

POROS

CEPRANO

PLUMOUTH

O/P Papineau, Joseph Paul RCAF
 Pte Papp, Frank C Scot R
 P/O Pappajohn, Anthony Peter RCAF
 Rfn Papple, Robert Pearson OOR of C
 Ldg Stwd Paquet, Joseph Adolphe
 Rosario RCNVR
 Pte Paquet, Raoul R22e R
 Pte Paquette, Hubert Francis
 Nth NS Highrs
 Pte Paquette, Menzie Thomas RHLI
 Pte Paquette, René Essex Scot
 Pte Paquin, Arthur Rde Mais
 S-Lt/A Paquin, Florent Frédéric Felix
 RCAF
 Pte Paradis, Jean-Etienne Rde Chaud
 Sgt Sect Paradis, Joseph Maurice RCAF
 ACh Parant, Joseph Jean Eugene
 Guy RCAF
 Cpl Pardy, Frank James West NSR
 O/P Paré, Gérard Léo RCAF
 Sgt Paré, Jean Ernest Fus MR
 O/P Paré, Joseph Alphonse Normand
 RCAF
 Pte Parent, Henry R22e R
 Pte Parent, Lawrence Edmond RCASC
 S-Lt/A Parent, Léon RCAF
 Pte Parent, Nil Adélard Joseph Perth R
 Cpl Parent, Paul-Emile R22e R
 Pte Parent, Richard James Essex Scot
 Gdsm Parent, Robert Michael GGFG
 Pte Parent, Stanislas Rde Mais
 Cpl Parenteau, Joseph Marcel Antonio
 RCAF
 O/P Parise, Joseph Paul David RCAF
 Pte Parise, Lionel Carl & York R
 Pte Parish, Leo Wilson West NSR
 Rfn Parisian, Percy RWpg Rif
 Pte Parisian, Raymond S Sask R
 Pte Parisian, Sydney Camerons of C
 F/O Park, Arthur Morton RCAF
 Pte Park, Clark Kane Perth R
 P/O Park, Edwin Earle Fairgrievé RCAF
 L/Cpl Park, Ferdinand John
 Nth NS Highrs
 F/O Park, Lewis E. RCAF
 P/O Park, William Arnold RCAF
 Pte Park, William James DCM
 Seaforth of C

F/L Parke, William Kelvin RCAF
 Cpl Parker, Alexander Guilbert RCASC
 P/O Parker, Andrew Smith RCAF
 Tpr Parker, Arthur Leslie 1 H
 F/O Parker, Bruce Alexander RCAF
 Pte Parker, Charles Otis West NSR
 F/O Parker, Donald Frederick George,
 DFM RCAF
 F/O Parker, Douglas Randal RCAF
 Pte Parker, Earl Clifford PPCLI
 Sgt Parker, Edward Leonard
 Carl & York R
 Pte Parker, Edwin Wade Perth R
 P/O Parker, George RCAF
 Lt Parker, George Kenneth
 Line & Well R
 F/O Parker, Gordon Hewlett RCAF
 F/O Parker, Gordon Howard RCAF
 Tpr Parker, Herbert William RCD
 Pte Parker, Ivan Joseph Carl & York R
 Lt Parker, James Morrow 12 H
 P/O Parker, John Allen RCAF
 F/O Parker, John Frederick RCAF
 Capt Parker, Reginald Francis RCA
 P/O Parker, Robert Carlton RCAF
 L/Cpl Parker, Robert William RHC
 L/Cpl Parker, Roy Leland N Shore R
 Gnn Parker, Stanley Royden RCA
 AB Parker, Victor Clarence RCNVR
 Sgt Parker, Walter Alexander
 Fort Garry's
 Pte Parkes, Arthur Stanley R Regt C
 Sgt Parkes, Percy Sidney Fort Garry's
 Sgt Parkhill, Douglas Campbell RCA
 Pte Parkhill, George William
 Seaforth of C
 LAW Parkin, Annie RCAF
 Cpl Parkinson, Gordon Charles
 Rde Chaud
 F/O Parkinson, Joseph Miller RCAF
 Lt (NS) Parkinson, (nee Stirling)
 Margaret McCullough SAMNS
 Capt Parkinson, Thomas Edgar
 OOR of C
 F/O Parkinson, William Henry RCAF
 Cpl Parks, Jack 1r RC
 L/Cpl Parks, Norman John VGC
 Rfn Parks, Raymond Arthur RWpg Rif

