



F/O Mitchell, Thomas Ridley RCAF
 WO₁ Mitchell, Walter Leonard RCAF
 LAC Mitchell, William Alexander RCAF
 WO₁ Mitchell, William David RCAF
 L/Sgt Mitchell, William James RCAF
 Andrew, MM SSask R
 F/O Mitchell, William Wilkins RCAF
 Rfn Mittler, Johan QOR of C
 Cpl Mitton, Raymond Alfred SD & G Highrs
 Pte Mitton, Walter Cameron NS Shore R
 Gdsm Mizener, Gerald Albro CGG
 Pte Mizuik, Alexander RCASC
 L/Cpl Mizzen, Matthew Frederick RCOC
 Cpl Moan, Francis Bernard S Alta R
 Sgt Modderman, Peter Jacob Martinus 1 Cdn Para Bn
 Rfn Modien, George RWpg Rif
 F/O Moderwell, Kenneth Joseph Andrew RCAF
 F/O Moen, Ronald Olaf RCAF
 L/Cpl Moenaert, Robert Leon RWpg Rif
 P/O Moffat, Archibald Douglas RCAF
AB Moffat, Cyril Baillic RCNVR
 WO₂ Moffat, Frank Reagh RCAF
 Pte Moffat, Howard Leroy Line & Well Ldr
 P/O Moffat, John Agnew RCAF
 Lt Moffat, John David Calg Highrs
 Lt Moffat, John James 1 r RC
 F/S Moffat, John Winning RCAF
 Sgt Moffat, William Howard RCAF
 Pte Moffatt, David Thomas HLI of C
 Pte Moffatt, Malcolm David Alg R
 Pte Moffatt, William Francis Lan & Ren Scot R
 Lt Moffett, Donald Wallace Carl & York R
 F/O Moffit, Francis Wilfred RCAF
 Pte Moffitt, Eber Leslie A & SH of C
 F/S Mogalki, Roy Edward RCAF
 Capt Mogy, Harold Frederick RCA
 Cpl Mogy, James Gilbert LD SH (RC)
 WO₂ Mohler, Otis Judson RCAF
 Cpl Mohlman, Douglas Earl HLI of C
 Pte Mohlman, Robert Edward Perth R

Pte Mohring, Harold Stanley 1 Cdn Para Bn
 F/O Mohring, William James RCAF
 Pte Mohrman, Basil Fredrick Seaforth of C
 Pte Moir, Allan Robert RHC
 L/Bdr Moir, John Charles RCA
 Pte Moir, Richard C Scot R
 Pte Mokedanz, Arthur Alexander Nth NS Highrs
 Pte Moldenhauer, John Roy L Sup R
 Sgmn Mole, George Herbert RC Sigs
 Pte Molesworth, Harry Oliver 1 Cdn Spec Ser Bn
 F/O Mollard, Lloyd Bernister RCAF
 P/O Moller, Halver Leofred RCAF
 F/S Moller, Roy Wesley RCAF
 F/O Molloy, Robert RCAF
 L/Cpl Moloney, David Thomas Regina Rif
 Pte Molsberry, Clarke Buell RHC
 Pte Molyneaux, Carmen Line & Well Ldr
 P/O Molzan, Otto RCAF
 Pte Momy, Filicien VGC
 Cpl Monaghan, James Line & Well Ldr
 P/O Monaghan, Richard John Joseph RCAF
 Pte Monahan, Thomas Augustin Calg Highrs
 Fus Monast, Emile Fus de Sher
 F/O Monck, Russell McIntyre RCAF
 Tpr Moncrief, George Francis 17 H
 P/O Moncrieff, Harry Rigmald RCAF
 Lt Mondor, Marc Sher Fus R
 Pte Monette, Rene R22e R
 Spr Monfils, Aurel RCE
 Sgt Mongeau, Paul RCIC
 Pte Mongeon, Gerard R22e R
 Cpl Mongeon, Romuald R de Mais
 F/O Monk, Ernest Wellington RCAF
 Pte Monk, Roy Henry Prescott West NSR
 Lt/S Monnier, Henry Charles RCAF
 Pte Monro, George Gooderham Perth R
 Pte Monson, Harold Roscoe PDCLI
 L/Bdr Monson, Merval Theodore RCA

V24489
MOFFAT

CYRIL

BAILLIE

OCCUPATIONAL HISTORY FORM

APR 17 1941

NS 113-2147

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

1. (a) Print name in full MOFFAT CYRIL BAILEY (b) Reg'l. No. V. N. F.
 2. (a) Arm of service Naval (b) Unit 3rd Div 100th (c) Rank O'Snrm
 3. (a) Date of birth 1st April 1901 (b) Have you any dependents? none (c) Place of residence 5794 Hetherington Ave. Winnipeg
 4. (a) Place of enlistment Winnipeg (b) Date of enlistment 14 April 41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (b) Were you attending school or college up to the time of enlistment? —
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 9 Public School
 7. If you attended a university, give name of university and standing or degree secured —
 8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS / ID 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 Hudson Bay Co. Address Winnipeg Man.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) retail store
 20. (a) Your specific occupation cash driver (b) Number of years' experience at this occupation with any employer 6 yrs off on
 21. (a) Did your employer promise definitely to give you employment on discharge? didn't say (b) Did your employer refuse to promise you employment on discharge? didn't say (c) Do you wish to return to your former employment? no

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? —
 25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? no (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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.) no plans made
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Would like to stay in the Navy.

DATE 14th April 1941

SIGNATURE C. B. Moffat



Copy to:
U.W.D. } 23 April,
E.S. } 1911

Mrs. Erica Moffat,

585 Hetherington Ave.,

Winnipeg, Man.

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

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

and the following number quoted:—

H.Q. NS. V. 24489 FD 771

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 3



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

MOFFAT, Cyril Baillie, Able Seaman,

V. 24489

R.C.N.V.R.

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

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

HRW/JL

A. A. Wade
Commander R.C.N.V.
for Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Erica Hagen Moffat		585 Hetherington Ave. Winnipeg, Manitoba
2	Children of the Deceased and dates of their Births.....	- Nil -		
3	Father of the Deceased.....	David Moffat		579 Hetherington Ave. Winnipeg, Manitoba
4	Mother of the Deceased.....	Ermilene Elson Moffat		579 Hetherington Ave. Winnipeg, Manitoba
5	Brothers of the Deceased	Full Blood	- Nil -	
		Half Blood		
6	Sisters of the Deceased	Full Blood	(Mrs.) Muriel Hammel Joan Moffatt	Suite 7, Elsmere Apartments, Winnipeg, Manitoba 579 Hetherington Ave. Winnipeg, Manitoba
		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.	Cyril Baillie Moffat
9	Date of his birth.	1st April, 1918
10	Place and date of his marriage. <i>Marriage Certificate produced</i>	Winnipeg, Manitoba, 20th October, 1943
11	Place and date of his parents' marriage.	Godalming, Surrey, England 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Godalming, Surrey, England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Godalming, Surrey, England - 2 yrs. (b) Winnipeg, Manitoba - 21 years. (c) (d)
14	Nature of employment before enlistment.	Truck Driver - Hudson's Bay Co. Winnipeg, Manitoba
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.	Winnipeg, Manitoba

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No - (Unless lodged directly with Naval Service)
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?	Not applicable -
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Joint account with wife - Bank of Nova Scotia, Winnipeg, Man. Acct. No. 3978. - \$241.09 Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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.	Not to my knowledge Not to my knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Erica Moffat

{Signature of Informant

585 Hetherington Ave., Winnipeg, Man. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Erica Hagen Moffat

See above. { Name of informant } is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

H.M.C.S. "CHIPPAWA"

Dated at Winnipeg, Manitoba this Seventeenth day of January 1945..

