

A5115
BARRIAULT

JOSEPH

ERNES

P 53736

DEPT. NATIONAL DEFENCE

MAY 11 1941

NS 113-B-1654

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 INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full BARRIAULT JAMES ERNEST (b) Reg'l. No. 11519
2. (a) Arm of service Army (b) Unit 1st Canadian Parachute Battalion (c) Rank Private
3. (a) ~~Date~~ Date of birth April 12, 1912 (b) Have you any dependents? No (c) Place of residence at time of enlistment St. Jerome, P.Q.
4. (a) Place of enlistment Charlottetown, P.E.I. (b) Date of enlistment April 3, 1941

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 years, Public School
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? No (b) If so, for what occupation? None (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? None
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) Not 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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Fisherman (b) State how long you had worked at this trade or occupation 2 years
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified October, 1940
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment October, 1940
15. Give details of last employer, if any: Name None Address None
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
17. (a) If your last employment was in a business of your own, state nature and address of business Cod, lobster etc. Fisherman (b) Date of discontinuing it Oct., 1940

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 None Address None
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
20. (a) Your specific occupation None (b) Number of years' experience at this occupation with any employer None
21. (a) Did your employer promise definitely to give you employment on discharge? None (b) Did your employer refuse to promise you employment on discharge? None (c) Do you wish to return to your former employment? None

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 None (b) Where was it located? None
23. (a) Number of years engaged in this business None (b) Have you made, or will you make plans to return to the same or a similar business on discharge? None

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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



DATE May 8th 1941 SIGNATURE J. Ernest Barriault

Copy to
VWD
ES

MAY 22 1947

MEMORANDUM FOR

P. 64

Mrs. Lena Barriault
Wellington, Box 25, P.E.I.

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

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

and the following number quoted:—

H.Q. 123-B-531 FD. 308

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 7, 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

BARRIAULT, Joseph Ernest, A.B.

No. A. 5115, R.C.N.R.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

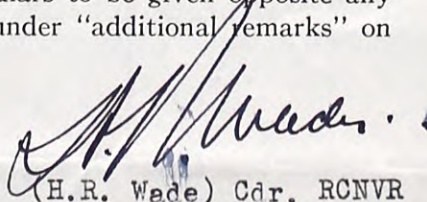
A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.


(H.R. Wade) Cdr. RCNVR
for (L.M. Firth) Lt.-Colonel
Administrator of Estates.

HRW/JN

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.....	mil		
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	Archie Barriault		Maximville P.E.I.
4	Mother of the Deceased.....	Lena Barriault		" "
5	Brothers of the Deceased	Full Blood		
		Half Blood	none	
6	Sisters of the Deceased	Full Blood	Rita Barriault Edna " Nora " Mary " Louise "	Notre Dame Convent ^{Montreal} with Civil Service Ottawa 361 Ross Ave. Montreal Summerside P.E.I. Maximville P.E.I.
		Half Blood	none	
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
		none		none

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Joseph Ernest Barriault
9	Date of his birth	April 10 th 1921
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	Esquimaux Bay P.E.I., July 7 th 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Maximiville P.E. Island
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Maximiville P.E. Island (b) (c) (d)
14	Nature of employment before enlistment.	Fisherman
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.	Maximiville P.E. Island

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not know, may have after ^{enlistment}
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?	nil
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.	no
20	Amount of War Savings Certificates held by deceased.	nil
21	Amount of Victory Loan Bonds held by deceased.	nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Société L'Assomption Moncton N.B. Beneficiary Mother Lena Barriault \$1000.00 maternal had insurance with Canada life assurance (atun whilst in the Army. 1400.00 Beneficiary (Father) Barriault)
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

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 Mother of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mrs Lena Barriault
Maymeville P.E.I.

{Signature of Informant
Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....
See above. Lena Barriault {Name of Informant} is the Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Weymouth this 15th day of January 19 47

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Robert Gies Qualification Parish Priest
Address Weymouth P.E.I.

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



P 53735

DEPT. Can. B. 207
NATIONAL DEFENCE 100 M-11-40 (7881)
MAY 11 1941
N.S. CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Ernest Barriault
candidate for entry as Ord Seaman
and I believe him to be * ~~unfit for His Majesty's Service for the reason stated below~~ } in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

† Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
20 ⁰ / ₁₂	154 lbs.	5-10 ft. ins.	Good	inches (a) maximum 40 (b) minimum 35 (c) mean 37½	right eye 6/6 left eye 6/6 *colour vision N	yes	N	N	N	N	N	Moderate deficiency	4 Deficient 1 Defective Throat N	N

*If colour vision is not normal by Ishihara test. degree of colour blindness to be indicated.