V32079
PAQUET

JOSEPH

ADOLP

DECEASED 21 August 1944

AWARDS NAVY

D.D.

PAQUET	Joseph Adolphe Rosario	V-32079	L/Stwd.	FILE No.
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 AND DATE DESPATCHED
1939-45 Star	138- 17.10.49
Atlantic Star & Clasp	
Africa Star & Clasp	
Defence Medal	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "ALBERNI" Jan./46

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Delia Labelle - Foster Mother

ADDRESS: 18 Cartier St.,
Hull, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER FOSTER-MOTHER

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

489

(2)

(3)

(5) On being enrolled as a member of the O T T A W A. 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 16th day of July, 1941.

Signature of applicant Adolphe Paquet

(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 16th day of July, 1941.

Paquet

Signature of and rank of Attesting Officer.
Lieut. RCNVR.

(D) OATH OF ALLEGIANCE

I, J. Adolphe Rosario Paquet, 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 Adolphe Paquet

Witness Paquet

Date 16th July, 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

J. Adolphe Rosario Paquet, 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 O T T A W A. Division of the R.C.N.V.R. or in the appropriate official documents.

Paquet

Lieut. RCNVR. Attesting Officer.

16th July, 1941. R.C.N.V.R. Division (or other establishment) O T T A W A.

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.

V32079

OFFICIAL NUMBER

FILE NUMBER

113-P-1032

OFFICIAL NUMBER

V32079

NAME PAQUET Joseph Adolphe Rosario DATE OF BIRTH October 26, 1914
(Surname) (Given Names)PLACE OF BIRTH Ottawa, Carleton County, Ontario. OCCUPATION Sales Clerk--T. Eaton Co.RELIGION Roman Catholic EDUCATION 1 yr. High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 18 Cartier Street Town Hull Province, etc. Quebec

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
16	7	41	H. O.	5'4 ³ / ₄ "	Black	Brown	Medium	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Master Michel (24/11/42) NAME (in pencil) Mrs. Delia JudasADDRESS (in pencil): Street and No. Cartier Street Town Hull Province, etc. Quebec

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	Awarded C.V.S.M. & Clasp	20	3	44	Qual. for Ldg. Stwd.				
3	2	44	Awarded 1939-1943 Star								

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

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

SECOND CLASS FOR CONDUCT

From

To

V32079

OFFICIAL NUMBER

NAME PAQUET
(Surname)

Joseph Adolphe Rosario
(Given Names)

OFFICIAL NUMBER

P.T.B.
V32079

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
Ottawa Div. Str.	Steward Prob.	16	7	41		V.G.	Sat.	31	12	41							
Stadacona	" "	12	8	41		V.G.	Sat.	31	12	42							
Kings	" "	31	12	41		V.G.	Supr.	31	12	43							
Stadacona	" "	9	1	42	V.O.	V.G.	Sat.	21	8	44							
Niobe	" "	10	1	42	Via HMT Volendam.												
"	Steward	16	4	42	Rated (249A # 18800)												
Alberni	"	11	11	42	RRS # 291												
Stadacona	"	2	12	42													
Chaleur II	"	7	10	43	WRD Q60												
Alberni	"	14	10	43	WRD #61												
"	Idg. Steward	1	4	44	Rated (249A #2592)												
DISCHARGED	"	21	8	44	"Missing" Per Casualty List (249A, A22989)												
		21	8	44	Presumed DEAD. (249A, A59558)												

