

CHIPPENDALE

JOS THOS

RCNVR

V-18012

NAVY

NAME

LDG SMN

REGIMENTAL No.

RANK

UNIT OF ENLISTMENT

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

REGIMENTAL DOCUMENTS		NON-EFFECTIVE BY	NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M. 1 & 1A) OR (M.F.M.2 & 2A)		DISCHARGE	DISCHARGE
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B 103)	DATE	DATE	
PARTICULARS OF FAMILY (M.F.M.5)	REASON	REASON	
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	AUTHORITY	AUTHORITY	
CERTIFICATE OF SERVICE (M.F.M. 8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF.			
FORM OF WILL (M.F.M.10 OR M.F.M.10A)			
DENTAL RECORD (M.F.B. 465)	DISCHARGE	DISCHARGE	
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)	DATE	DATE	
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	REASON	REASON	
TRANSFER CLOTHING STATEMENT (M.F.C. 800)	AUTHORITY	AUTHORITY	
LAST PAY CERTIFICATE (M.F.D.930A)			
PROCEEDINGS ON DISCHARGE (M.F.M. 23)			
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION	DEATH	
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE	DATE	
PAY SHEETS	AUTHORITY	CAUSE	
CARDS	DESERTION	AUTHORITY	
SUNDRY	DATE		
	AUTHORITY		



V-18012

N. V. 5
5M-10-39 (2365)
N.S. 815-11-5

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **Chippendale** OFFICIAL NO. **V18012**CHRISTIAN NAME **Joseph Thomas** MARRIED, SINGLE or WIDOWER **Single**

PERMANENT ADDRESS	RELIGION
491 Alfred Street, Kingston, Ontario	Protestant

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Nov. 20th 1921	Town Clayton-le-Moor County Lancashire Province England	Mrs. Marian Chippendale (mother) 491 Alfred St., Kingston, Ontario.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
5 Feet.....	36 Inflated.....	Fair	blue-grey	fair	
6 Inches.....	35 Deflated.....				
	34 Mean.....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Feb. 8th 1940	O. D.	Telegraph Messenger

(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 **Medical Corps.** 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
Medical Corps.	Private	1937	1939

(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 Kingston 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 8th day of February, 1940

Signature of applicant

Joseph Thomas Chippendale

(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 8th day of February, 1940.

Wm C Rigney

Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Joseph Thomas Chippendale 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

Joseph Thomas Chippendale

Witness

Wm C Rigney

Date Feb 8th 1940

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

.....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 Kingston Division of the R.C.N.V.R.

Wm C Rigney

Commanding Officer.

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.



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 Joseph Thomas Chippendale
candidate for entry as Boiler Room
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. unfit for His Majesty's Service, for the reason stated below.

Dated at Kiaikheen the 8th of July 1944

Date 15-3-40 X-Ray Examination 4043 Result Negative
*Delete one (Rank) Ed H. Peterson
Examining Medical Officer

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

Years Months Age { (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- inated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonils, etc. (o)	Anus, Hemorrhoids, etc. (p)
3 months	lbs. 13 1/2	ft. ins. 5 6	Good	inches (a) maximum 36 (b) minimum 33 (c) mean 34	right eye 6/9 left eye 6/9 colour vision normal	1934	Normal	normal.	normal	Good.	normal	normal	Good	normal

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

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 as may be authorized.

Joseph Thomas Chippendale
Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

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

*Delete one

.....
Examining Medical Officer
(Rank).....

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

Name *Joseph Thomas Chippendale*
 Sub-Rating and Seniority *9/14/41 15/24/42 Non Sub. Lr. 101 27 Sept 40.*
 O.N. *✓ 18012* S.B. No. *—* W.B. No. *—*
 Joined Ship *Avalon* from *Lagunay*
 Engagement: Period *Duration* Expires *—*
 Date of Birth *20 Nov 1921* Religion *Prot.*
 Character *—* Efficiency *—* Date *—*
 Badges *—* Class for Conduct *—* Class for Leave *—*
 Date due for: Next Badge *—*
 Progressive Pay *—*
 L.S. & G.C. Recommended *—*
 Advancement. Wishes to Pass? Recommended? Date Qualified?
 Educ. Test Pt. 1 *—*
 Higher Educ. Test. *—*
 Professional for higher Sud-rating *—* *Ldgs. 14 Feb. 41*
 do Non-Sub. *—*

Any Non-Service Attainments *—*

Swimming Qualification *—*

Athletic capabilities *—*

General Remarks (including intelligence, energy, initiative, powers of command). *—*

H.M.C.S. "*Avalon*"

Date *Nov 24 1942*

Eric Odham *sp*
 Officer of Division.