X-ray { Not taken.
Approved.
Positive.
Doubtful.

approved

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. †I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

J. E. Barriault

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
† Strike out if inapplicable.

Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* (which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Charlottetown the 1st of April 1941

John D. [Signature]
Examining Medical Officer
(Rank) Capt. C.A.M.C. (Ret'd)



CANADA

P 53734

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

DEPT.
NATIONAL DEFENCE

MAY 11 1941

N.S. 113 B 1654
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Barnault OFFICIAL NO. V15193
CHRISTIAN NAMES Joseph Ernest MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS Maximville, P.E.I. RELIGION R.C.

DATE OF BIRTH April 10, 1921 PLACE OF BIRTH Maximville P.E.I. NAME AND ADDRESS OF NEXT OF KIN (M) Mrs. Lena Barnault Maximville P.E.I.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM. PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>40</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Dark</u>	<u>None</u>
Inches <u>10</u>	Deflated <u>35</u>				
<u>154 lbs</u>	Mean <u>37 1/2</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>April 30, 1941</u>	<u>Ordinary Seaman</u>	<u>Fisherman</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 N.P.A.M. Training Centre 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>N.P.A.M. Training Centre</u>	<u>Private</u>	<u>March 20, 1941</u>	

Personnel Records
Division 1941
April 30, 1941
Entered in Records
Index Card
3. Non Sub Card
4. Statistical Card
5. Pension Card
6. Pension Card
7.
8.
DATE 15.5.41

- (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.

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

(a) To serve from the date thereof for three consecutive years, ^{or duration of war} 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 30th day of April, 1941

Signature of applicant J. Ernest Barriault

(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 30th day of April, 1941

W. Birtwell
Signature of Commanding Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Joseph Ernest Barriault 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 J. Ernest Barriault

Witness E. H. Saunders

Date April 30, 1941

Rank Lieutenant 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

Joseph Ernest Barriault 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 Charlottetown Division of the R.C.N.V.R.

W. Birtwell
Commanding Officer.
Lieutenant, 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.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. 123-B-531
PERS. (N)

Ottawa, Canada. DEC 29 1943

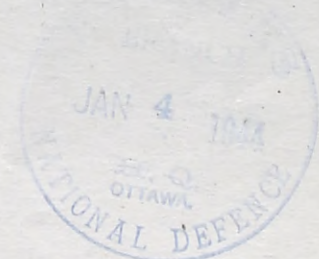
Sir:

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
Barriault, Joseph Ernest, Able Seaman, O.N. A-5115, R. C. N. R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Lena Barriault, WELLINGTON, P.E.I. Box #25.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
XXXXXXXX Mrs. Lena Barriault, Box 25, Wellington Stn., P.E.I.	\$40.00 Stopped Sept. 30/43	<i>lab</i>



WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

ACCOUNTS OF MEN DISCHARGED

123-B-531

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 BARRIAULT, Joseph. E. Rating A.B.
 Official No. A-5115 H.M.C.S. St. Croix List 5/2 - 3
 Who* D. D. on the 20th September 19 43

Net sum due on ledger on account of Wages.....	\$	cts.	
	50.	47	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Forty dollars</u> charged to <u>30</u>			Sep' 43
Name of ship from which transferred <u>St. Croix.</u>			
Total†.....			
			Creditor
	50.	47	

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 HMCS "AVALON" for St. Croix. amounting to a net balance†..... CREDITOR

of FIFTY dollars FORTY SEVEN cents.

Dated on board H.M.C.S. AVALON at St. John's Newfoundland this 26th day of October 19 43

Approved [Signature] Accountant Officer
A/Paymaster Lieut. Commander, RCNVR.
[Signature] { Initials of the Assistant Accountant Officer
COMMANDER, R.C.N. (Temp) 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.

31

To be made out in duplicate

M.F.M. 110
200M-241 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

- (a) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

(1) Name..... BARRIAULT, Joseph Ernest
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank..... F610018 Pte

(3) Basic Training Centre..... NO. 62 - BASIC TRAINING CENTRE

(4) Are you married?..... NO

(5) If married, state,
(a) Full name of your wife..... N.A.

(b) Present postal address of wife..... N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons.....
N.A.