GENERAL REMARKS

X-ray App.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK
26	0	14	11	660	0	10	2	224	DX	0	D3	0	21 05
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK
16	07	41	12	08	41					1520	0	21	94
SENIORITY			STR.	NON-SUB		M.	CODED			CHECKED			
DY.	MO.	YR.	CAT.	A.	B.	ST.							
16	14	42	13	00	00		IF			None			

N.V. 17
60M-9-43 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Joseph Joseph Rosario **PAQUET**

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V 32079</i>
	<i>Ottawa, Ontario</i>	"
		"

Date of Birth..... <i>26 October, 1914</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <i>Ottawa, Huron County, Ontario</i>	<i>Walter Miller</i>
Place of Residence..... <i>18 Sartre St. Hull, Quebec.</i>	<i>Mrs. Delia Leduc</i>
Trade brought up to..... <i>Sales Clerk</i>	<i>18 Sartre St.</i>
Religion..... <i>Roman Catholic</i>	<i>Hull, Quebec.</i>
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....	
P.S.T. Date..... 19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>16 July '41</i>	<i>Duration Hostilities</i>	<i>Stard. Pr.</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal & clasif. Provisional Award</i>
					<i>3 Feb 44</i>	<i>1939-43 Star. Provisional Award</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>4 3/4</i>	<i>35</i>	<i>123</i>	<i>Black</i>	<i>Brown</i>	<i>Medium</i>	<i>Nil.</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

22
1183114Can. B. 207B
100M-7-44 (878)
N.S. 7570-B207B

CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

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

I, the undersigned, have examined..... HALLIDAY, E.A., Sto. 1 V. 22079.....
(Name, rating, Official No.)

on discharge from the Royal Canadian Naval Service.

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

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	1944
(b) Height with bare feet	29 Feet	11 In.	(k) General Development	good
(c) Weight without clothes	5	7½	(l) Nose, Throat and Tonsils	normal
(d) Ears and Hearing	152		(m) Heart and Lungs	BP 125/72 normal
(e) Chest Girth	Max. 37½	Min. 34	(n) Abdomen Hernia, etc.	normal
(f) Teeth	Mean 36	Deficient 1	(o) Limbs and Joints	normal
(g) Vision by Snellens Types	Defective 1	Dentures 0	(p) Skin	mild herpes simplex L. lips
(h) Colour Vision	without glasses	Rt. 20/20	(q) Anus Haemorrhoids	normal
	with glasses where worn	Rt. 20/20	(r) Testes Varicocele	normal
(i) Chest x-ray	Ishihara R.C.N. Lantern	pass	(s) Urine	alb. neg. gluc. neg. micro. neg.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that I have been fully examined (unclothed), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

Gordon A. Halliday
Signature of Candidate

(N.B.—When the officer or rating is subject to a defect not already noted on his Medical Form Can. B.207 on entry, Medical Board of Survey Form C.N.M. 227 will be required.)

Dated at..... SHELBURNE..... the..... 29th..... of..... August..... 19..... 45.....

Address after Discharge:

B. M. Wilson
Examining Medical Officer

(Rank)..... Surg. Lieut. V.R......



No.	Name	Address	City	State	Zip
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NO. 100-100000-100000

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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

NAME IN FULL PAGUET Joseph Adolphe RANK/RATING Boisier Ltj/Star OFF. NO. V 32079 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	<u>12/8/41</u>											1939-45	1 star
<u>Triche</u>	<u>10/1/42</u>	<u>10/1/42</u>	<u>2305</u>	<u>U.K.</u>								ATLANTIC	1 @ clasp
<u>Albani</u>	<u>11/1/42</u>	<u>27/7/43</u>	<u>261</u>	<u>Adm Afr.</u>								FRANCE G.	2
<u>S.O.P.</u>	<u>15/9/43</u>	<u>6/10/43</u>	<u>22</u>	<u>Adm.</u>								AFRICA	2 @ clasp
<u>Albani</u>	<u>14/10/43</u>	<u>21/8/44</u>	<u>313</u>	<u>Adm 70/Gen.</u>								PACIFIC	
<u>Disch. "dead"</u>												BURMA	
<u>to date 21/8/44</u>												ITALY	
												DEFENCE	1 medal
												C.V.S.M.	2 @ clasp
												" CLASP	
												WAR 1945	1 medal
												WAR 1915	

VERIFIED BY G. Demand

VERIFIED BY G. Demand VERIFIED BY DIR. OF PERSONNEL RECORDS.