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

R. R. Carter

Qualification A/Pay Lt. Commander,
RCNVR

Address Accountant Officer, H.M.C.S. "CHIPPAWA",
Winnipeg, Manitoba.

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



DEPT. NATIONAL DEFENSE
APR 17 1941
N.S. 113-2147
CANADA
P 43430

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MOFFAT OFFICIAL NO. V 24489
CHRISTIAN NAMES Cyril Bailey MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 579 Hetherington Ave. Ft. Rouge. WPG. Man. RELIGION C. of E.

DATE OF BIRTH 1st April, 1918. PLACE OF BIRTH Town GODALMING NAME AND ADDRESS OF NEXT OF KIN Father- Mr. David D. MOFFAT
579 Hetherington Ave.
WINNIPEG, Man.
County England.
Province England.
*Original Nationality of:
Father Scotch
Mother English

*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>38</u>	<u>Red</u>	<u>Blue</u>	<u>Fair</u>	<u>Hernitomy Scar</u>
Inches <u>9 3/4</u>	Deflated <u>34 1/4</u>				
	Mean <u>35 1/2</u>				

DATE OF ENROLMENT 14th April, 1941. RATING ENROLLING FOR O'Smn TRADE OR CALLING AND IN WHOSE EMPLOY Truck Driver- Hudson Bay Co.
R.C.N.V.R. Division (or other establishment) at which enrolled WINNIPEG.

(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.

* ~~Cross out clause not applicable for the period shown and attach copy of record of service in continuation of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Personnel Records Division.

1. Noted in Records.....

2. Index Card.....

3. Hon. M. & C. Card.....

4. Statistical Card.....

5. Bonus Strip.....

6. Pension Card.....

7.

DATE 22-4-41

(3) On being enrolled as a member of the.....WINNIPEG.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

(b) To report for active service 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....14th.....day of.....April, 1941.....

Signature of applicant.....C. B. Moffat.....



(C) CERTIFICATE OF ATTESTING 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.....14th.....day of.....April, 1941.....

.....*Ray B. Dunning*.....
Signature of and rank of Attesting Officer.
Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....Cyril Bailey MOFFAT.....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.....*C. B. Moffat*.....

Witness.....*Ray B. Dunning*.....

Date.....14th April, 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 ATTESTING OFFICER

.....Cyril Bailey MOFFAT.....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.....WINNIPEG.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....*Ray B. Dunning*.....
Lieut. R.C.N.V.R. Attesting Officer.

.....14th April.....194.....1..... R.C.N.V.R. Division (or other establishment).....WINNIPEG.....

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..... C.B. Moffat.....
 † candidate for entry as..... Ord. Sea......
 and I believe him to be * (in all respects fit for His Majesty's Service.
~~unfit for His Majesty's Service for the reasons stated below~~) 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.

(a) Years (Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vac- inated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Ventricles, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
22 10	152	5 9-3/4	Good	inches (a) maximum 38 (b) minimum 34 1/4 (c) mean 35 1/2	right eye 20/15 left eye 20/15 *colour vision N.	Vacc. 1st arm. when a child	Normal	Herniotomy scar Normal	Normal	Clear	Normal	Rt Orchidectomy & Herniotomy 1939	0 deficient 0 defective N&T Normal	Normal.

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

Pupils react to L & A. Reflexes: equal.

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

Negative. Approved 9-4-41. Film No. A-2724.

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.

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

C.B. Moffat
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..... right Orchidectomy for incompletely.....

..... descended testicle - September 1939.....

* (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..... Winnipeg, Man...... the 13th..... of..... February..... 19 41.

Checked... OCT 10 1941
[Signature]
 Surg. Lt. R.C.N.V.R.

W. J. Hart
Examining Medical Officer
 (Rank)..... SURG/LT R.C.N.V.R......

DECEASED 21 August 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

MOFFAT Cyril Bailey		V-24489	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star,	1034 - 15.10.49
Atlantic Star & Clasp,	
Pacific Star,	
C.V.S.M. & Clasp,	
War Medal.	



(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. "ALBERNI" Sept. 45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Erica Moffat - Widow

ADDRESS: ~~585 Hetherington Ave.,~~
1575 Notre Dame Avenue
Winnipeg, Man.

(2) MEMORIAL CROSS

WIDOW

Mrs. E. Moffat

ADDRESS: 585 Hetherington Avenue
WINNIPEG, Manitoba

(3) MEMORIAL CROSS

MOTHER

Mrs. D. B. Moffatt

ADDRESS: 579 Hetherington Avenue
WINNIPEG, Manitoba

MEMORIAL BAR

(1) DATE DESP

REGN. NO. 208

(2) 17 January 1945

(3) 17 January 1945



MILITIA ACT

M.F.M. 82
480M-8-40 (6652)
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT
NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. 4-531269

Militia Unit taken On Strength 2ND BATTALION WINNIPEG GRENADIERS
M.G.

1. Surname (Block Letters) MOFFAT m 130

2. Christian Names (In Full) CYRIL BAILLEY

3. Present Address 579 HEATHERINGTON AVE. WINNIPEG MANITOBA CANADA

4. Place of Birth CODALMING ENGLAND Date of Birth 1-4-18

5. Religion ANGELICAN CHURCH 6. Occupation TRUCK DRIVER

7. Next-of-Kin DAVID MOFFAT (FATHER)
(NAME AND ADDRESS)

579 HEATHERINGTON AVE. WINNIPEG MANITOBA CANADA

8. Physical Description: Height 5' 10" Weight 150

Color of Eyes BLUE Color of Hair RED

9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

AIR FORCE

224035

Dated this 10TH day of JANUARY 1941

Training Centre No. 101ST

[Signature]
(SIGNATURE OF MAN)

[Signature]
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)



TRAINING CERTIFICATE
STAMP

[Signature] MAJOR
(SIGNATURE OF OFFICER AFFIXING THE STAMP)
O.C. "D" Coy. 101st N.P.A.M.T.C.

SOS to 1st Cav. Div. RCASC
6/5/41

Pt D #3 (lev 2)

d-12/5/41

[Signature]
Capt v Adjt
for C

2nd BATTALION
Winnipeg Grenadiers

Wishes to join RCN

[Signature]

TOS 1st Cav. Div. 7-5-41 DO 7/42

SOS to RCNVR 30-4-42 DO 14/42

[Signature]

[Signature]

NAVAL TRAINING AND ACTIVE SERVICE

B

CERTIFICATE of the SERVICE of ⁶⁰⁰

Cyril Bailey MOFFAT

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Esquimaux</i>	R.C.N.V.R. Division <i>Winnipeg Man</i>	Official Number <i>7. 54489</i>
		"
		"

Date of Birth..... *1 April, 1918*

Place of Birth..... *Godalming, England*

Place of Residence..... *579 Hatherington Ave Wpg Man*

Trade brought up to..... *Truck Driver*

Religion..... *Church of England*

Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....