(7) Are you a widower?..... NO

(8) Have you any children?..... NO Number of boys..... N.A. Girls..... N.A.
Names and ages..... N.A.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... N.A.

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... N.A.

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment?..... NO

If so, state her full name and Postal Address..... N.A.

(11) Is your father alive?..... YES

If so, state name and address, occupation..... Archie BARRIAULT, (SOLDIER)
No. 6A Veterans Guard of Canada, Charlottetown, P.E.I.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?..... NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to enlistment.....

N.A.

Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support?..... N.A.

(14) Is your mother alive?..... YES

If so, state name and address..... MAXIMVILLE, WELLINGTON, P.E.I. CANADA

(15) If your mother is a widow, are you her sole or partial support?..... NO

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment..... N.A.

Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support?..... N.A.

(17) Are you contributing to the support of any dependents, other than those shown above?..... NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship..... N.A.

Full Name..... N.A.

Postal Address..... N.A.

Amount contributed monthly during the past six months.....

N.A.

(18) Are you insured?..... NO

If so, in what Company?..... N.A.

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... N.A.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

J. E. Barriault
(Signature of recruit)

Date..... 5-4-41

J. Pleudun Lt.-Col.,
Officer Commanding..... NO. 62 - B.T.C.

Date..... 5-4-41

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

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

NAME IN FULL *BARRIAULT, Ernest Joseph* RANK/RATING *AB* OFF. NO. *A-5115* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	<i>30-4-41</i>											1939-45	<i>1 star</i>
<i>St. Louis</i>	<i>8-4-42</i>	<i>20-9-43</i>	<i>531</i>	<i>at. Africa at.</i>								ATLANTIC	<i>1 star</i>
												FRANCE G.	
												AFRICA	<i>1 star</i>
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	<i>2 clasp</i>
												" CLASP	
												WAR 1945	<i>1 medal</i>
												WAR 1915	

Dis Dead. 20-9-43

VERIFIED BY *[Signature]*

VERIFIED BY *A. Harrow* VERIFIED BY DIR. OF PERSONNEL RECORDS.

3897

R. C. N. R.

26

CERTIFICATE of the Service of
Joseph Ernest BARRIAULT.
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION *Halifax N.S.* OFFICIAL NUMBER *A 5115.*

Date of birth *10 April 1921.*
 Where born { Town *Maximville,*
 County and province *Prince Co. P.E.I.*
 Usual place of residence *Maximville P.E.I.*
 Trade brought up to *Fisherman.*
 Religious denomination *Roman Catholic*
 Next of kin *Mother: Lena Barriault, Box 25 Wellington, P.E.I.*
 Can swim.....
 Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	<i>29 Sep 41.</i>	<i>Duration of Hostilities</i>		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry and by	<i>5</i>	<i>10</i>	<i>Dark</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>None.</i>
On advancement to man's rating, or on entry under 28 years						
On re-entry for C.S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

1430-20-3-41

M.F.M. 101
100M-2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

ENROLMENT
CANADIAN ARMY
(RESERVE FORMATIONS)

7610018

N.R.M.A. Serial Number of Notice of Call 1-1720 Regimental Number ~~401006~~

- 1. Taken on Strength of 6a Clearing Depot.
- 2. Surname (Block Letters) ~~BARRIAULT~~ BARRIAULT
- 3. Christian Names (in full) JOSEPH ERNEST
- 4. Present Address Wellington, R.R.#3, P.E.I.
- 5. Place of Birth Wellington 6. Date of Birth 10-4-21 7. Religious Denomination R.C.
- 8. Physical Description: Height 5' 11" Weight 153 Eyes Green Hair Brown
Complexion Acnes Identification marks
- 9. Next-of-Kin Lena Barriault Relationship Mother
(Name)
Wellington, RR.#3 P.E.I.
(Address)
- 10. Married, Single, Widower? Single 11. Mother Tongue French
- 12. What other languages do you: (a) Speak? English (b) Read? Yes (c) Write? Yes
- 13. High School or Collegiate? Grade VIII Graduation or Matriculation? Nil
(years completed) (Specify)
- 14. College? Nil University? Nil
(Specify) (Specify)
- (Courses and years completed, Degrees obtained)
- 15. Trade or Occupation fisherman Technical Quali- fications and Experience Lifetime
- 16. Previous Military Service Nil
(Show Units and Dates of Service)
- 17. Preference, if any, for Naval, Army or Air Service Navy
(Give particulars and qualifications)
- 18. Employment in War Industry, if any Nil
- 19. Can Drive a Car? Yes Repair a Motor? Yes Cooking Experience Nil
- 20. Hobbies Mechanics

