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Dated and read by me this 11th day of June, 1940.

[signature]
Lieut R.C.N.R.

FORMER OFFENCES

12

[Enter in 1st Warrant for any Man in each quarter, all Offences during the last 6 months (if he has been in Ship); for any previous time only Offences punished by Warrant. If a Man is punished by Warrant more than once in any quarter, only Offences committed after date of 1st Warrant need appear, a reference being given to date of 1st Warrant.]

No. of Punishment		3	4	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Nature of Offence	Date of Punishment 19	No. of Days Imprisoned, specifying whether with or without Hard Labour	No. of Days detention	Disrated to	Deprived of Medal or Badges—No.	Whether Reduced to 2nd Class for conduct	No. of Days confined in Cell on Board, specifying Diet	Days Extra Work—14 days	Days Leave stopped	Reduction to a Lower Class for Leave	Days Pay forfeited for improper Absence	Days Grog stopped	Days Extra Work or Drill—7 days	Reprimand by Captain	Days Extra Guard (Marines only)	Number of cuts Birching (Boys only)	Number Cuts with a cane

H.M.C.S. VENTURE

11th June, 1940

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations: Art. 770 (1).

*14 days / *~~calendar months~~ ~~Imprisonment with hard labour~~ / Detention in addition to the other punishments indicated.

Art. 776 (2).

~~To be disrated to~~ ~~in addition to the other punishments indicated~~.

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Your Obedient Servant,

COMMANDER, R.CN.
COMMANDER IN CHARGE

The Commanding Officer Atlantic Coast
H.M.C. Dockyard
Halifax, Nova Scotia

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature

The Officer Commanding

Rank COMMODORE

H.M.C.S. "Venture"

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (*see* Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

SERVICE CERTIFICATE

N. V. No. 17
3M—9-37
N.S. 815-11-17

OF

Name in full VALIQUETTE, Raymond James Company QUEBEC

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters HALIFAX Official Number V3386

Date of Birth 10th October, 1919.

Place of Birth Smooth Rock Falls, Ont.

Usual Place of Residence 122 - 5th Street, Quebec City

Trade brought up to Student

Name and Address of next of Kin Wife Helen Mildred 90 Shaw Rd, Portsmouth 31/10/43 N.S.

Religious Denomination Roman Catholic

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
12 June, 1939.	28 July, 1939.	3 years.	Ord. Smn.		

PERSONAL DESCRIPTION

	Height		Complexion	Hair	Eyes	Marks, Wounds, Scars
	Feet	Inches				
On Entry	5'	10 ¾"	Clear	Dk. Brown	Brown	Scar above left knee.
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING

Year	Ship's Name	List and No.		Rating	From	To	Character	Ability	Total Days
	~~Cornwallis~~			P.O.	1 Dec '43	20 Dec '43			
	~~Stadacona~~			—	21 Dec '43	22 Dec '43			
	~~Stadacona (Valleyfield)~~			—	23 Dec '43	31 Dec '43	V.G.		
	~~Stadacona (")~~				1 Jan '44				

EXAMINATIONS AND NOTATIONS OTHER THAN THOS

Date	Wounds and Hurt Certificate. Meritorious Service. Special Recommendations	Captain's Signature	Da
			4 Ja
		—	1 Jan
			8 Feb
			18 De
			17 No
			8 Aug

L TRAINING AND DRILLS

ACTER	[redacted] ABILITY	TOTAL NO. [redacted] DRILL[redacted]	BOUNTIES		EFFICIENT	CAUSE OF DISCHARGE—REMARKS	CAPTAIN'S SIGNATURE
			DATE	AMOUNT			

OTHER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

APTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
	4 Jan '41	Tr.	[illegible]	Dec. 10, 1940	Indenty Card No. ~~15516~~	
	1 Jan '41	Qual 1/C. 1 day	[illegible]	29 Mch 41	Re Issue 14149	
	8 Feb '41	Qual & Rated L.R. III	[illegible]	MAY 19	Issued Ident. Card No. 2.1.4.2.7	
	18 Dec '41	Passed professionally for Leading Seaman	[illegible]	13 Oct '42	Passed prof. for P.O.	R. J. Chiverdy
	17 Mch 42	Passed ET I	[illegible]	21 Dec 43	Night Vision (Good)	[illegible]
	8 Aug 42	Q & R. Q.R. II	R. J. Chiverdy			