P.S.T. Date..... 19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend (in pencil)

Mr David S. Fisher

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	
<i>17 April 41</i>	<i>24</i>	<i>Hastings</i>	<i>Ord. Smn</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service medal + clas. Provisional Award.</i>
					<i>3 Feb 44</i>	<i>1939-43 Star. Provisional Award.</i>

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
On Entry	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
	<i>5</i>	<i>9 3/4</i>	<i>35 1/2</i>	<i>152</i>	<i>Red</i>	<i>Blue</i>	<i>Fair</i>	<i>Herniotomy Scar.</i>
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.				
	Winnipeg Div.			Ord. Smn.	14 Apr '41	11 June '41	
	<i>In Active Service - 17 June 1941</i>						
	Winnipeg Div.			Ord. Smn.	12 June '41	12 Oct '41	
	Naden (N.S.H.Q.)			-	13 Oct '41	15 Oct '41	
	Naden			-	16 Oct '41	8 Dec '41	
	Givenchy			-	9 Dec '41	25 Dec '41	
	Naden			-	26 Dec '41	6 Apr '42	
	Prince Robert			-	7 Apr '42	11 June '42	
	Prince Robert			A.A.B.	12 June '42	5 Dec '42	
	Prince Robert			A.B.	6 Aug '42	19 Nov '42	
	Naden			-	20 Nov '42	14 Feb '43	
	Givenchy			-	15 Feb '43	15 Mch '43	
	Givenchy (Outarde)			-	16 Mch '43	28 Apr '43	
	Naden			-	29 Apr '43	9 June '43	
	Givenchy			-	10 June '43	16 June '43	
	Givenchy (Sturson)			-	17 June '43	30 July '43	
	Givenchy			-	1 Oct '43	5 Nov '43	
	Stadacona			-	6 Nov '43	6 Dec '43	
	- (Alberni)			-	7 Dec '43	21 Apr '44	
	Probe (Alberni)			-	22 Apr '44	21 Aug '44	REPORTED MISSING PRESUMED DEAD C.71.M.O's Sig 271839 December 1944.

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

Date	Details	Captain's Signature

Year

Date

9 July '45

11 Nov '44

21 Feb '44

14 Mch '44

29 Jan '44

21 Nov '42



Name *Cyril Bailey MOFFAT* Conduct

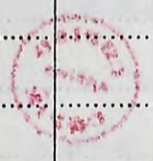
SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat (Ord Sm)	31 Dec '41	<i>[Signature]</i>
		V.G.	Sat (A.B.)	31 Dec '42	<i>[Signature]</i>
		V.G.	Sat (A.B.)	31 Dec '43	<i>[Signature]</i>
		V.G.	Sat (A.B.)	21 Aug '44	<i>[Signature]</i>

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
12 June '44	G.C.B.	1st	<i>192833</i> Granted

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served



59

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. NAVAL SERVICE HEADQUARTERS at OTTAWA, Ont.

Name MOFFAT Cyril Baillie (Christian names in full)

Rank or Rating Able Seaman Official No. V-24489 Unit R.C.N. R.C.N.R. R.C.N.V.R.

Place of Birth Godalming, England Date of Birth 1st April 1918

Occupation in Civil Life Truck Driver Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 3 years and 4 months

Date of Death 21 August, 1944 Place of Death AT SEA

Cause of Death Missing, presumed killed when the ship in which he was serving (If due to accident, violence, or enemy action, particulars to be stated briefly)

H.M.C.S. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend Name Mrs. Eric Moffat Relationship Wife Address 585 Hetherington Ave., WINNIPEG, Man.

Date on which the above was informed by Ship's Naval Service Headquarters: 23 Aug. 1944

Date on which death was registered with local Officials

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

Place of Burial No burial Date of Burial

Location, Number, etc., of grave

Undertaker employed

Stamp: If applicable, ENTERED IN D.N.P.A.'s LOG BOOK MAR 9 1945, CLERK No. 1

for H.B. Money (Commanding Officer) SECRETARY, NAVAL BOARD.

The SECRETARY, NAVAL BOARD, Department of National Defence, Ottawa, Canada.

Date OTTAWA, Ont. February 28 1945.

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

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

VERIFICATION FORM

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

K/RATING *A.B.* OFF.NO. *V-24489* ADDRESS

A	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
<i>Pacific</i>							ATLANTIC	1	<i>Star + clasp</i>
							FRANCE G.	2	
<i>Pacific</i>							AFRICA	2	<i>@ clasp</i>
<i>Africa Fr Gen.</i>							PACIFIC	1	<i>Star</i>
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *E. Parkes*
ges

ED BY DIR. OF PERSONNEL RECORDS.

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	2-12-41		14-3-42		28-1-43													
	SHIP	NADEN		NADEN		NADEN													
	MARKS	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained	Max.	Obtained
Gun Drill.....		200	137			80	57												
Stripping.....		125	95			30	25												
Field Training.....		250	195			80	61												
Land Fighting	Field Gun.....																		
	Section Leading.....					20	16												
	Lewis and Machine Gun.....	75	48	50	34	30	20												
	Bayonet Fighting.....																		
Accoutrements.....																			
Ammunition.....		100	92			20	17												
Hydraulics (Paper).....																			
" (Oral).....						60	40												
Turret.....																			
Fire Control (Paper).....						50	36												
" " (Oral).....		150	111																
Single Gun Control (Practical).....																			
High Angle Control	Air Defence and Lookouts.....																		
	Long Range (Practical).....																		
	Close Range Practical Drill.....																		
	Long Range Practical Drill.....																		
	Close Range Eye Shooting.....																		
H. A. Control (Paper).....				30	25	50	35												
Director and Sighting (Paper).....																			
" " (Oral).....		100	66			120	71												
" Use and Testing of Systems																			
" Mechanical Knowledge and Adjustments																			
Electrical Course.....																			
Shooting Appliances.....																			
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.....		1000	744	80	59	540	378												
G. Rating Qualified for. Qualified = Q. Re-qualified = R. Failed = F.		"Q."	"Q."	"Q."															
		A.B.	A.A.L.C.	L.R.II															
		74.4%	73.7%	10.9%															
GUNNERY OFFICER'S INITIALS																			

To
above.
Date
22-1-43

Ship and
NADEN
23-2

S

C. MOFFATT

NAME (Print)

A. B.

RANK OR RATING

U-24489

O.N.

ALBERNI

SHIP

QUALIFICATIONS FOR AWARD

CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

(a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*

(b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

QUALIFICATIONS FOR AWARD

1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

(a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.

(b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.

(c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Hereby Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.
- (b) Canadian Volunteer Service Medal Clasp.
- (c) 1939-1943 Star.