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, *Chairman of the Board*
LEROY A. LINCOLN, *President*

CLAIM DIVISION
ARTHUR S. BOURINOT
Manager

26 CANADIAN HEAD OFFICE
OTTAWA, CANADA

September 27, 1944

The Secretary
Naval Board
Department of National Defence
OTTAWA, Ontario

155137

In re: DC 188251 A3

Dear Sir(s):

This Company has been requested to entertain claim under the above
policy insuring the life of (Rank) Leading Steward HMCS Alberni
(Name) Joseph Adolph Rosario Paquet (No.) V 32079

He has been reported ~~xKilled~~ on active service on Missing

The next of kin is Delia Leduc Relationship Mother

Address 18 Cartier St., Hull, Quebec

We require the information in items No. 1 & 4

below to enable us to make payment:

- 1. Official Death Certificate
- 2. Date of First Departure for Service outside Home Areas which we define as Canada, United States, Alaska and Newfoundland
- 3. Date of Enlistment
- 4. Date of Birth
- 5.

Your cooperation on these cases is greatly appreciated.

Yours truly,
ARTHUR S. BOURINOT
Manager



MEMORANDUM FOR THE INSURANCE DIVISION

S.C.O.

REPORT OF PROFESSIONAL EXAMINATION FOR
RATING OF LEADING STEWARD

H.M.C.S. "STADACONA".

Name of Candidate (In Full)..... PAQUET, J. R.

Present Rating..... Steward O.N. V-32079

We consider the Candidate (to be qualified) Professionally for
~~(to have failed)~~
the rating of..... Leading Steward

In accordance with N.M.O. 2219.

<u>SUBJECT</u>	<u>POSS.</u>	<u>OBT.</u>
WRITTEN EXAMINATION	80	56
ORAL EXAMINATION	120	90
	<u>200</u>	<u>146</u>

Dated on board H.M.C.S. "STADACONA"
at Halifax, N.S., on the 26 Jan. 1944

J. Rankin
.....
PAYMASTER ~~WR~~ LIEUTENANT, RCNVR

Signatures and ranks of
Examining Officers.

Jos. Lawro
.....
PAYMASTER LIEUTENANT, RCNVR

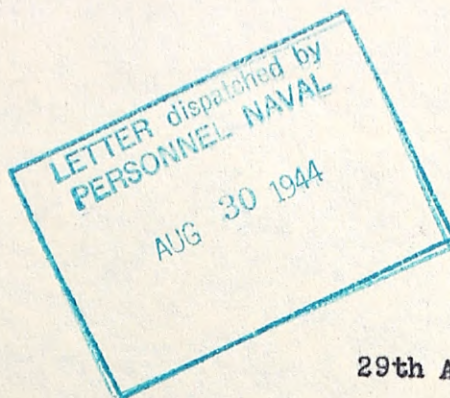
Drafting Captain, H.M.C.S. "STADACONA".
Commanding Officer, H.M.C.S. ~~"STADACONA"~~ ALBERNI
(For S.C. action and enclosure)

File - 1 copy

Forwarded

W. R. Mauson
~~COMMODORE R.C.N.~~
for A/CAPTAIN, R.C.N.

ENTERED ON 249A SHEET
H.M.C.S. "NIOBE"
No. 2563 Date 10/6/44



27

123573

V-32079 Pers. (N)

29th August, 1944.