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
 (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

St. Clair 24- Sept 40.

Name *CHIPPENDALE, JOSEPH THOMAS*
Sub-Rating and Seniority *Ord Sea. 2/4/40* Non-Sub. *L.R. III*
O.N. *✓18012* S.B. No. W.B. No.
Joined Ship *July 11, 1940* from *Kings to Sea*
Engagement: Period *Duration* Expires
Date of Birth *Nov. 20, 1921* Religion *L. of E*
Character *V. L. 8* Efficiency *Sub* Date *Aug 21/40*
Badges Class for Conduct Class for Leave
Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended
Advancement. WISHES TO PASS? RECOMMENDED? DATE QUALIFIED?
Educ. Test Pt. 1 *Has tried test*
Higher Educ. Test.
Professional for
higher Sub-rating
do Non-Sub.
(For Ordinary Seamen Form T.S. 34 must be used in addition)

Any Non-Service Attainments

Swimming Qualification

Athletic Capabilities

General Remarks (including intelligence, energy, initiative, powers of command).

Above average intelligence - has had 3 years high school training - Should have initiative & make up for any lack of energy - reliable.

H.M.C.S. "*Stadacona*" *Ch. Broughlin Lt. R.C. N.Y.R.*
Officer of Division

Date *Aug 21/40*

- NOTES:—
- (1) This form is to be kept for each rating by the Officer of his Division.
 - (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 - (3) On a rating changing his Ship or Establishment, Form S. 264 is to be transferred with his other papers for the information of the next Officer of Division.

P. 1.0

H.M.C.S. ST. CLAIR

13 September 1947

Better than average intelligence, good
worker. Recommended for advanced course

Adamslop S/L
RCNVR

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN.

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

NAME	OFFICIAL No.	Date of Birth
<i>Chippendale, Joseph Thomas</i>	<i>V 18012</i>	<i>Nov. 20/21</i>

ON LEAVING HARBOUR TRAINING SERVICE.

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School			
Seamanship			
Boat work			
(a) Pulling			
(b) Sailing			
Gunnery and Disciplinary Training			
Shooting			
Swimming—P. P. T.		Date qualified	
Physical & Recreational Training			
Culinary Course			
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Drummer			
Special Remarks			

On joining:—	Weight	Height	Date
On leaving:—	Weight	Height	Date

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.S. " " Date Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN.

Educational Examinations				Date	Ship	Signature and Rank of Divisional Officer	
Passed Educationally	Accelerated Advancement						
	For Able Seaman (if G.C. III.)						
	Educational Test I.						
Rated Ordinary Seaman							

SEAMANSHIP				GUNNERY				TORPEDO				Divisional Officer's Remarks		Recommendation for non-sub. rate†
Subject	Hours	%	%	Subject	Hours	%	%	Subject	Hours	%	%	TOTAL	Date of Passing	Signature and Rank of Divisional Officer, and Ship
Boat Work				Field Training				Whitehead						
Anchors and Cables				Gun Drill				Low Power						
Compass and Wheel Rule of the Road				Stripping				High Power						
Rigging Sheers and Derricks				Fire Control				Instruments						
Sounding Machine, Lead and Line				Ammunition				Explosives						
Bends and Hitches, Blocks and Tackles				Director and Sighting				Paravanes						
Part of Ship Evolutions				Machine Gun										
Signals														
TOTAL				TOTAL				TOTAL						
Date of Passing				Date of Passing				Date of Passing						

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Ordinary Seaman (Special Service).		Rated Able Seaman and Recommendations inserted on History Sheet.	
Qualified for advancement to Able Seaman (S.S.)		H.M.S.	
on _____ Date.			
_____ Date.	Commodore.		Date
_____ Date.	Depot.		Captain.

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.

Official No. 18012

RECORD OF GUNNERY STATIONS IN SHIPS AT SEA.