ACTIVE SERVICE

Ship's Name	List and No.	Rating	From	To	Character	Ability	Captain's Signature
Stad (N.C.S.O. Quebec)		Ord Sea	2 Sep '39	31 Dec 39	V.G.	Sat.	[illegible]
— " —		— " —	1 Jan 40	1 Jan '40			
Stadacona		— " —	2 Jan '40	22 Apl '40			
Venture		— " —	23 Apl '40	1 Sep '40 / 21 Oct 40			
"Stadacona"		act. A.B. — " —	2 Sep '40 / 22 Oct 40	31 Dec '40	Good ~~V.G.~~	Sat	J.J. Edwards
— " —		— " —	1 Jan '41	14 Feb 41.			
Venture (Otter)		— " —	15 Feb 41	26 Mch 41			
Venture	- -	— " —	27 Mch 41	1 Apl 41			
Stadacona	- -	— " —	2 Apl 41	1 June '41			
St Laurent		— " —	2 June '41	20 Aug '41			
— " —		A.B	21 Aug '41	31 Dec '41.	V.G.	Supn.	U.T. Hagner.
— " —		— " —	1 Jan '42	28 Feb '42			
— " —		A/Ldg Smn (Tyd)	1 Mch '42	8 July '42			
Stadacona	- -	— " —	9 July '42	9 July 42			
Cornwallis		— " —	10 July 42	10 Aug '42			
Stadacona		— " —	11 Aug '42	30 Nov '42 / 11 Aug '42			
Elk (Protector)		Q.M.O. (Tyd) — " —	1 Dec 42 / 12 Aug 42	31 Dec 42	V.G.	Sat.	T. Adams
— " —		— " —	1 Jan '43	12 Jan '43			
Stadacona (Elk)		— " —	13 Jan '43	13 Jan '43			
Cornwallis (Elk)		— " —	13 Jan '43	22 Sep 43			
Cornwallis.		— " —	23 Sep 43	30 Nov '43			

(Continued on ~~page II~~) new certificate

Good Conduct Badges			Service Badges		Second Class for Conduct		Time Forfeited			
Date	1st, 2nd, 3rd	Granted, Deprived, Restored	Date	Number	From	To	From	P.D.G. C.P. W.T.	Days	To
approved to count 1 year, 26 days							11 June 40	D	14	
N.P.A.M. Service toward the award of Good										
Service Badge.		N.S. 113-V-47 of 11 Sep '41								
2 Sep '42	1st	Granted								

Certificat de Baptême

PAROISSE STE.-GERTRUDE.

Je Certifie *que* Raymond Valiquette

Enfant de Michel Valiquette

et Elizabeth Bouchard

est né le 10 *jour de* octobre 1919

et a été baptisé le 20 *jour de* octobre 1919.

SUIVANT LE RITE DE L'EGLISE CATHOLIQUE ROMAINE

par J. A. Renaud.

Parrain et Charles Valiquette

Marraine his wife.

extrait conforme au registre des baptêmes de cette Eglise. PAROISSE STE.-GERTRUDE.

Janvier 14 1936 Rev. Ovila Forgeot. ptre

CURE

F. J. TONKIN CIE. LTEE—WINNIPEG.

VERIFICATION

CAMPAIGN STARS, DEFENCE MEDAL, WAR

NAVAL GENERAL SERVICE M

NAME IN FULL .U.R.L.I.G.U.E.T.T.E. Raymond James RANK/RATING .P.O. Cty.

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	TO
Stad (H.C.S.D. Quebec)	10/9/39	1/1/40	114			
Otter	15/2/41	26/3/41	40	Atlantic		
St Laurent	2/6/41	8/7/42	402	Atlantic		
Elk	12/8/42	22/9/43	407	Atlantic		
Valleyfield	23/12/43	7/5/44	137	Atlantic		
Discharged "Dead"						
to date 7/5/44						

VERIFIED BY Georgette Renaud

VERIFIED BY .....

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

TING ..P.O. (tg)..... OFF.NO. ..V.3386..... ADDRESS .....

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

VERIFIED BY .....