Dear Mrs. Leduc:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

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 regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

P.A. SCHEDULED IN

May I again express sincere sympathy with you in your anxiety.

BY *L*

Yours sincerely,

SECRETARY, NAVAL BOARD.

FILE
ACTION TAKEN

Mrs. Delia Leduc,
18 Cartier Street,
HULL, Que.

7

FILE: N.S. V-32079 Pers. (N)

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

Sir:

26
DEC 16 1944
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
PAQUET, Joseph Adolphe Rosario	Leading Steward	V-32079, R.C.N.V.R.

DATE OF ENLISTMENT - 16 July, 1941 Active Service: 12 August, 1941

DATE OF DISCHARGE - 21 August, 1944

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & .N.H.)SERVICE - Canada and 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 "ALBERNI" which was sunk in the English Channel.
occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - FOSTER MOTHER; NAME - Mrs. Delia Leduc,ADDRESS - 18 Cartier Street, HULL, P.Q.

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

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

C. R.
P. A.
NAVAL TREASURY
DATE <u>28/12/44</u>
INITIAL <u>K</u>

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>
----------------------------	---------------------	----------------------------	--

NIL.

NIL.

NIL.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL.	NIL.	NIL.
<u>To Whom Paid:</u>	NIL.		NIL.
		<u>Address</u>	NIL.
<u>Date of Enlistment:</u>	SEE OTHER SIDE.		
<u>Date of Discharge:</u>	SEE OTHER SIDE.		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>	NIL.		
The final deduction of Assigned Pay for	NIL. has been made for the period		
from 1st to	NIL.	of	NIL. 194

Remarks:

Computed by *L. Nedera*
 Checked by *AC*

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

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



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-32079 Pers. (N)

DEC 16 1944 194

39373

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>
PAQUET, Joseph Adolphe Rosario Leading Steward, O.N. V-32079, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Foster Mother: Mrs. Delia Leduc, 18 Cartier St., HULL, Que.

<u>In Favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
(1) T. Eaton Co. Lt. Maritimes, Barrington St., Halifax, N.S.		10.00	LV
(2) Rec. Gen. of Canada. 6th Victory Loan, Ottawa, Ont.		16.80	LV

Allotments stopped paid August 31st, 1944.

WILL: No Record.

Yours truly,

J. G. Heard

for
SECRETARY, NAVAL BOARD.

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

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

34

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

Name... PAQUET Joseph Adolphe Rosario
(Christian names in full)

Rank or Rating... Leading Steward Official No. V-32079 Unit R.C.N.
R.C.N.R.
R.C.N.V.R.

Place of Birth... Ottawa, Ontario. Date of Birth... 26th October 1914

Occupation in Civil Life... Sales Clerk Religion... Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)... 3 years and 1 month

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. Delia Leduc Relationship Foster Mother
Address 18 Cartier Street, HULL, P.Q.

Date on which the above was informed by ~~Ship~~ Naval Service Headquarters: 23rd 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.....

If applicable { Place of Burial... No burial Date of Burial.....
Location, Number, etc., of grave.....
Undertaker employed.....

ENTERED IN
D.N.P.A.'s LOG BOOK
MAR 7 1945
CLERK p. 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.

CANADA
PROVINCE OF QUEBEC
DISTRICT OF HULL

I, the undersigned, Delia Labelle, domiciled at number 18 Cartier Street, Hull, Province of Quebec, widow by her first marriage of the late Adolphe Paquette, in his lifetime of the City of Ottawa, Province of Quebec and wife by her second marriage of Mr Edmond Leduc, of the City of Hull; being duly sworn, has made the following declarations:-

1o-THAT Joseph Adolphe Rosario (Ross) Paquette, in his lifetime steward in the Royal Canadian Navy, R. C. N. V. R. file number NS. V. 32079 FD 774, Department of National Defence, Naval Service, Estates Branch, Ottawa, Canada, was killed in action on or about the 15th August 1944 while in service on the Atlantic, S.S. Alburnie.