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

N. 5820/37.

RECORD OF EXAMINATIONS IN GUNNERY.

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

Failures to be filled in, in RED.

SUBJECT	DATE																				
	SHIP																				
	MARKS	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained		
Gun Drill	28/9/40	80																			
Stripping		30	21																		
Field Training		80	70																		
Land Fighting {	Field Gun																				
	Section Leading	20	14																		
	Lewis & Machine Gun	30	27																		
	Bayonet Fighting																				
Accoutrements																					
Ammunition		20	16																		
Hydraulics (Paper)																					
" (Oral)																					
Turret																					
Fire Control (Paper)																					
" " (Oral)		50	38																		
Single Gun Control (Practical)																					
High Angle Control {	Air Defence & Lookouts																				
	Long Range (Practical)																				
	Close Range Practical																				
	Drill																				
	Long " " "																				
	Close Range Eye Shooting																				
H.A. Control (Paper)		50	40																		
Director and Sighting (Paper)																					
" " (Oral)		120																			
" Use and Testing of Systems																					
" Mechanical Knowledge & Adjustments																					
Electrical Course																					
Shooting Appliances		100	73.4																		
R.Y.P.A. Practice																					
Qualifying Firings																					
Rangefinder (Paper)																					
Testing and Removal of Errors																					
Knowledge of R/F Mtgs.																					
Silhouettes																					
School																					
Office Work																					
Musketry																					
General Gunnery																					
TOTAL ..		226	280																		
G. Rating Qualified for.																					
Qualified=Q.																					
Re-qualified=R.																					
Failed=F.																					
GUNNERY OFFICER'S INITIALS																					

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

Date

Ship and Date

Ship

Stadacona

RECORD OF TEST FIRINGS.

to be filled in for Test Firings *only* carried out in Gunnery Schools and H.M. Ships at sea
gun 3-inch and above.

[illegible]

LEWIS GUN, RIFLE AND PISTOL PRACTICES.

To be filled in immediately on completion of Course.

[illegible]

RECORD OF VISION TESTS.

To be filled in by Medical Officer after each Test.

NOTE:—Date of issue of astigmatic lens is to be noted in this space.

[illegible]

RECOMMENDATIONS FOR GUNNERY RATING AND SPECIAL QUALIFICATIONS
NOT PROVIDED FOR ON OTHER PAGES.

To be filled in as soon as a man is recommended. Recommendations for qualified men are to be forwarded subsequently on Form S1303 in accordance with the instructions on that form. Column 1 is to show the same date of recommendation as that on Form S1303. Column 4 is to state the rating for which recommended, using the suffix (N.Q.) to distinguish a man not yet qualified by rating or experience, and suffix (H) for a man highly recommended (whether qualified or not).

Date	Ship	Present Gunnery Rating	Recommendation or Special Qualification	Initials of Gunnery Officer

VOCATIONAL TRAINING CERTIFICATE.

To be filled in on completion of a Vocational Training Course, other than a Correspondence Course.
(Vocational Training is Optional.)

VOCATION

WE CERTIFY THAT (NAME).....

RESIDENCE

has satisfied us that he possesses a†

knowledge of the vocation mentioned, and we consider that §.....

Examiners:—.....

Business and Business Address:.....

Date of Examination:.....

Signed:—.....President.

...Vocational Training Committee.

‡ Here insert qualification.

§ Special notations as applicable.

TO BE FILLED IN ONLY ON FINAL DISCHARGE.

His character during service was*.....

His general efficiency in carrying out his duties was*.....

His efficiency on discharge was assessed as*.....

* See Article 610, clauses 3 to 7 K.R. & A.I.

Signature and Rank.....

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

N.V. 17

3M-12-39 (3289)

N.S. 815-11-17

33

CERTIFICATE of the SERVICE of

JOSEPH THOMAS CHIPPENDALE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number.....
KINGSTON ONTARIO	KINGSTON	V18012
Date of Birth..... Nov. 20th, 1921		Name and Address of Nearest Relative or Friend
Place of Birth..... Clayton-le-Moor, Lancashire, England		Mrs. Marian Chippendale
Place of Residence..... 491 Alfred St. Kingston, Ontario		491 Alfred St.
Trade brought up to..... Telegraph Messenger		Kingston, Ontario
Religion..... Protestant		
Can Swim:—P.P.T. () Date..... 19.....		Signature.....
P.S.T. () Date..... 19.....		Signature.....