J. Ernest Barriault
(Signature of Man)

K. Schaffner Capt.
(Signature and Rank of Enrolment Officer)

March 20, 1941
(Date of Signature)

CERTIFICATE of the SERVICE of

..... Joseph Ernest BARRIAULT

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-1519</u>
<u>Halifax, N.S.</u>	<u>Charlottetown</u>	"
		"

Date of Birth..... <u>10th April, 1921.</u>	Name and Address of Nearest Relative or Friend (in pencil) (M) <u>Mrs. Lera Barriault</u> <u>Maximville, P.E.I.</u>
Place of Birth..... <u>Maximville, P.E.I.</u>	
Place of Residence..... <u>Maximville, P.E.I.</u>	
Trade brought up to..... <u>Fisherman.</u>	
Religion..... <u>R.C.</u>	
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....	
P.S.T. Date..... 19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<u>30th April, 1941.</u>	<u>30-April 1941.</u>	<u>Duration of War.</u>	<u>Ord.Sea.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>10</u>	<u>37½</u>	<u>154</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Dark</u>	<u>None.</u>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

A 5115

OFFICIAL NUMBER

NAME

BARRIAULT,

Joseph Ernest

(Surname)

(Given Names)

OFFICIAL NUMBER

A 5115

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	
HMCS "Stadacona"	Able Seaman	29	9	41		V.G.	Sat.	31	12	41		S.T.	30	11	41			
St. Croix	"	8	4	42	148084	V.G.	Sat.	31	12	42		Q&R. L.T.O.	7	3	42			
DISCHARGED	"	20	9	43	"Missing" on War Service - (Casualty List) (249A 43648)	Dead V.G.		20	9	43								
GENERAL REMARKS																		
Taken on Active Service 30-4-41 Canadian Memorial Cross Mailed to Mother: Mrs. Lena Barriault, Box 25, Wellington, P.E.I. --30-12-43																		

DATE OF BIRTH	PLACES	CIVIL	CCOU	DELL	ED	PERM	RESIDENCE	PREV	ENL	RANK OR RATE ON ENLISTMENT				
10	13	100	0	10X	3	03	00	3	99	0	08	94		
ENLIST. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE	ACT. SERV. DATE		
29	09	11	29	09	11									
BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.
29	09	11	29	09	11									
BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.	BY	NO.	YR.
29	09	11	09	24	00	20	20	09	43					

A 5115

OFFICIAL NUMBER

FILE NUMBER

123-B-531

OFFICIAL NUMBER A 5115

NAME BARRIAULT, Joseph Ernest (Surname) (Given Names) DATE OF BIRTH 10 April, 1921PLACE OF BIRTH Maximville, P.E.I. OCCUPATION FishermanRELIGION Roman Catholic EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Maximville, Province, etc. P.E.I.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
29	9	41	Hostilities only	5'10"	D. Brown	Brown	Dark	None	N.P.A.M. Training Centre, Private, R.C.N.V.R., O.N. V.1519		20-3-41 to 30-4-41	30-4-41 to 28-9-41

NEXT OF KIN RELATIONSHIP (in pencil) Mother: Bob 25 NAME (in pencil) Mrs. Mrs. BarriaultADDRESS (in pencil): Street and No. Town Wellington Province, etc. P.E.I.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				8	7	41	Passed E.T. 1				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

FILM
NO. WSR-4528-1
DATE

SECOND CLASS FOR CONDUCT

From To



V1519

OFFICIAL NUMBER

FILE NUMBER

113-B-1654

OFFICIAL NUMBER

V1519

NAME BARRIAULT
(Surname)Joseph Ernest
(Given Names)DATE OF BIRTH 10 April, 1921PLACE OF BIRTH Maximville, P. E. I.OCCUPATION FishermanRELIGION Roman Catholic

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town MaximvilleProvince, etc. P. E. I.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
30	4	41	H. O.	5' 10"	D. Brown	Brown	.Dark	Nil	N. P. A. M.	Pte.	20-3-	30-4-
											41	41

NEXT OF KIN RELATIONSHIP (in pencil) motherNAME (in pencil) Mrs. Lena Barriault

ADDRESS (in pencil): Street and No.

Town MaximvilleProvince, etc. P. E. I.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				8-9	7	41	Passed E.T. 1				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
			N/D								
			N/F								

Date (in figures)			DAYS FORFEITED					In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	
								O. H. F. Rec.