BY ..... DIR. OF PERSONNEL RECORDS.

☐ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(Canadian Armed Forces)

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 (Print) Valiquette.

2. Christian Names (Print) Raymond, James.

3. Service No. V3386 4. Paid rank or rating at date of termination of Service Petty Officer

5. Address, in full, to which payments of gratuity are to be forwarded
258 Maynard Street
Halifax
Nova Scotia, Canada.

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
Navy	V3386	Petty Officer	September 1939	May 7. 1944.

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? N.A. If so, state name of Force or Forces N.A.

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)? N.A. If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

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

November 8. 1944. (Date)

Mrs. Helen Valiquette (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.

Raymond James Valiquette

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.

4
NAVY

...ARTMENT OF NATIONAL DEFENCE

...AVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

...er's Raymond James VALIQUETTE
(CHRISTIAN NAMES) (SURNAME)

...ee: Mrs. Helen VALIQUETTE
ADDRESS 258 Maynard St.,
Halifax, N.S.

(25)

REGISTER NO. 2013
FILE NO. NSV-3386
DATE 26 Feb/45
SERVICE NO. V-3386
FINAL RANK OR RATING P.O.
DATE OF DISCHARGE 7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1688/30 EQUAL TO 56 COMPLETE PERIODS AT $7.50	420.00
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 986 LESS 8 INELIGIBLE DAYS, EQUAL TO 978 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	244.50
SUB TOTAL	
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $2.40 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.45 ADDITIONAL PAY Q.R. I $ .35 G.C.B. $ .05 $ DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $1.70 TOTAL $5.95 X7 = $41.65 NO. OF DAYS 978/183 X$ 41.65	222.59
D. WAR SERVICE GRATUITY	887.09
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ NIL	
F. AMOUNT PAYABLE (~~THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF $ EACH~~)	887.09

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

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

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

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	887.09								
CHEQUE No.	111845								
DATE	10/3/45								

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

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
SJD	[illegible]	PK Bryce	3/5/45

[illegible]
SERVICE REPRESENTATIVE
for Dir. Naval Pay. Acctng.

typed

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name Raymond James VALIQUETTE.
(Christian Names) (Surname)

Payee Mrs Helen VALIQUETTE

Address 258 Maynard St, Halifax. N.S

Register No. 2013
File No. V 3386
Date 1.12.44
Service No. V 3386
Final Rank or Rating P.O
Date of Discharge 7 May 44

Date of termination of overseas service 7 May 44

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 1688/30 equal to 56 complete periods at $7.50	420.00
B. QUALIFYING OVERSEAS SERVICE No. of days 986 less 8 ineligible days equal to 978 days @ 25¢ per day	244.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	~~664.50~~

DAILY RATES AT DISCHARGE

QR1

Pay		$ 2.40
Subsistence or Lodging and Provision Allowance	Q.R	$ 1.45
		.35
Additional Pay	C.C.B	$ .05
Dependents' Allowance 1/30 of	$ 51.12	$ 1.70
	Total	5.95 x 7 = $ 41.65
No. of days	978/183	x $ 41.65

222.59

D. WAR SERVICE GRATUITY 887.09

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

Nil

F. TOTAL AMOUNT PAYABLE 887.09

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you $_____ of $ = $ 887.09
Total Dependents' ~~Allowance in~~ issue $

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

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

170385

File No. N.S. V-3386 PERS. (N).

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

N.C.R.
P.A

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mrs. Helen Valiquette,
258 Maynard St.,
Halifax, N.S.

Mother:-

P.A.'S CHECKED IN

C.R. BY.....

Date forwarded:- OCT 13 1944

Registered Mail No.- O-3161

201

File No. V-3386 ~~TERS~~ (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

N.C.R.

Issued to:-

Wife:-

Mother:-

Mrs. N. J. Valiquette,
Gros Pin., Charlesbourg,
QUEBEC, Que.

Date forwarded:- OCT 28 1944

Registered Mail No.- 6-7982

P.A.'S CHECKED IN

C.R. BY .....

Dnpsa 6-11-44 #344
F.D card

THE CANADIAN
PENSION COMMISSION

2020557

IN REPLY REFER TO
V-3386

Copy-for the information of:-

Superintendent of Naval Pay Accounting,
Dept. of National Defence, (Naval Service

OTTAWA, November 6, 1944.