PARTICULARS OF SERVICE

MEDALS, DECORATIONS, etc.

Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
Feb. 1940	8.2.40	Duration	O.D.			

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	6	34	135	Fair	Blue	Fair	NIL
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS

TRANSFER—LISTS A AND B

From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	Kingsdon Div. R.C.N.V.			O.D.	8-2-40	12 Feb '40	Active Service
	" " active Service				9-7-40	9-7-40	
1940	Halifax Station	-	-	Ord. Ltn.	13 Feb '40	23 Sep	
- " -	St. Clair	-	-	- " -	24 Sep	23 Jan '41	
1941	St. Clair			Abt. Seaman	24 Jan '41	12 Sep '41	
- " -	Stadacona	-	-	- " -	13 Sep '41	17 Sep '41	
- " -	Avalon (Saguenay)	-	-	- " -	18 Sep '41	14 Mch '42	
1942	Saguenay	-	-	4 th Lt. (S)	15 Mch '42	15 Mch '42	
	Stadacona	-	-	- " -	16 Mch '42	21 Dec '42	
	Avalon (St. Croix)	-	-	- " -	22 Dec '42	14 Mch '43	
	Avalon (St. Croix)	4486	68	Log. Smelter	15 Mch '43	20 Sep '43	"D.D."

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

17 Aug
19 Sep
27 Sep
14 Mar

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)				CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature		
		Sgt.	Sgt. (Ord. Serv.)	9-7-40	W. C. Dugan		
		V. G.	Sgt. (Ord. Serv.)	31 Dec '40	K. H. Dugan		
		V. G.	Sgt. (A.B.)	31 Dec '41	P. Hadden		
		V. G.	— (Ldg. Private)	20 Sep '43	S. D. Davis		
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES							
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored				
8 Feb '43	G.C.B.	1st	Granted				
TIME FORFEITED							
Date	P., D.C., C.P., or W.T.	No. of Days					
		Awarded	Served				

SEAMAN BRANCH

Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

I.—APPLICATION FOR EXAMINATION

H.M.C.S. " S A G U E N A Y "

Name of Candidate (in full) Thomas CHIPPENDALE

Present Rating Able Seaman O.N. V18012

Port Division Halifax, N. S.

Date of Application for Examination 14th March, 1942

Date and Particulars of Previous Failures:—

- N I L -

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To.....

P. J. Smith
For LIEUTENANT, RCN Captain

NOTES—

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

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

C.N.S. 441

15M-3-41 (9881)
N.S. 815-9-441

DISTRIBUTION OF SERVICE ESTATES

Estate Form "P. 4"

NAVY

Name: Surname: **CHIPPENDALE** Christian Names: **Joseph F.** No.: **1.18012**Rank: Ldg. Smn. Unit: **H.M.C.S. "ST. CROIX"** Date of Death: **20-9-43**

AMOUNT

L.P.C.....\$ **77.45**Date: **April 18th, 1944**Other Credits..... **193.50**Total..... **270.95**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{3}$	Father 7073	Arthur Chippendale, 491 Alfred Street, KINGSTON, Ontario.	135.48
		($\frac{1}{3}$ as next of kin) ($\frac{1}{3}$ benefit of 1 minor)	
$\frac{1}{3}$	Mother 7074	Mrs. Miriam Chippendale, (as above)	67.74
$\frac{1}{3}$	Brother 7075	Receiver General of Canada for for L/Mr., Chippendale, J.H., 109th Battery, 1st Lt. A.A. Regt., Canadian Army Overseas. (As next of kin entitled)	67.73

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$270.95
CLASSIFIED BY Original Signed by E. W. QUINNEY			EXAMINED BY ORIGINAL SIGNED BY E. G. COLLYER 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

ORIGINAL SIGNED BY
E. G. COLLYER

For Chief Treasury Officer

491 Alfred St.
Kingston Ont.
1 May 1944

Dept. of National Defence
Naval Service
(Estates Branch)

Ref. No. N.S. H.Q. 113-C-573.F.D. 239

CHIPPENDALE, JOSEPH THOMAS Ldg Smr. (Deceased.)