SECOND CLASS FOR CONDUCT

From

To



V1519

OFFICIAL NUMBER

NAME

BARRIAULT

(Surname)

Joseph Ernest

(Given Names)

OFFICIAL NUMBER

V1

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
Duty Div. Hdqrs.	Ord. Smn.	30	4	41													
H.M.C.S. Stadacona	" "	20	8	41	D												
DISCHARGED	" "	28	9	41	Transfer to R.C.N.R. O.N. A 5115.												

GENERAL REMARKS

X-ray App.
Discharged- transfer to R.C.N.R.-
to date-- 28-9-41

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	QJON	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK
10	4	21	13	100	0	10	X	3	03	00	9	18	0	0895
ENLIST. DATE			ACT. SERV. DATE		STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK	
30	04	41	30	04	41					9830	0	0895		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.								
30	04	41	09	00	00	3	280941			msm ep				

S.—1245B. (Revised—October, 1937.)
 4M—3-40 (4253)
 N.S. 815-9-1245B.

TORPEDO HISTORY SHEET

TRUE COPY

(See K.R. & A.I., Article 609)

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

TRUE COPY

Surname BARRIAULT

Christian Names } J.

Port Division } RCNVR

Official Number } V-1519

Record of Torpedo Examinations:

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus $\frac{115}{150}$

Date	Ship or School	Rating held	Torpedo Rating examined for	Q., R., or F.	Examination Marks											REMARKS	Captain's Initials	
					School	Whitehead	Mining and P.V.s	High Power	Low Power	Gyro Compass	Torpedo Control	Seaman's Electrical	Stores and Accounts					Total Percentage
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
29-11-41	STADACONA	O.S.	S.T.	Q.		$\frac{137}{150}$	$\frac{78}{100}$					$\frac{200}{250}$				83%		SS
7-3-42	STADACONA	A.B.	LTO	Q.	$\frac{90}{100}$	$\frac{208}{250}$	$\frac{73}{100}$	$\frac{196}{300}$	$\frac{229}{300}$		$\frac{43}{50}$					76.3%		SS

8 Recruit

NON-PERMANENT ACTIVE MILITIA OF CANADA
CERTIFICATE OF DISCHARGE

This Certifies that **F 610018 Pte BARRIAULT JOSEPH ERNEST**
(Rank and Name)
of **Wellington** County of **Prince**
Province of **Prince Edward Island, Canada.** served continuously in the
No. 62 C.A. Basic Training Centre of the Non-Permanent Active Militia of
(Regt. or Corps)
Canada, from the **Twentieth** day of **March** 19 **41**, to
the **Thirtieth** day of **April** 19 **41**, and is now discharged
therefrom, and that he attended and completed Annual Training for the years
On joining R.C.N.

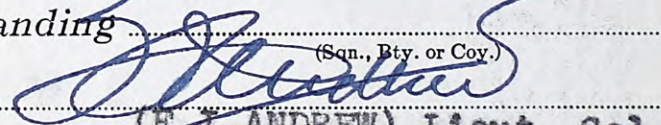
(Each year separately, in figures)

m

N .A.

(Total number of years, in words)

(Signature of Soldier)
Place **Charlottetown, P.E.I.**
Date **April 30, 1941** 19

Commanding 
(Sqn., Bty. or Coy.)
(F. I. ANDREW) Lieut. Col
† Commanding **No. 62 C.A. Basic T.C.**
(Regt. or Corps)

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

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

NAVY

NAME **Joseph Ernest** (CHRISTIAN NAMES) **BARRIAULT** (SURNAME) REGISTER NO. **1086**
 PAYEE **Director of Estates,** for Service Estate of FILE NO. **NSA-5115**
 ADDRESS **308 Sparks St.,** **Jos. E. BARRIAULT,** DATE **4 May/45**
Ottawa, Ont. **N.S.A-5115** SERVICE NO. **A-5115**
 DATE OF TERMINATION OF OVERSEAS SERVICE **20 Sep/43** FINAL RANK OR RATING **A.B.**
 DATE OF DISCHARGE **20 Sep/45**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **574** EQUAL TO **29** COMPLETE PERIODS AT \$7.50

217.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **531** LESS **4** INELIGIBLE DAYS, EQUAL TO **527** DAYS @ 25C. PER DAY

131.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$.10	
S.T.	\$.15	
L.T.O.	\$.25	
H.L.M.	\$.25	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		

TOTAL \$ **3.80** X 7 = \$ **26.60**

NO. OF DAYS **527** X \$ **26.60**

76.60

D. WAR SERVICE GRATUITY

425.85

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$

AND ASSIGNED PAY \$ **NIL**

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

425.85

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **425.85**

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Reque 11814 21/5-45 Voucher 288-9/6-45

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

PREPARED BY		CHECKED BY		TREASURY	
BJD		BA 16		DATE	
				9/15/45	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctg.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " ST. CROIX " ending 30 Sept. 1943.