To be struck out if not applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR						AREA
	FROM			TO			
NADEN I	5	NOV.	1941	5	MAR.	1942	—
PRINCE ROBERT	6	MAR.	1942	21	NOV.	1942	NORTH PACIFIC BERING SEA.
NADEN I	16	DEC.	1942	7	MAR.	1943	—
OUTARDE	15	MAR.	1943	29	APR.	1943	NORTH PACIFIC.
NADEN I	30	APR.	1943	15	JUNE.	1943	—
DAWSON	29	JUNE	1943	29	SEPT.	1943	NORTH PACIFIC.
STADACONA	24	NOV.	1943	15	DEC.	1943	—
ALBERNI	6	DEC	1943	31	DEC.	1943	—

Signature of Officer or Rating making Declaration

Noted on "STADACONA" 249a

folio No. 100/5 dated 3-2-44

bio

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. "NADEN"

Name of Candidate (in full) MOFFAT Cyril Bailey

Present Rating Able Seaman O.N. V.24489

Port Division R.C.N.V.R. Winnipeg Division

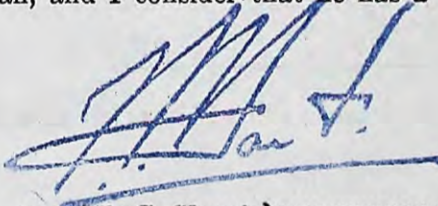
Date of Application for Examination 29th. April, 1943.

Date and Particulars of Previous Failures:—

N11.

- (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 The President,
Squadron Examination Board,
Esquimalt, B.C.


 (F.G.Hart) Captain, RCN.

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).

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" *Failed*
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	50	60	30	40		
Anchor Work.....	60	50	25	30		
Rule of the Road.....	30	30	15	15		
Boat Work.....	80	80	48	48		
General Duties.....	80	60	30	20		
Organization.....	40	40	20	20		
Signals.....	30	30	15	15		
Watertight Fittings.....	20	10	5	5		
Duties in Part of Ship and Mess.....		20		15		

(Marks required to pass are 50% in each case)
 (Amended marks reference Naval Monthly Order #2558)

REMARKS—

The Candidate has:—

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

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

Date.....10th.June, 1943.....

E.R. Dickson
 LIEUT. COMMANDER, R.C.N. (Ltp)
President of Board

Candidate's Signature (in full).....*Cyril Baillie Moffat*.....

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

is.....

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

H.M.C.S. "....." on.....194.....

Date.....

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

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

.....

 Captain

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

Date.....

Passing Certificate

This is to Certify

that Cyril Bailey MOFFAT,


Rating Ordinary Seaman, Official Number V. 24489
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~~

Department of National Defence,

Ottawa, this 1st day of September 19 41.

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

MOFFAT, Cyril B.

Ord. Smn.

V-24489

Name

Rating

Official No.

*State where issue made.

Name: *C. Moffat*

Scale Allowed		Article	No.	Forms S.1048 on which issues were made			
R.C.N.	R.C.N.V.R.			Date	Place		
				12/6/42	25/7/43		
		Bags, Kit.....	1	1	1		
		Bags, soap.....	1	1	1		
		Belts, Waist.....	1	1	1		
		Boots, half.....	2	2	2		
		Boxes, Cap.....	1	1	1		
		Brushes, Hard.....	1	1	1		
		" Polishing.....	1	1	1		
		" Clothes.....	1	1	1		
		" Hair.....	1	1	1		
		" Tooth.....	1	1	1		
		Caps, blue cloth.....	2	2	2		
		Caps, white duck.....	1	1	1		
		Cases, attache.....	1	1	1		
		Combs, horn.....	1	1	1		
		Collars, blue jean.....	3	3	3		
		Coats, oilskin.....	1	1	1		
		Drawers.....	2	2	2		
		Jerseys, naval.....	1	1	1		
		Jerseys, sport.....	2	2	2		
		(b) Knives, with spike.....	1	1	1		
		Lanyards, knife.....	2	2	2		
		Overcoats.....	1	1	1		
		Ribbons, Cap.....	2	2	2		
		Scarves, black silk.....	2	2	2		
		Shoes, black leather.....	1	1	1		
		Shoes, gymnastic.....	1	1	1		
		Shorts, recreational, drill.....	2	2	2		
		Shorts, tropical.....			NI		
		Singlets, tropical.....					
		Socks, pairs.....	2	2	2		
		Stockings, pairs.....	2	2	3		
		(a) Suits, blue overall.....	1	1	1		
		Towels.....	2	2	2		
		Type.....	1	1	1		
		Vests, flannel.....	3	3	3		
		Jumpers, serge.....	2	2	2		
		Jumpers, duck working.....	2	2	2		
		Trousers, serge.....	2	2	2		
		Trousers, duck.....	2	2	2		
		Beds.....	1	1	1		
		Blankets.....	2	2	2		
		Bed Covers.....	2	2	2		
		Hammocks.....	2	2	2		
		Clews and Lanyards, sets.....	1	1	1		
		Lashing.....	1	1	1		
		On Loan—Belts, Life.....		1	1		
		Manual of Seamanship.....		1	1		

Description	Year Issued			
	19. 42	19.....	19.....	19.....
Caps, Winter.....	1			
Comforters.....	1			
Drawers, Woollen.....				
Helmets, Balaclava.....	1			
Jerseys, Naval.....				
Mitts, leather.....				
Rubbers.....				
Socks.....				
Stockings.....				

Description	Year Issued			
	19. 42	19.....	19.....	19.....
Comforters.....				
Helmets, Balaclava.....				
Gloves or Mitts.....	1			
Socks.....				
Stockings.....	1			
Sweaters.....				
Wristlets.....				
Windbreakers.....				

(a) Note: Stokers issued with 2 Blue Jean Suits.

(b) For Seamen's Branch only.

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	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours		80/100	76/100	82/100	90/100	85/100	80/100			821/1000		13-3-42
%		80	76	82	90	85	80						
%		----- 82.1 % -----											
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	LOOKOUTS.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours	195/250	137/200	95/125	111/150	92/100	66/100	48/75	SAT.	744/1000	3-2-42		<i>H. Sumner S.P.</i>
%		78	68.5	76	74	66	64						
%		----- 74.4 % -----											
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												<i>W. M. Jackson</i> <i>Lieut. R. N.</i> <i>A. M. C. & Naden.</i>
%							82				24-1-42		
%													

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

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

Divisional Officer's Remarks

Recommendation for non-sub. rate †

S.T.

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.

.....Commodore

.....Depot.Date.

Rated Able Seaman and Recommendations inserted on History Sheet.

H.M.S.....

.....Date

.....Captain.