V. 18012 R. C. N. V. R.

Ref to your letter dated
January 29TH in ref to the estate of
the above mentioned sailor.

May we be now advised
please as to what distribution
has been made of the estate
involved.

Thanking you

W. A. Chippendale



MEMORANDUM FOR

P. 64

Mrs. Marian Chippendale

491 Alfred Street

Kingston, Ontario

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. N.S. 113-C-573 ED. 239

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 4, 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

CHIPPENDALE, Joseph Thomas, Ldg. Smn.

No. V. 18012, R.C.N.V.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
(H.R. Wade) Cdr. RCNVR,
for (L.M. Firth) Lt.-Col.
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.....			
2	Children of the Deceased and dates of their Births.....	NIL		
3	Father of the Deceased.....	ARTHUR. CHIPPENDALE	40 ✓	491 ALFRED ST. Kingston ONT.
4	Mother of the Deceased.....	MIRIAM. CHIPPENDALE	40 ✓	do.
5	Brothers of the Deceased	JAMES HENRY CHIPPENDALE	21 ✓	C-249. L/BA R.C.A Can Med. Force.
		ARTHUR CHIPPENDALE JR.	18	491 ALFRED ST. Kingston ONT
	Half Blood	NIL		
6	Sisters of the Deceased			
		NIL		
	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	
		NIL		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	JOSEPH THOMAS CHIPPENDALE
9	Date of his birth	NOVEMBER 20 TH 1923
10	Place and date of his marriage.	NA
11	Place and date of his parents' marriage.	CLAYTON-LE-MOORS. LANCASHIRE ENGLAND 1-10-21

PARTICULARS OF DOMICILE

12	Place where deceased was born.	LANCASHIRE ENGLAND.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) ENGLAND 6 YEARS. (b) ONTARIO CAN. 14 YEARS. (c) (d)
14	Nature of employment before enlistment.	CLERK. C.N.R. TELEGRAPH.
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	NOT KNOWN
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?	NA
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.	ROYAL BANK OF CANADA. KINGSTON Account # 553. amount \$192.53
20	Amount of War Savings Certificates held by deceased.	NONE
21	Amount of Victory Loan Bonds held by deceased.	NONE KNOWN. 0/-
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.	NA
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

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

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

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

Miriam Chippendale {Signature of Informant
491 Alfred St Kingston Address

CERTIFICATE

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

*See above.

Miriam Chippendale {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 Kingston this 8th day of January 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

W. C. Sands

Qualification

Justice of Peace

Address 241 Alfred St Kingston Ont

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



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-C-573.
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:



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
CHIPPENDALE, Joseph Thomas Leading Seaman, O.N. V-18012, R.C.N.V.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. Marian Chippendale, 491 Alfred Street, KINGSTON, Ontario.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Miriam Chippendale, 491 Alfred Street, Kingston, Ont.	\$20.00 stopped Sept. 30/43	<i>bank</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.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Joseph Thomas CHIPPENDALE
(Christian Names) (Surname)

Payee

Director of Estates } for Service Estate of

Address

308 Sparks St.
Ottawa, Ont.Joseph T. CHIPPENDALE
N.S. V-18012

Register No. 2648

File No. V-18012

Date 26-6-45

Service No. V-18012

Final Rank or Rating L/S MN

Date of Discharge 20 Sep. 43

Date of termination of overseas service 20 Sep. 43

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{1316}{30}$ equal to 43 complete periods at \$7.50

322.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 105 less 26 ineligible days equal to 79 days @ 25¢ per day

256.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 2.10
Subsistence or Lodging	\$ 1.45
and Provision Allowance	
Additional Pay	L.R. 3 \$.10
	ICCB \$.05
	HLM \$.25

Dependents' Allowance 1/30 of \$

Total 3.95 x 7 = \$ 27.65

158.80

No. of days $\frac{1051}{183}$ x \$ 27.65

D. WAR SERVICE GRATUITY

737.55

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

Nil.