2o-THAT the said Joseph Adolphe Rosario (Ross) Paquette was given to me by his mother the very same day he was born and that I gave him education, instruction, attended to him as a good christian mother would do, keeping in in the school up to the age of 17 years and from the age of 17 years to his death I have still given him my cares, the said Joseph Adolphe Rosario (Ross) Paquette being of illegitimate birth.

3o-THAT I was under the impression that he was my adopted son, without knowing that it was necessary for me to secure court papers to this effect and to my knowledge there was no adoption laws in those days.

4o-THAT I have spent for him more than three thousand dollars and the amount coming to him through gratification of war service, product of a cheque and balance of salary amounting to \$896.38 should be given by the Dominion Government of Canada to me, if not according to the law, at least according to equity and common sense, as the most preferred creditor.

5o-THAT the said Joseph Adolphe Rosario (Ross) Paquette, everytime he was coming home was giving me \$50.00 to \$75.00 but never wanted that my second husband should get a cent out of it, and that is the reason why he did not put me as his dependent, on the pay list.

6o-THAT this affidavit is given to the best of my knowledge and conscience in order to secure the said sum of \$896.38 coming to the said Joseph Adolphe Rosario (Ross).

IN WITNESS WHEREOF I have signed at Hull,
this 10th November 1945.

SWORN BEFORE ME, at Hull,
this 10th November 1945.

C. S. C. District of Hull.



Delia Labelle

[Signature]

Mrs. Delia Leduc,
 18 Cartier St.,
 Hull, Ont.

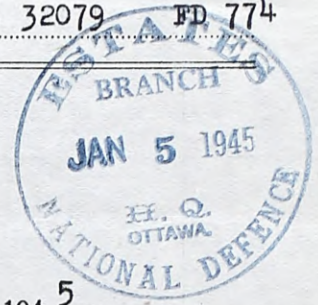
Any further communication on this subject should
 be addressed to:—

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

and the following number quoted:—

H.Q. NS. V. 32079 FD 774

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.



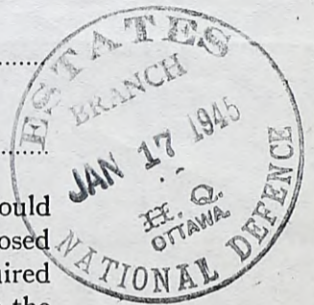
January 3 1945

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

LE PAQUET, Joseph Adolphe Rosario, L/Stwd.

V.32079

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

M. A. Woods
 Commandant Royal
 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.....	<i>none</i>		
2	Children of the Deceased and dates of their Births.....	<i>none</i>		
3	Father of the Deceased.....	<i>Deceased Joseph Adolphe Payquette Sr</i>		
4	Mother of the Deceased.....	<i>Helen Labelle</i>		
5	Brothers of the Deceased	Full Blood		<i>Lauria Payquette 43 yrs</i>
				<i>if Donald Ferguson</i>
		Half Blood		<i>Walter Labelle</i> <i>none</i>
6	Sisters of the Deceased	Full Blood		<i>none</i>
		Half Blood		<i>Helen Labelle adopted 17 yrs</i>
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	
		<i>none</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Adolphe Rotaru Patzyneske Jr.
9	Date of his birth.	26th October 1914
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Ottawa, Ont. 14 th April 1894

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Ottawa Ont 26 Oct 1914
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Quebec, for 12 yrs (c) previous Ottawa (d) out
14	Nature of employment before enlistment.	clerk at Eaton's store at Ottawa.
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.	Steele Ave

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no except one of 4 ⁰⁰
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Insurance of about \$1000 ⁰⁰
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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.	I do not know —
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

DECLARATION

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

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

* Mother of the deceased.