S. 536d. }
 T.S. 34 } Revised—Nov., 1936.)
 10M—6-40 (5717)
 N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

NAME MOFFAT, Cyril B.	OFFICIAL No. V-24489	Date of Birth 1st April, 1918
------------------------------	-----------------------------	--------------------------------------

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 and 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.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "NIOBE for ALBERNI" ending 30th September 1944

List 12/2 No. 40 (Name) MOFFAT, Cyril Rank Rating A.B. No. V 24489

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

		\$	c.	
CREDIT from former account.....		58	09	
Pay as	A.B. from 1 July to 31 Aug. (62 days at \$ 1.85 a day)	124	00	
"	(Rank Rating) L.R. 3 " 1 July " 31 Aug. (62 " .10 ")			
"	1 GCB " 1 July " 31 Aug. (62 " .05 ")			
"	Adj./ 1 GCB. " 12 June " 30 June (19 " .05 ")		95	
"	" " " " " " " " " " " ")			
Kit Upkeep Allowance.....		7	32	
OTHER CREDITS: HLM.....		12	00	
LA.....		2	00	
GM.....		3	12	
Total credits.....		207	48	
DEBT from former account.....				
PAYMENTS:—				
	1st 2nd 3rd 4th 5th			
	\$ c. \$ c. \$ c. \$ c. \$ c.			
1st month.....			Total.....	
2nd month 4th Aug. '44.....	Pay list \$ 17.88			Total.....
3rd month.....			Total.....	
Allotment \$ 40.00 chg'd July & Aug. St. Pd. 31 Aug.		80	00	
Pension deduction (Officers) charged to..... of.....				
Hospital stoppages.....				
Mulcts.....				
OTHER CHARGES:.....				
.....				
.....				
.....				
Total debits		97	88	
Balance Cr. Dr.		109	60	

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Leave	15 Aug.	18 Aug.	4	

Date 14th May 1945

Lieutenant (S) for SUPPLY ACCOUNTANT OFFICER

C.N.S. 2426
25M-4-44 (543)
N.S. 815-9-2426

Ledgers:

R: E
F: B



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..... **MOFFAT, Cyril** Rating..... **A.B.**
 Official No. **V 24489** H.M.C.S. **NIOBE** for **ALBERNI** List **12.II/40**
 Who*..... **Discharged Dead** on the **21st August** 19 **44**

	\$	cts.
Net sum due on ledger on account of Wages.....	109	60
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
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 (A.P.) charged to 31 Aug.		
Name of ship from which transferred.....		
Total†..... Creditor	109	60

Note:

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..... **Niobe**.....
for Alberni amounting to a net balance†..... **creditor**
 of..... **One Hundred and Nine** dollars..... **Sixty** cents.

Dated on board H.M.C.S. **Niobe** at **Greenock**
Scotland this **seventeenth** day of **May** 19 **45**

Approved **A/Commander (S) RCNVR** Accountant Officer
 **Lieutenant (S) RCNVR** { Initials of the Assistant Accountant Officer
 **for A/CAPTAIN RCNVR** Commanding Officer.

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

No..... to.....
 Signature.....
 Date..... 19.....

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

C.N.S. 46
 10M-3-43 (8719)
 H.Q. N.S. 815-9-45

Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1550.

ESTATES BRANCH

HQ NS V. 24489 FD771

January 25th, 1945.

Mrs. Erica Moffat,
585 Hetherington Ave.,
Winnipeg, Man.

MOFFAT, Cyril B., A.B. (Deceased)
No. V. 24489 R.C.N.V.R.

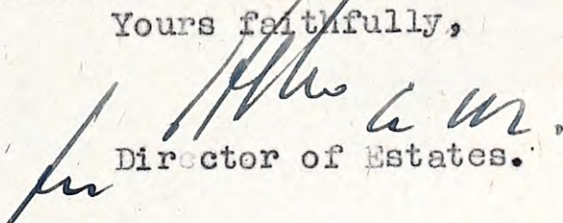
Dear Mrs. Moffat:

Receipt is gratefully acknowledged of completed form P.64 herein which appears to be quite in order and I have to advise you that according to the casualty notice received at this Directorate there is no record of any Service Will on file at Naval Service Headquarters and you apparently know of none.

We do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Albani" in which your late husband was lost so no Will may be expected from that source and it is altogether likely that the service estate herein will be distributed as an intestacy for the province of your late husband's domicile which is understood to be Manitoba. The intestacy law of Manitoba provides that the whole amount devolves upon you.

It is noted that you maintained a joint account with your late husband in the Bank of Nova Scotia at Winnipeg and presumed that you will have no difficulty in dealing with this account but if you should require our assistance kindly advise. The finalized statement of pay and allowances herein to admit of distribution has not yet been received but as soon as particulars of same come to hand a further communication will be sent to you.

Yours faithfully,


Director of Estates.

HRW/MK

ESTATES BRANCH

HQ. NS. V-24489 FD. 771

September 8, 1945.

Mrs. Erica Moffat,
585 Hetherington Ave.,
Winnipeg, Manitoba.

MOFFAT, Cyril B., L/Smn. (Deceased)
No. V-24489 - R.C.N.V.R.

Dear Mrs. Moffat:

Distribution can now be made of the amount of money here at credit of your late husband.

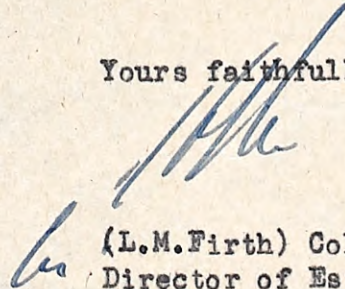
The total amount available to this Branch for distribution is the sum of \$112.82, made up entirely of the balance of pay and allowances.

Your husband died without having made a Will and his Service Estate is, therefore payable to you as next of kin entitled in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to forward to you a cheque in the amount of \$112.82, and on receipt of same will you kindly sign and return the enclosed form to the Director of Estates, 308 Sparks Street, Ottawa.

Yours faithfully,

HRW/PM
Encl. ✓


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

DEPARTMENT OF NATIONAL DEFENCE

BJ NAVY ARMY AIR FORCE

4
NAVY

STATEMENT OF WAR SERVICE GRATUITY

Deceased Member's

NAME **Cyril Baillie** **MOFFAT**
(CHRISTIAN NAMES) (SURNAME)
Payee **Mrs. Erica MOFFAT**
ADDRESS **585, Hetherington Avenue**
Winnipeg, Manitoba.

REGISTER NO. **4494**
FILE NO. **V24489**
DATE **26 Feb 45**
SERVICE NO. **V24489**
FINAL RANK OR RATING **A.B.**
DATE OF DISCHARGE **21 Aug 44**

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1167** EQUAL TO **38** COMPLETE PERIODS AT \$7.50

\$ **235.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **636** LESS **27** INELIGIBLE DAYS, EQUAL TO **609** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ **152.25**

SUB-TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$	G.C.B. .05	
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20	\$	1.25	
TOTAL	\$	4.60	X7 = \$ 32.20
		609	X\$ 32.20
		183	

\$ **107.15**

D. WAR SERVICE GRATUITY

\$ **544.40**

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ **N11**
OTHER DEDUCTIONS \$

F. AMOUNT PAYABLE

\$ **544.40**

MONTHLY INSTALMENTS OF \$ EACH

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

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

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

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	544.40								
CHEQUE No.	111 881								
DATE	10/3/45								

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

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

PREPARED BY **BJD** CHECKED BY

TREASURY
CHECKED BY **J.M. Connor** DATE **5/3/45**

Dir. of Naval Pay Accting
SERVICE REPRESENTATIVE

4494

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

Name of Deceased Member Cyril Baillie MOFFAT Rank or Rating AB. O.No. 24489

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

D.A. 37²⁰

A.P. 40⁰⁰

D.A. —

A.P. —

Mrs. Erica Moffat
585 Hetherington Ave.,
Winnipeg, Man.