ATTENTION: LEDGER SECTION

The Chairman,
Dependents' Allowance Board,
Department of National Defence,
Ottawa.

Mrs. Raymond J. Valiquette,
258 Maynard Street,
Halifax, N. S., widow of:-
V-3386 - Raymond J. Valiquette.
R.C.N.V.R.

The above noted widow has been awarded pension in respect of her husband's death, with effect from the 8th of May, 1944, with an additional allowance for her child.

B. Simpson

B. Simpson,
Assistant Secretary.

Noted on card 13-11-44

Copy-Naval Service
MM

C.P.C. 65 2M-10-44 Req 1102

FORM "B"

FILE: N.S. V-3386 PERS. (N)

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

AUG 30 1944
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
VALIQUETTE, Raymond James	Petty Officer,	V-3386 R.C.N.V.R.

55

DATE OF ENLISTMENT - 28 July, 1939 Active Service: 3 September, 1939

DATE OF DISCHARGE - 7 May, 1944.

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

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

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

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Helen Valiquette,

ADDRESS - 258 Maynard Street, Halifax, N. S.

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

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

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Mrs. Helen Valiquette	Wife	----	------
Valiquette, Dennis M.	Son	----	November 18, 1943.

	D. A.	A. P.	TOTAL
Monthly rate:	$51.12	$37.00	$88.12

To Whom Paid: Mrs. Helen Valiquette Address 258 Maynard St., Halifax, N.S.

Date of Enlistment: See other side.

Date of Discharge: See other side.

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

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

Remarks:

Computed by.....

Checked by.....

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

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

TFH/CM

R E G I S T E R E D

AIR MAIL

N.S. V-3386. PERS.(N)

38

8 May, 1944.

Dear Mrs. Valiquette:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Raymond James Valiquette, Petty Officer, Official Number V-3386, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER dispatched PERSONNEL NAVAL MAY 9 1944

SECRETARY, NAVAL BOARD.

Mrs. Helen Valiquette,
258 Maynard Street,
HALIFAX, N.S.

MB
JMT
LH

MGF

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

FILE: N.S. V-3386 PERS. (N)

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.
VALIQUETTE, Raymond James	Petty Officer	V3386 R.C.N.V.R.

DATE OF ENLISTMENT - 28 July, 1939 Active Service: 3 September, 1939.

DATE OF DISCHARGE - Will be reported later.

42

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. - "Missing" at sea when the ship in which he was serving, was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.
(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Wife NAME- Mrs. Helen Valiquette.

ADDRESS- 258 Maynard St., HALIFAX, N.S.

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

B 7
12/5/44
NPR/5
C

EMC

X

Noted D.N.P.A.
15-1-45

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)

113-V-47 8/6.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

PLEASE LEAVE BLANK

18

Section A—GENERAL INFORMATION

1. (a) Print name in full: Raymond Joseph VALIQUETTE (b) Reg'l. No. 3386
2. (a) Arm of service: Navy (b) Unit: Seaward (c) Rank: Ord/Sea.
3. (a) Date of birth: Oct. 1919 (b) Have you any dependents? YES (c) Place of residence at time of enlistment: QUEBEC
4. (a) Place of enlistment: Div. Headquarters Que. (b) Date of enlistment: Sept. 5 1939

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 19 years (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured: None
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Sand blaster (c) Did you finish it? / (d) If you did not finish it, how long did you serve at it? 3 months
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Anglo Canadian Paper Mills Address: Temiscouata
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Paper Mill
20. (a) Your specific occupation: Sub hand of machine (b) Number of years' experience at this occupation with any employer: 11 months
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? YES

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: I would like to finish my trade as a sand blaster

P.A.

DATE May 7 194 SIGNATURE R. J. Valiquette

6

S. 2

2,500—3-39
N.S. 815—9-2063

CDH NO?????/.....82

P051314

ORIGINAL

NATIONAL DEFENCE
AUG 12 1940
N.S. 43-047
CANADA

STOP NOTICE

(Navy Allotments)

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
"VENTURE" 5A 1. 29	VALIQUETTE,	Raymond J.	O.Sea. 3386 V.R.