List. 5/2. No. 3. (Name) BARRIAULT, Joseph. Rank Rating. A.B. No. A. 5155. When entered. F.B. Date of appearance. 1 July. Whither dischar. D.D.

CREDIT from former account. \$ 97.67. Pay as A.B. from 1 July to 30 Sept. (92 days @ 1.85 per day) \$ 169.80. Pay as S.T. from ... to ... (92 days @ .10 per day) \$ 9.20. Pay as L.T.O. from ... to ... (92 days @ .15 per day) \$ 13.80. Pay as H.L.M. from 25 July to 20 Sept. (58 days @ .25 per day) \$ 14.50. G.M. 1 July 20 Sept. 82 per day \$ 6.62. Kit Upkeep Allowance. 1 July \$ 10.00. OTHER CREDITS \$. Total Credits \$ 320.29

DEBT from former account \$.

PAYMENTS 1st 2nd 3rd 4th 5th. 1st Month \$63.00 Stad. June. C. sh. A/c. 2/739 Total \$. 2nd Month \$34.00 Stad. July. Cash. A/c. 2)876 Total \$. 3rd Month \$26.82 Aug. Contingency. Pay't. Total \$ 189.82. 66.00 General Pay't.

Allotment \$40.00 August and September \$ 80.00. Pension deduction (Officers) charged to ... of \$. Hospital stoppages \$. Mulcts \$. OTHER CHARGES \$. Total debits \$ 269.82

Note: Balance Dr. to be shown in RED. Balance Cr. on Dr. \$ 50.47

Number of days actually victualled during period mentioned above 82

Table with 5 columns: Not Victualled, Lent, Sick or Leave, Inclusive date (From, To), No of days, Ship, Hospital etc, in which borne.

Date: October 26/43 A/Pay Lieut. Cmdr RGNVR For Accountant Office

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..... **BARRIAULT, Joseph. E.**..... Rating **A.B.**
Official No. **A-5115**..... H.M.C.S. **St. Croix**..... List **5/2 - 3**
Who* **D. P.**..... on the **20th September** 19 **43**

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
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) Forty dollars charged to 30			Sep'43
Name of ship from which transferred..... St. Croix.			
Total†..... Creditor			50. 47

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 **HMCS "AVALON" for St. Croix.** amounting to a net balance†..... **CREDITOR** of **FIFTY**..... dollars **FORTY SEVEN**..... cents.

Dated on board H.M.C.S. **AVALON**..... at **St. John's Newfoundland** this **26th**..... day of **October**..... 19 **43**

Approved..... *[Signature]*..... Accountant Officer
A/Paymaster Lieut. Commander, RCNVR.
..... *[Signature]* { Initials of the Assistant Accountant Officer
..... *[Signature]*..... Commanding Officer.
COMMANDER, R.C.N. (Temp)

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.

TFH/JM

Air Mail 18

123-B-531

27th September, 1943.

Dear Mrs. Barriault:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son Joseph Ernest Barriault, Able Seaman, Royal Canadian Naval Reserve, Official Number A-5115, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

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

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

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

Yours sincerely,

[Signature]
LETTER dispatched by
PERSONNEL NAVAL
SEP. 27 1943
SECRETARY, NAVAL BOARD.
[Initials]

Mrs. Lena Barriault,
Box 25
WELLINGTON, P.E.I.

[Signature]
NAVAL PERSONNEL RECORDS
[Red mark]

Passing Certificate

This is to Certify

6

that Joseph Ernest BARRIAULT,

Rating Ordinary Seaman, Official Number V.1519.
R.C.N.V.R.

has passed

THE EDUCATIONAL TEST, I , R.C.N.V.R.

held on 8th-9th July, 1941.

For advancement to Petty Officer



Naval Secretary
 Director of Education.

Department of National Defence,

Ottawa, this 1st day of September 19 41.

Noted in Service
 Records by MRB