2. Pension awarded or being awarded to:

No record as yet.

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

wife - as above

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: wife - as above In the proportion of: /

- and -

to: In the proportion of: /

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 16 Feb. 45

J. Stewart
for D.N.P.A. (G) 100

W.S.G. Application No. 4494 ✓

FILE NO. NS V 24489 ✓

TO: D.N.P.A. "G"

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>MOFFAT</u>	<u>Cyril Baillie</u>	<u>V24489</u> ✓	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (Albion) ✓
Application made by wife No. division get no pension.
~~..... record on file of APO.....~~

TOTAL SERVICE

Date of Active Service

12 June 41 ✓

Date of Discharge

21 Aug 44 ✓

Total No. of Days

1167 ✓

Less non qualifying service

Total Days

1167 ✓

OVERSEAS SERVICE

% Total No. of Days

636 ✓

Less non qualifying service

Total Days

636 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service

NAVY ✓

Date of Active Service

Date of Discharge

& % Overleaf

Computed By AW

Checked By AW

DATE:

FEB 12 1945

J.B. McGregor
 for (H.B. Money)
 Payr. Cndr. R.C.N.R.
 Director of Personnel Records

Comp. from card.

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
PRINCE ROBERT	7 Sept. 42	19 Mar. 42 ✓	227 ✓
OUTARDE	16 Mch. 43	28 Apr. 43 ✓	44 ✓
DAWSON	17 June 43	30 Sep. 43 ✓	106 ✓
ALBERNI	7 Dec. 43	21 Aug. 44 ✓	259 ✓
			<u>636</u> ✓

24	16	14	25
31	28	31	31
30	44	31	29
31		30	31
31		106	30
30			31
31			30
19			31
<u>227</u>			21
			<u>259</u>

IN LEFT COLUMN NUMBER OF DAYS
 IN RIGHT COLUMN NUMBER OF DAYS
 TOTAL OF DAYS
 TOTAL OF DAYS

75
Pers(n) ANPA.

The following credits are
required for period, from
August 22 to August 31, 1944:-

10 days ALM @ 25¢ p.d.	2.50
10 days GH @ 6¢ p.d.	.60
1 day KVA @ 12¢ p.d.	.12
	<hr/>
	\$ 3.22

FOR C. T. O. (N) S. L. A.

20.6-45

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

60

1. PLACE OF DEATH { If in Rural Municipality... At sea Sec... Twp... Rge...
 { If in City, Town or Village... Street... House No...
 (Name) (If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
 (in years, months and days) At Sea

3. PRINT FULL NAME OF DECEASED MOFFAT Cyril Baillie
 (Surname) (Given name or names in usual order)
 RESIDENCE 579 Hetherington Avenue, WINNIPEG, Manitoba.
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male	5. NATIONALITY (Citizenship) English	6. RACIAL ORIGIN British	7. Single, Married, Widowed or Divorced (Write the word) Married	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Goldaming, England
----------------	---	-----------------------------	---	--

9. DATE OF BIRTH Month April Day 1 Year 1918 10. AGE IN Years 26 Months 5 Days If less than one day
 (Write the word) hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Truck driver, Hudson Bay Co.
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
 13. Date deceased last worked at this occupation. 14. Total years spent in this occupation.

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased. Erica Moffat
 16. Name of father.
 17. Birthplace of father. (same as item No. 8)
 18. Maiden name of mother.
 19. Birthplace of mother. (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant. [Signature] 21. Relationship to deceased
 Address. Paymaster Commander, RCNR. Director Personnel Records.
 Naval Service Headquarters, Ottawa.
 22. Place of burial, cremation or removal. No burial Date of burial 19...
 23. Burial Permit was issued by... Address...
 24. Signature of Undertaker or person acting as Undertaker... Address...

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 21 August 1944
 (Hour) (Day) (Month) (Year)
 26. I HEREBY CERTIFY that I attended deceased from 19... to 19... and last saw him alive on 19...

CAUSE OF DEATH
 Immediate cause (a) Missing, presumed dead. He was serving in
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to H.M.C.S. "ALBERNI" which was sunk in the
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to English Channel.
 (c)
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

27. If a woman, was the death associated with pregnancy?
 28. Was there a surgical operation? Date of operation 19...
 State findings. Was there an autopsy?
 29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? Date of injury 19...
 (State which)
 Manner of injury. (How sustained)
 Nature of injury.
 Specify whether injury occurred in industry, in home, or in public place.

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.
 Signed by... M.D.
 Address... Date 19...
 30. Registered number... filed this... day of... 19...

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.
 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. (See reverse side for instructions.)

LA/CM

50

N.S. V-24489, PERS.(N)

DC 400017 A3.

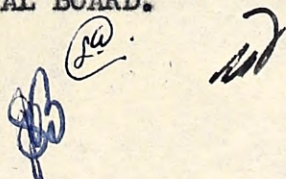
13 January, 1945.

THIS IS TO CERTIFY that according to official information Cyril Baillie Moffat, Able Seaman, Official Number V-24489, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.



Deputy

SECRETARY, NAVAL BOARD.



47

FORM "B"

FILE: N.S. V-24489, PERS. (N)

C. R. P. A.
 NAVAL TREASURY
 DATE: 11/11/44
 INITIAL: MS

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

26
 DEC 26 1944
 (Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
MOFFAT, Cyril Baillie	Able Seaman	V-24489, R.C.N.V.R.

DATE OF ENLISTMENT - 14th April, 1941. Active Service: 12th June, 1941.

DATE OF DISCHARGE - 21st August, 1944.

HOSPITAL -

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

SERVICE -

Canada & High Seas

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.
 when and where any disability was incurred, or where death occurred. "ALBERNI" which was sunk in the English Channel.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Erica Moffat

ADDRESS - 585 Hetherington Avenue, WINNIPEG, Man.

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.

P.A.'S CHECKED IN

C.R. BY: [Signature]

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>
<i>Mr. C. Moffat</i>	<i>wife</i>	<i>nil</i>	<i>nil</i>

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	<i>37.20</i>	<i>40.00</i>	<i>77.20</i>
To Whom Paid:	<i>Mr. C. Moffat</i>		
Address:	<i>585 Hetherington Ave., Kennebec, Man.</i>		
Date of Enlistment:	<i>see front</i>		
Date of Discharge:	<i>see front</i>		

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

The final deduction of Assigned Pay for *nil* has been made for the period from 1st to _____ of _____ 194

Remarks:

Computed by *8/1/45 L.M.*

Checked by.....

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

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

AP
EJ/DC

152900

33

25th September, 1944.