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
3.00	31st.July	H.Star and Son	Naval Outfitter	126 Hollis St., Halifax, N.S.

Entered in:—

Fair Ledger.....

Rough Ledger.....

O.Sea. Signature of Allottor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

account paid in full

Approved, Commander, R.C.N.

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

Assigned Pay to Wives
Assigned Pay to other Dependents
Marriage Allowance
Dependents Allowance
Other Allotments
Total

Object No. 111 $.....
" " 113 .....
" " 116 .....
" " 119 .....
" " 122 3.00
$ 3.00

Paymaster Lieut. Cdr., R.C.N.R.
H.M.C.S. "VENTURE"

AUG 9 1940

Date forwarded.....

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE
	13/8/40

GAA NO. 141

ORIGINAL

H.Q. File No. 48-V47

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA 14 QUE 9	Surname VALIQUETTE, 282017 E-4 Christian Names R. J.	Ord.Sea.	3386 P1547	$1.50 7

Section A — **ALLOTMENT NOW DECLARED**

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Manufacturers Life Ins. Co. Christian Names		126 St-Peter Street, Quebec.	$3.00 c	January 1940.

Section B — **DISPOSAL OF EXISTING ALLOTMENTS** (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
		NIL	

Allotment Declaration Ent'd. on Index Card Ent'd. on Allotment Ledgers Initials 19/1/40

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges R. J. Valiquette
Rank or Rating Ord.Sea.

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
E. E. Barney	G. Tuck

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

PAY ~~LIEUT.~~ CDR. R.C.N. ~~V.R. for~~
Accountant Officer

THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

H.M.C.S. "STADACONA"

Forwarded 11th Jan. 1940

C. R. P. A. FIN. SUPT. BRANCH DATE ... INITIAL ...

S. 63
4M—3-39
N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters		
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

3

Name (in full) Raymond James Valiquette

Date and place of birth 10 Oct. 1919 Smooth Rock Falls Ont.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 122, 5th St. Iroe, Iroe,

Nearest town to residence (if living in country) —

Are you a British subject? yes

Are you single, married or a widower? single

12229

In what capacity do you wish to enrol? ordinary seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade school
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? none

Have you ever served with such forces? Give dates and details R.C.A. 1938

Have you ever been discharged from any of H. M. Forces as medically unfit? no

Have you ever offered to serve in any of H. M. Forces and been rejected? no

What is your weight? 165 What is your height? 6 ft.

What is your chest measurement (not inflated)? 40

Are you free from all physical defects or malformation, and not subject to fits? yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? yes

4

I hereby declare that the above answers are true in every respect.

R Valiquette Signature

June 12, 1939 Date

122, 5 St Iroe. Address

A M Macdonald
(Witness to Signature) P.O. Sunty.

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be

Signed
Commanding Officer

N. V. 3
3M—4-36
N.S. 815-11-3

CANADA

Department of National Defence

Naval Service

1138353

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. O.N. V-3386 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
VALIQUETTE, Raymond James Petty Officer Official Number V-3386 R.C.NV.R	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Wife: Mrs. Helen Valiquette 258 Maynard St., Halifax, N.S.

-OK

ALLOTMENTS IN FORCE

In favor of		Amount	Initials
Wife	Mrs. Helen Valiquette, 258 Maynard St., Halifax, N. S.	D.A. 51.12 A.P. 37.00 Total...$88.12	AMP.
Ins. Co.	Man's Life Ins., 126 St. Peters St., Quebec, P. Q.	$3.00 A. P.	AMP.

(Both Allots. stopped May 31/44)

Will: No Record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

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

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "Valleyfield" at Sea

Name Raymond James Valliquette
(Christian names in full)

Rank of Rating Petty Officer (ty) Official No. [illegible] RCNVR
(If unknown, date of first entry)

Place of Birth Mouth Tusk Bile, Que Date of Birth 10th October, 1919

Occupation in Civil Life Student Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 4 years 8 months

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

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

Nearest known relative or friend.
Name Mrs Helen M. Valliquette Relationship Wife
Address [illegible] Halifax, N.S.

Date on which the above was informed by Ship Informed by R.C.N.C.