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

737.55

G. YOUR PORTION OF GRATUITY IS

~~Dependents' Allowance in issue to you \$~~ of \$ = \$ 737.55
~~Total Dependents' Allowance in issue \$~~

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

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>Am</u>	6	
2	<u>Am</u>	7	
3	<u>Am</u>	8	
4	<u>Am</u>	9	
5	<u>Am</u>	10	

2648

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

Name of Deceased Member Joseph J. CHIPPENDALE Rank or Rating L/S. O.No. V 18012

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. Miriam
A.P. 20⁰⁰ Mrs. Mary Chippendale
D.A. (another)
A.P.

2. Pension awarded or being awarded to: No record.

3. War Service Gratuity Application(s) received from: Mrs. Miriam Chippendale
491 Alfred St.
Kingston, Ont.

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

() To be paid to: In the proportion of: /
- and -

to: In the proportion of: /

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

Group "B" (11)
Group "G" of the above mentioned Directive.

Date 27/2/45 J. D. [Signature]
for D.N.P.A. (G) [Signature]

TO: D.N.P.A.

FILE No. V18012

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

CHIPPENDALE, Joseph Thomas

V18012

Ldg. Seaman

SURNAME

CHRISTIAN NAMES
IN FULL

OFFICIAL
NUMBER

RANK OR RATING
ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Applicant: Mother-in-law of A.P. #20.00 at time of death.
No pension.

TOTAL SERVICE

Date of Active Service

13 Feb '1940

Date of Discharge

20 Sep '1943

Total No. of Days

1316

Less non qualifying
service

Total Days 1316

1096
16 Feb.
31 Aug.
30
31
30
31
31
30
1316

OVERSEAS SERVICE

% Total No. of Days

1051

Less non qualifying
service

Total Days 1051

Record of Service in other Forces (per Naval Records)

Branch of Service

nil

Date of Active Service

Date of Discharge

& % Overleaf

Computed By

Checked By

DATE:

DEC 16 1944

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer-in-Charge
Naval Personnel Records

John L. Sway
Power

NON QUALIFYING SERVICE

Overseas

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

(%)

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
St. Clair	24 Sep '40	12 Sep '41	354
Saguenay	18 Sep '41	15 Nov '42	424
St. Louis	22 Dec '42	20 Sep '43	273
			1051

St. Clair	Saguenay	St. Clair
365	365	10
11	13	31
354	38	28
	15	31
		30
	424	31
		30
		31
		31
		20
		273

Naval Personnel Records
Officer-in-Charge
Perry, G. H. R.
for (H. B. Money)

Computed by
Checked by

DATE: 11/11/44

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

4
NAVY

DECEASED
MEMBER'S
NAME

Joseph Thomas
(CHRISTIAN NAMES)

CHIPPENDALE
(SURNAME)

REGISTER NO. **2648**
FILE NO. **NSV-18012**
DATE **27 June/45**
SERVICE NO. **V-18012**
FINAL RANK OR RATING **L/Smn.**
DATE OF DISCHARGE **20 Sep/43**

PAYEE **Director of Estates**
ADDRESS **308 Sparks St.,**
Ottawa, Ont.

for service Estate of
Joseph T. Chippendale
NSV-18012

DATE OF TERMINATION OF OVERSEAS SERVICE

20 Sep/43

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1316** EQUAL TO **43** COMPLETE PERIODS AT \$7.50

\$ 322.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **1051** LESS **26** INELIGIBLE DAYS, EQUAL TO **1025** DAYS @ 25C. PER DAY

256.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.10**
SUBSISTENCE OR LODGING \$ **1.45**
AND PROVISION ALLOWANCE
ADDITIONAL PAY **L.R. 3** \$ **.10**
1 G.C.B. \$ **.05**
H.L.M. \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.95** X 7 = \$ **27.65**
NO. OF DAYS **1051** X \$ **27.65**
183

158.80

D. WAR SERVICE GRATUITY

737.55

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ **NIL**

F. TOTAL AMOUNT PAYABLE

737.55

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 737.55

Voucher cheque 1070-12/7-45

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 IM	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>[Signature]</i>	DATE 3/7/45
--------------------------	----------------------------------	--	-----------------------

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MMB

NAVY

Name: CHIPPENDALE Surname Christian Names Joseph T. No.: V16012Rank L/Smn. Unit H.M.C.S. "ST. CROIX" Date of Death 20-9-43

AMOUNT

W.S.G. \$ 737.55
L.P.C. 77.45
Other Credits 193.50
Total 1008.50
Prev. dist. 270.95
This dist. 737.55

Date: 3-8-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Arthur Chippendale, 491 Alfred St., Kingston, Ont. (1/4 as next of kin)	368.78
1/4	Mother	Mrs. Miriam Chippendale, (As above)	184.39
1/4	Brother	L/Bdr. Chippendale, James H. C 249 # 3 E.F.&W.Co. R.C.E., Kingston, Ont.	184.38
(As next of kin entitled)			737.55

P4. TO TREAS.