REGISTERED

N.S.V-24489 (PERS. (N))

Dear Madam:

Cyril Bailey Moffatt, A.B., O.No.V-24489

Enclosed herewith please find Official Cheque No. 052605 in the amount of Sixty-Seven Dollars and Twenty Cents (\$67.20) for the month of September, 1944.

Under Canadian Naval Regulations payment of the above sum will be continued for a period of six months from the first of the month following the date of casualty. This amount represents the Dependents' Allowance of \$37.20 formerly in issue in respect to your husband and fifteen days' pay of \$30.00

Where a pension is awarded prior to the expiration of the six months' period, monthly pension cheques will then be issued by the Department of Pensions and National Health. As the pension cheques are generally lower than the amount now received by you, the Navy will issue a supplementary "lump sum" cheque to cover the difference between the amount to which you are entitled for the remaining months of the six months' period and the pension payable for the same period.

If your husband is still considered missing upon the expiration of the six months' period, monthly payments to you will then be reduced to the rate of pension payable.

Please feel free to write to the undersigned if any of the above matters are not clear.

Yours truly,

--Encl.--

Mrs. Erica Moffatt,
585 Hetherington Ave.,
Winnipeg, Man.

P.A.'S CHECKED IN
(R.F.S. Hill)
A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

NAVAL MESSAGE

To

AP.
MRS. ERICA MOFFATT,
585 HETHERINGTON AVE.,
WINNIPEG, MAN.

From:

N.S.H.Q.

V-24489

32

CNP
CSOR

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO INFORM YOU THAT YOUR HUSBAND
CYRIL BAILEY MOFFATT ABLE SEAMAN V-24489 IS MISSING
AT SEA. LETTER FOLLOWS.

/23

DELIVERY CONFIRMED.

L/T P/L 23/8/44 FDC 23029

N.S. V-24489 PERS (N)

DRAFTED BY N.P.R. (PAY LIEUT. T.F. HEARD.)

LA/CM

39
N.S. V-22489. PERS.(N)
F.D. 19

14th September, 1944.

Dear Mrs. Moffat:

With reference to your letter of the 4th of September, 1944, in accordance with your wishes any further news regarding your son will be forwarded to you as well as to his wife.

As you are no doubt aware H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four Officers and fifty-five ratings are missing, with three Officers and twenty-eight ratings having survived.

It is considered unlikely that prisoners of war will be taken.

Please allow me at this time to express on behalf of the Department sincere sympathy with you in your anxiety.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Mrs. D.B. Moffat,
579 Hetherington Ave.,
WINNIPEG, Manitoba.

Despatched by
Sec. N. L.

Date 15/9/44
Time 1630



28
142483

F.M.O., Halifax, N.S.,
August 26th, 1944.

N.S. V-24489. PERS.(N)

My dear Mrs. Moffatt:

P.A.'S CHECKED IN
C.R. BY.....

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your husband was an excellent man both reliable and efficient. All the time he had been with me he had done a very good job of work both in gunnery and seamanship. He was very well liked by all the officers and men and except for wanting to get home appeared to be quite happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Winnipeg you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Erica Moffatt,
585 Hetherington Ave.,
WINNIPEG, Man.

A.P.
579 Hetherington Ave #119
Winnipeg.
Sept 4/44.

126586

Dept of National Defence,
Naval Service,
Ottawa, Ont.

Per (M) 23/8/44

Dear Sirs,

Regarding my son V 24489
Cyril Baillie Moffat, aboard
H. M. C. S. Alberni, who has been
reported missing at sea.

Would it be possible for you
to notify me direct of any news
regarding him? His wife is out at
business all day and that means
that news may be held up for several
hours until she reaches home.

During this time of heart
breaking anxiety I would esteem it
a favor if you could inform me
direct as quickly as possible when
further news is available.

Yours truly,

(Mrs) D. B. Moffat.



URGENT

SERVICE

File Number: V-24489

NAME: *Cayril Bailey Moffatt,*

O.N. V-24489

PRESENT RANK/RATING: *A B1*

DATE TAKEN ON ACTIVE SERVICE: *12.6.41*

22

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
<i>Div. Str. Skinnissey</i>	<i>14. 4. 41</i>	
<i>Subty Div. 98 Lptas</i>	<i>12. 6. 41</i>	
<i>Naden</i>	<i>13. 10. 41</i>	
<i>Givenchy</i>	<i>8. 12. 41</i>	
<i>Naden</i>	<i>15. 12. 41</i>	
<i>Prince Robert</i>	<i>7. 4. 42</i>	
<i>Naden</i>	<i>20. 11. 42</i>	
<i>Givenchy</i>	<i>15. 2. 43</i>	
<i>Outardet</i>	<i>16. 3. 43</i>	
<i>Naden</i>	<i>20. 4. 43</i>	
<i>Givenchy</i>	<i>10. 6. 43</i>	
<i>Dawson</i>	<i>17. 6. 43</i>	
<i>Givenchy</i>	<i>1. 10. 43</i>	
<i>Stadacona</i>	<i>6. 11. 43</i>	
<i>Alburni</i>	<i>7. 12. 43</i>	

WILL: *no record.*

NAME & ADDRESS OF NEXT OF KIN:

*Wife -
Mrs. Erica Moffatt,
585 Hetherington Ave,
Skinnissey, Man.*

DISCHARGED PREVIOUSLY? *no* REASON: DATE:

Initialed by: *cy* Date: *25/8/44* Section: *III V.R.*

(TO BE COMPLETED IN INK.)

#4648

NATIONAL DEFENCE

J.B.

SEAMAN BRANCH

JUL -2 1943
H.Q. 113-M 2347
CANADA

128828

18

Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

DRAFTING and ADVANCEMENT DEPT	
1 History Card.....	14
2 Index Card.....	
3 Photo Card.....	
4 Advancement.....	
5 A. A. Card.....	
6 Training.....	
7 Statistical.....	
DATE	26/6/43

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "NADEN"

Name of Candidate (in full) MOFFAT Cyril Bailey

Present Rating Able Seaman O.N. V.24489

Port Division R.C.N.V.R. Winnipeg Division

Date of Application for Examination 29th. April, 1943.

Date and Particulars of Previous Failures:—

Nil.

- (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 ~~Passing Officer~~ Leading Seaman, and I consider that he has a reasonable chance of passing.

To The President,
Squadron Examination Board,
Esquimalt, B.C.

[Signature]
(F.G.Hart) Captain, RCN.

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

Noted in Service
Records by *[Signature]*

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" *Failed*
 (If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))
 (See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-examination
Rigging.....	50	60	30	40		
Anchor Work.....	60	50	25	30		
Rule of the Road	xx	30	15	15		
Boat Work.....	80	80	48	48		
General Duties.....	80	60	30	20		
Organization.....	40	40	20	20		
Signals.....	30	30	15	15		
Watertight Fittings.....	20	10	5	5		
Duties in Part of Ship and Mess.....		20		15		

(Marks required to pass are 50% in each case)

REMARKS—

The Candidate has:—

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

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

Date.....10th. June, 1943.....

E. R. S. Dickson
 President of Board
 LIEUT. COMMANDER, R.C.N. (Leip)

Candidate's Signature (in full).....*Cyril Baillie Moffat*

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

is.....