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

Debra Labelle

{Signature of Informant

18 Carter Hill Ave Address

CERTIFICATE

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

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

Dated at Stuee Ave this 4th day of January 19 45

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

[Signature] Qualification Notary
Address Notary Main St Stuee Ave

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
 NAVY ARMY AIR FORCE
 STATEMENT OF WAR SERVICE GRATUITY

4
 NAVY

DECEASED MEMBER'S NAME

Joseph Adolphe Rosario

(SURNAME) PAQUET

REGISTER NO. 8297
 FILE NO. NS V-32079
 DATE 3 Aug. 1945
 SERVICE NO. V-32079
 FINAL RANK OR RATING Idg. Stwd
 DATE OF DISCHARGE 21 Aug. '44

PAYEE Director of Estates
 ADDRESS 308 Sparks St.,
 Ottawa, Ont.
 DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug. '44

for Service Estate of
 Joseph A.R. PAQUET
 N.S.V-32079

A. TOTAL QUALIFYING SERVICE
 NO. OF DAYS 1106 EQUAL TO 36 COMPLETE PERIODS AT \$7.50 270.00
 B. QUALIFYING OVERSEAS SERVICE
 NO. OF DAYS 901 LESS 26 INELIGIBLE DAYS, EQUAL TO 875 DAYS @ 25c. PER DAY 218.75

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE
 PAY \$
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 2.25
 ADDITIONAL PAY \$ 1.45
 H.L.M. \$.25
 DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil \$ Nil
 TOTAL \$ 3.95 x 7 = \$ 27.65
 NO. OF DAYS 901 x \$ 27.65 136.13

D. WAR SERVICE GRATUITY 624.88

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

F. TOTAL AMOUNT PAYABLE 624.88

G. YOUR PORTION OF GRATUITY IS—
 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 624.88
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher No 1732 - Aug. 9 - 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 LJM
 CHECKED BY [Signature]

TREASURY
 CHECKED BY [Signature] DATE 1/15

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accounting

AT

ESTATES BRANCH

H.Q.N.S.V-32079
FD.774

8th January, 1946.

Mrs. Delia Labelle,
18 Cartier Street,
Hull, Quebec.

PAQUET, Joseph A.R., L/Stwd. (Deceased)
No. V-32079, R.C.N.V.R.

Dear Mrs. Labelle:

Distribution can now be made of the amount of money here
at credit of the above named deceased.

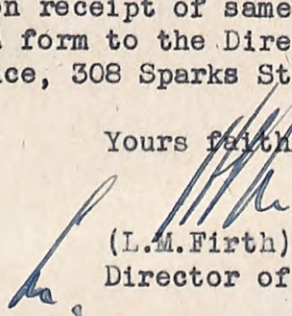
The total amount available to this Branch for distribution
is \$896.35, and is made up as follows:-

War Service Gratuity.....	\$624.88
Cheque from T. Eaton Co. Ltd.,.....	50.42
Refund of Payments made on 6th Victory Loan Bond	67.20
Balance of pay and allowances.....	150.75
Credit for Hard Lying Money and Grog Money.....	<u>3.10</u>
TOTAL.....	<u>\$896.35</u>

This deceased died without having made a Will and his
Service estate is therefore payable to you under the Intestacy
Laws of his province of domicile for compensation of upkeep.

Treasury has been requested to forward to you a cheque in
the amount of \$896.35, and on receipt of same would you kindly
sign and return the enclosed form to the Director of Estates,
Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


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

HRW:MS
Encl.1

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name PAJET Surname Joseph A.R. Christian Names No. ~~32079~~ ^{V.} 32079

Rank L/Steward Unit R.C.N.V.R. O/S Date of Death 21-8-44

AMOUNT	W.S.G.	624.88
	L.P.C.....\$	221.05
Date..... 17-12-45 <u>17-12-45</u>	Other Credits.....	50.42
	Total.....	896.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All		Mrs. Delia Labelle, 18 Cartier St., HULL, P.Q. (as executor of estate) (For compensation of upkeep)	\$896.35

P4. TO TREAS. 11-1-46, g.w.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$896.35
CLASSIFIED BY			EXAMINED BY		
<u>P.</u>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