14/8/45

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$737.55
CLASSIFIED BY			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT



DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada.

DEC 29 1943

(Date.)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CHIPPENDALE, Joseph Thomas	Leading Seaman	V-18012, R.C.N.V.R.

DATE OF ENLISTMENT - 8th February, 1940. Active Service: 13th February, 1940.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & N.E.)

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. 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.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother DATE Mrs. Marian Chippendale,

ADDRESS 491 Alfred St., KINGSTON, Ontario.

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.

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

Mrs. Miriam Chippendale, 491 Alfred Street, Kingston, Ont.	Mother.		
--	---------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly Rate:	N41	\$20.00	\$20.00
To whom Paid:	Mrs. Miriam Chippendale	ADDRESS	491 Alfred St., Kingston, Ont.

Date of Enlistment:

Date of Discharge:

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

The final deduction of Assigned Pay for Sept. 30/43 has been made for the period
from 1st to 30th of September 194

Remarks:

Computed by M. W.

Checked by L. Labochelle

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

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

QUESTIONNAIRE FOR CANDIDATES
FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

DEPT. OF DEFENCE
FEB 10 1940
113 C-573

Name (in full) Joseph Thomas Chippendale
Date and Place of Birth..... November 20 1921 Clayton-le-Moore Lancashire
Permanent Place of Residence..... 491 Alfred St. Kingston-upon-Hull
Nearest Town to Residence (if living in country).....
Are you a British Subject?..... yes P5113
Are you single, married or a widower?..... Single
In what capacity do you wish to enrol?..... Ordinary Seaman
Present occupation or trade..... Telegraph Messenger
Do you belong to any Naval, Military, Reserve or Territorial Force?
Medical Corps applying for discharge
Have you ever served with such forces? Give dates and details.
..... with Medical Corps 1937-39
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?..... 145 What is your height?..... 5'10"
What is your chest measurement (not inflated)?..... 34
Are you free from all physical defects or malformation, and not sub-
ject to fits?..... Yes
Are you willing to be vaccinated or re-vaccinated and inoculated as
considered necessary by the appropriate authorities?..... Yes
I hereby declare that the above answers are true in every respect.
..... J. T. Chippendale Signature
..... 28 January 1940 Date
..... 491 Alfred St. Address
..... W. C. Rigney
Witness to Signature.
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..... November 20th 1921.....
Signed..... W. C. Rigney
Company Commanding Officer.

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT **No. 1 Field Ambulance, R.C.A.M.C.** REGT. No.

1. What is your surname? (Block letters) **CHIPPENDALE**
2. What are your Christian names? **Joseph THOMAS**
3. What is your present address? **49 ALFRED ST** Phone No. **2354 J**
4. Employer's name and address? **C.N. Telegraph** Phone No. **1**
5. Date of Birth **20.11.22** 6. (a) Country of Birth **England** (b) Nationality **B.S.**
7. Are you Single? **Yes** Married? Widower?
8. What is your trade or calling? **Manager** 9. Religious persuasion? **C of E**
10. Previous Naval, Military or Air Force Service. **No**
Give particulars, qualifications, etc.

11. Name, Relationship and Address of Next of Kin. **A CHIPPENDALE**
491 ALFRED ST KINGSTON (FATHER)

CERTIFICATE OF MEDICAL EXAMINATION

Height **5'6"** Weight **130** Chest max. **33 1/2** min. **30 1/2**
Descriptive marks **None**

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him **F.T.** Category **Boy**
Date **11-38** Signature **R. Burr Lewis**

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned **Joseph J. Chippendale** do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and to understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, **Joseph J. Chippendale** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Signature of Witness **R. Burr Lewis** Signature of Man **Joseph J. Chippendale**
Dated this **1** day of **November** 193**8** at **Kingston**

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

M.F.B. 235d.