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

H.M.C.S. "....." on..... 194.....

Date.....

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

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

MANAGEMENT	
JUN 30 1943	
INITIALS	FILE
<i>X</i>	

.....
 Captain
 H.M.C.S.
 Date.....

FL.

P184902

NS.113-M-2147

DEPT
NATIONAL DEFENCE

C. N. S. 45
50M-3-41 (9709)
N.S. 815-9-45

DEC 19 1941

NS. 113-M-2147

TRANSFER LIST

For.....**1**.....Persons Discharged from H. M. C. S. "**BYTOWN**".....to H. M. C. S. "**NADEN**"

NOTE—No erasures are to be made on this List. Corrections are to be verified by the initials of the Accounting Officer.

LIST NUMBER	NAME OFFICIAL NUMBER WHETHER "G" "T" OR "U"	Rank Rating Non-Sub Rating Badges	RATE OF PAY AND ALLOWANCES			TRANSFERRED TO NEW SHIP			REMARKS Date Kit Upkeep Allowance Due and Rate	ENTERED IN NEW SHIP AT		
			Canadian	Sterling		Balance Creditor	Balance Debtor (in red ink)	Allotment Rate and what date charged		List	Number	
				£	s.							d.
WINNIPEG DIVISION R.C.N.V.R.												
	Moffat, Cyril B. O.N. V-24489 T. M.F.A.S. 12-6-41	O. Smn.	1.	25			61.16		N11	1.5.42		
	Rating drafted 13-10-41 A.M. NADEN. Left Winnipeg D.H.Q. for NADEN Removed at Calgary to hospital 14-10-41 A.M. Discharged from hospital 3-11-41 P.M. Entrained for NADEN 4-11-41 arriving 5-11-41. L. & C. credited to 12-10-41. Rating on travelling time and in hospital from 13-10-41 to 5-11-41.											

*MK 23
13/41*

*Noted in Service
Records by [Signature]*

- (1) The above named persons were discharged from H. M. C. S. "**BYTOWN**".....to H. M. C. S. "**NADEN**".....
on the.....**13th October**.....19**41**.....~~30X~~ a.m.
- (2) Victualling adjusted to.....**12 October**.....19**41**.....inclusive }
(3) Pay adjusted to.....**3rd November**.....19**41**.....inclusive } Art. 397, C. N. R's.
- (4) Pension deduction (Officers) charged to.....19.....
- (5) Grog money ~~charged~~ **adjusted** to.....**3rd November**.....19**41**.....

Date **12th December** 19**41**.....

.....**A/Pay. Lieut. Cdr. R.C.N.V.R**.....Accountant Officer Rank

Enclosure No.....with ledger of H. M. C. S.....ended.....19.....

P179104

NAVY SERVICE

DEC 10 1941

8558
NS
113-M-2147

ORIGINAL

AS

H.Q. File No.

12-10

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"NADEN" 52/4268	Surname <u>MOFFAT</u> <i>313 038</i> Christian Names } <u>CYRIL B.</u>	O/SMN. RCNVR.	V-24489	\$1.25

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence Payable on last working day
Surname <u>MOFFAT</u> Christian Names } <u>(MRS) EMMELIE</u>	MOTHER	579 HEATHRINGTON AVE WINNIPEG, MAN.	\$20.00 NEW	DEC. 1941.

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—	
			Initials	Date
	Allotment Declaration			
	Ent'd. on Index Card			
	Ent'd. on Allotment Ledgers		<i>MD</i>	<i>12/12/41</i>

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

Allottor's Signature authorizing charges..... *C.B. Moffat*
O/Seaman Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Assigned Pay to Wives	Object No: 111 \$.....
Assigned Pay to other Dependents	" " 113.....
Marriage Allowance	" " 116.....
Dependents Allowance	" " 119.....
Other Allotments	" " 122... <i>20-00</i>
Total	\$ <i>20-00</i>

A.P. Carter

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

Pay Sub Lieut. R. N.V.R.
for Accountant Officer

H.M.C.S. "NADEN"

Forwarded **DEC 4 1941**

ARMY TRAINEE

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

MOFFATT.Cyril Bailey		H531269	Pte	FILE No. <i>224038</i>
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
	30 days training

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V24489

OFFICIAL NUMBER

NAME MOFFAT
(Surname)

Cyril Baillie
(Given Names)

OFFICIAL NUMBER

P.I.B.

V24489

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
Div. Str. Winnipeg	Ord. Smn.	14	4	41		V.G.	Sat.	31	12	41	A.A.L.G.	14	3	42			
Duty Div. Hdqts.	" "	12	6	41		V.G.	Sat.	31	12	42	L.R. 111	29	1	43			
Naden	" "	13	10	41		V.G.	Sat.	31	12	43							
Givenchy	" "	8	12	41		V.G.	Sat.	21	8	44							
Naden	" "	15	12	41													
Prince Robert	" "	7	4	42	5161(81917)												
" "	A/Able Smn.	12	6	42	2492#17462												
" "	Able Smn.	6	8	42	Confirmed												
Naden	" "	20	11	42	D.P.D. #113												
Givenchy	" "	15	2	43	1054 #572												
Outarde	" "	16	3	43	ORP # 759(115-14)												
Naden	" "	20	1	43	Givenchy D.P.D. # 973												
Givenchy	" "	10	6	43	DRD #1203												
Dawson	" "	17	6	43	No. 1238												
Givenchy	" "	1	10	43	DRD #1659												
Stadacona	" "	6	11	43	DRD #1806												
Alberni	" "	7	12	43	S#4.p#3												
<u>DISCHARGED</u>	" "	21	8	44	"Missing" Per Casualty List. Presumed Dead. 21/8/44.												

GENERAL REMARKS

To Hosp--14-10-41.
From osp---4-11-41.
AWARDED CANADIAN MEMORIAL CROSS to:
Wife: Mrs. Erica Moffat,
585 Hetherington Ave.,
WINNIPEG, Man.
January 17, 1945.



DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL. ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
01	5	18	22	580	0	30	X	6	06	06	0	06	0	08 95
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	
14	04	41	12	06	41					9830	0	08	94	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
06	08	42	13	08	00									

V24489

OFFICIAL NUMBER

FILE NUMBER

113-M-2147

OFFICIAL NUMBER

V24489

NAME

MOFFAT
(Surname)Cyril Baillie
(Given Names)

DATE OF BIRTH

1st April 1918

PLACE OF BIRTH

Godalming, England
C. of E.

OCCUPATION

Truck Driver

RELIGION

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

579 Hetheington Ave.

Town

Fort Rouge

Province, etc.

Wpg.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
										From	To	
14	4	41	H.O.	5'9 1/2"	Red	Blue	Fair	Herniotomy Scar				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

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	
3	2	44	C.V.S.M. (R.&C.) (2491 #28513)	8-9	7	41	Passed E.T.L. R.C.N.V.R.				
3	2	44	1939/43 Star.	21	2	42	"Tr."				
				29	4	43	Qual. Prof. for Idg. Smn.				

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		
12	6	44	1st G.C.B.	Granted							

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

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To