Date on which death was registered with local Officials Not Registered

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

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

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

Undertaker employed (if any)

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

Commanding Officer, Captain,
HMCS "Avalon" RCN

17th May, 1944. 194

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

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

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

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

Noted

STATEMENT OF ACCOUNT

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

List 12[1] No. 10 (Name) VALIQUETTE, Raymond J Rank Rating P.O. No. V.3386

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

	$	c.
CREDIT from former account	42	79
Pay as P.O. (Rank Rating) from 1 Apl to 31 May (61 days at $2.40 a day)	146	40
" QR.I. " 1 Apl " 31 May (61 " .35 ")	21	35
" 1 GCB " 1 Apl " 31 May (61 " .05 ")	3	05
" " " " (" ")		
" " " " (" ")		
Adjustment of March, 1944		33
Kit Upkeep Allowance 1 Apl - 7 May	6	50
OTHER CREDITS:		
Total credits	220	42
DEBT from former account	N	I L

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	42.00	17.88				Total	59	88
2nd month						Total		
3rd month						Total		

Allotment AP 37.00, 16.80, 3.00 chged Apl., AP 37.00 & 3.00 chged May	96	80
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES: Official Receipt No. 25181 Payable to Administrator of Naval Estates (Present War)	63	74
Total debits	220	42
Balance Cr. or Dr. (Balance Dr. to be shown in red)	N	I L

LEDGER: [illegible]

AUDIT: [illegible]

64

Number of days actually victualled during period mentioned above

NOT VICTUALLED

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

Date 5 June 1944

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

ACCOUNTANT OFFICER

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

142549

Pers(D) 12/9/44

ACCOUNTS OF MEN DISCHARGED

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

Name VALIQUETTE. Raymond J. *Rating* P.O.

Official No. V.3386 *H.M.C.S.* AVALON " VALLEYFIELD " *List* 12[1]/10

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

65

	$	cts.
Net sum due on ledger on account of Wages	N I	L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No. 25181 Administrator of Naval Estates (Present War)	63	74
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) AP THIRTY-SEVEN DOLLARS THREE DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	63	74

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of SIXTY-THREE - - - - - - dollars - -SEVENTY-FOUR - - cents.

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

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

{ Initials of the Assistant Accountant Officer

A/CAPTAIN. RCN Commanding Officer.

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

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

Signature.....

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

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

C.N.S. 46

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS.249a #A13929 dated 19 May, 1944.

LEDGER:

AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

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

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

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

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

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

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

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

DISTRIBUTION OF SERVICE ESTATES MEN

Estates Form "P. 4"

R.C.N.V.R.

Name: VALIQUETTE, Raymond, J., No.: V3386
Surname Christian Names

P/O R.C.N.V.R. 7-5-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 63.74

Date: 2-12-44

Other Credits

Total 63.74

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Helen Valiquette, 258 Maynard St., Halifax, N.S. (½ in community of property and ½ for benefit of minor)	63.74

-R-

TO BE FORWARDED BY REG. MAIL DIRECT.

P4 TO TREAS.
14-12

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	63.74

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

N.S. 113 - V. 47.

Passing Certificate

This is to Certify

that Raymond James VALIQUETTE

Rating A/Ldg. Smn., R.C.N.V.R. Official Number V.3386

has passed

THE EDUCATIONAL TEST, I R.C.N.

held on 17th March, 1942.

For advancement to Petty Officer

G. Brown Capt.

~~Naval Secretary~~
A/Commander, R.C.N.V.R.,
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 1942.

C.N.S. 2431
10M—7-40 (6232)
N.S. 815-9-2431

Can. B. 207
20M—8-38
N.S. 815-2-207

CANADA

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

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined R. J. Valiquette V. 3386

candidate for entry as .....

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 2nd of Sept 1939

Arthur Bélanger M.D.
Examining Medical Officer

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

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) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
19 11	lbs. 161	ft. ins. 5.10½	Good.	inches (a) maximum 39 (b) minimum 36 (c) mean 35	right eye 6/6 left eye 6/6 colour vision 15/15 normal	In childhood	normal.	normal.	normal.	normal.	normal.	normal.	normal.	normal.

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.

R. J. Valiquette
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~~ .....

.....

~~not considered of sufficient importance to cause his rejection, he being desirable in other respects.~~

Arthur Bélanger M.D.
Examining Medical Officer

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

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