50M-1-34
H.Q. 1772-39-1545

Signature of Magistrate, Justice of Peace, or
Attesting Officer
R. Burr Lewis

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... 1-11-38			 Officer Commanding Unit.....
Annual Training Barrefield 1939			
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

D OF D 20-9-43

AWARDS NAVY

D.D.

CHIPPENDALE

Joseph Thomas

V-18012

L/Smn.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

Africa Star

C.V.S.M. & Clasp

War Medal

21- 3-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "ST. CROIX"

(1) MEDALS
PERSON

ENTITLED TO Mr. Arthur Chippendale - Father

ADDRESS: 491 Alfred St.,
KINGSTON, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. M. Chippendale

491 Alfred St., Kingston, Ont.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO 2003

(2)

(3)

3-1-43

V18012

OFFICIAL NUMBER

FILE NUMBER

113-C-573

OFFICIAL NUMBER

V18012

NAME CHIPPENDALE Joseph Thomas DATE OF BIRTH 20th Nov, 1921
(Surname) (Given Names)
PLACE OF BIRTH Clayton-le-Moor, Eng. OCCUPATION Telegraph Messenger
RELIGION Protestant EDUCATION
RESIDENCE AT TIME OF ENLISTMENT: Street and No. 491 Alfred St. Town Kingston Province, etc. Ont.

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
8	2	40	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 6	Fair	Blue-Grey	Fair	

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To
Medical Corps	Pte.	37	39

NEXT OF KIN RELATIONSHIP (in pencil)

ADDRESS (in pencil): Street and No.

NAME (in pencil)

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
14	3	42	Passed Prof for Ldg.Smn.

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		
8	2	43	1st. G.C.R.	Granted

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

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

DAYS FORFEITED

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

SECOND CLASS FOR CONDUCT

From To



V18012	OFFICIAL NUMBER	NAME CHIPPENDALE (Surname)	Joseph Thomas (Given Names)	OFFICIAL NUMBER	V18012
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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
Kingston Div. Str.	Ord. Smn.	8	2	40		Sat.	S.t.	9	7	40	L.R.111	28	9	40			
Duty Div. Hdqs.	" "	13	2	40		V.G.	Sat.	31	12	40							
Stadacona	" "	11	7	40		V.G.	Sat.	31	12	41							
St. Clair	" "	25	9	40		V.G.		20	9	43							
Stadacona	" "	14	9	41													
saguenay	" "	18	9	41													
"	Able Smn.	24	1	41	Back Dated. (memo.13-6-42)												
"	A/Ldg. Smn.	15	3	42	memo.13-6-42.												
Stadacona	" "	19	12	42	DRD H-219												
St. Croix	" "	22	12	42	DRD H-227												
"	Ldg. Smn.	15	3	43	Confirmed 249A/19491												
DISCHARGED	"	20	9	43	"Missing on Active Service" Per Casualty List.												

GENERAL REMARKS

Awarded Canadian Memorial Cross to:
 Mother: Mrs. Marian Chippendale,
 491 Alfred St.,
 Kingston, Ontario.
 January 3, 1944.

DATE OF BIRTH		PLACE	CIVIL	OCCU.	REL.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE	
DAY	MO.	YR.	BIRTH	MAIN	SUB	GRON	P. CTY. TOWN SERV. DIV.	A	BR	RANK
20	X	21	22	533	0	30	X 113	01	9	05
ENLIST. DATE		ACT. SERV. DATE		SERV. CO.		SERV. DIV.		RANK OR RATE		
DAY	MO.	YR.	DAY	MO.	YR.	CTY.	SERV. DIV.	A	BR	RANK
08	12	40	13	02	40			0380	0	08 93
SERV. NO.								CODED		CHECKED
15/03/43/09/08								20/20-09-43		Ch

NAME IN FULL

RANK/RATING

NAVAL GENERAL SERVICE MED

F. d. s.

[illegible]

NAVAL GENERAL SERVICE MEDAL (1915).

..... RANK/RATING *Lt. J. S. S.* OFF. NO. *V10012* ADDRESS

[illegible]