

V2320
BENJAMIN
STANLEY

JUL 23 1948
1136505

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full STANLEY BENJAMIN (b) Reg'l. No. V 23 20
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank ORD. SEAN.
 3. (a) Date of birth APRIL 1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment SANCT-JOHN, N.B.
 4. (a) Place of enlistment SANCT-JOHN, N.B. (b) Date of enlistment 6-6-41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? NO
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 4 YEARS 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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

11. Had you ever been employed fairly regularly since leaving school? YES
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked CLERK SEAMAN (b) State how long you had worked at this trade or occupation 1 YEAR 11 MONTHS
 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 SEAMAN
 15. Give details of last employer, if any: Name DESBOROUGH TOMBOW Address SANCT-JOHN, N.B.
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CONSTABLE SERVICE
 17. (a) If your last employment was in a business of your own, state nature and address of business ✓ (b) Date of discontinuing it ✓

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

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

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

18. Name of employer ✓ Address ✓
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ✓
 20. (a) Your specific occupation ✓ (b) Number of years' experience at this occupation with any employer ✓
 21. (a) Did your employer promise definitely to give you employment on discharge? ✓ (b) Did your employer refuse to promise you employment on discharge? ✓ (c) Do you wish to return to your former employment? ✓

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? ✓ (c) In what provinces did you have experience? ✓

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) ✓
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form FOLLOW THE SEA

P.A.



DATE 6-6-41 194 SIGNATURE Stanley Benjamin

B-3825

OCCUPATIONAL HISTORY FORM

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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

1. (a) Print name in full **Benjamin Stanley** (b) Reg'l. No. **027715**

2. (a) Arm of service **Army** (b) Unit **N.B. Rangers** (c) Rank **Private**

3. (a) Date of birth **16-5-21** (b) Have you any dependents? **no** (c) Place of residence at time of enlistment **Saint John, N. B.**

4. (a) Place of enlistment **Saint John, N. B.** (b) Date of enlistment **May 17th, 1940**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **14** (b) Were you attending school or college up to the time of enlistment? **No**

6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) **n-a** **xxx Grade 8**

7. If you attended a university, give name of university and standing or degree secured **n-a**

8. (a) Did you ever enter upon a trade apprenticeship? **No** (b) If so, for what occupation? **n-a** (c) Did you finish it? **n-a** (d) If you did not finish it, how long did you serve at it? **n-a**

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) **Not Working** (b) At time of enlistment of what trade union or professional society were you a member? **n-a**

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? **Sailor (Yes)**

12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked **Sailor** (b) State how long you had worked at this trade or occupation **2 1/2 yrs**

13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified **xxx April 1940**

14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment **xxx April 1940**

15. Give details of last employer, if any: Name **xxx M.V. Kikora** Address **xxx not known**

16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **xxx Shippers**

17. (a) If your last employment was in a business of your own, state nature and address of business **---** (b) Date of discontinuing it **---**

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

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

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

18. Name of employer **n-a** Address **---**

19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **---**

20. (a) Your specific occupation **---** (b) Number of years' experience at this occupation with any employer **---**

21. (a) Did your employer promise definitely to give you employment on discharge? **---** (b) Did your employer refuse to promise you employment on discharge? **---** (c) Do you wish to return to your former employment? **---**

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? **n-a** (c) If so, in what kind of farming? **n-**

25. (a) Were you born on a farm? **no** (b) How many years' actual farming experience have you had? **n-a** (c) In what provinces did you have experience? **n-a**

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? **no**

27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) **n-a**

28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **Sailor**

DATE **30-1-41** 194 SIGNATURE **Stanley Benjamin**

MEMORANDUM FOR

P. 64

Mrs. Frances Benjamin,
243 Prince Edward Street,
Saint John, N.B.

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

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

and the following number quoted:—

H.Q. NS. 113-B-505 FD. 66

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

March 11, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BENJAMIN, Stanley, A.B.

No. V. 2320, R.C.N.V.R.



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

H.R. Wade
(H.R. Wade) Lt.-Cdr. RCNVR,
for (L.M. Firth) Lt.-Col.
Administrator 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 inquired for	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.....	Frances L. Benjamin	18	59 St. Patrick St. Saint John.	
2	Children of the Deceased and dates of their Births.....	nil	-	nil	
3	Father of the Deceased.....	Irvine Benjamin	60- 31	138 Winslow St. West St. John. N.S.	
4	Mother of the Deceased.....	Jennie Benjamin	47	138 Winslow St. West St. John.	
5	Brothers of the Deceased	Full Blood	Joseph Benjamin	19	R.C.N.V.R somewhere overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mildred Benjamin	15	138 Winslow St. West St. John N.S.
		Full Blood	Shirley Benjamin	8	
		Half Blood	Mae Benjamin	10	
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	nil	nil		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....	dead		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Mildred Mills (half-aunt)		56 St. Patrick St. Saint John

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Stanley Benjamin
11	Give the month and year of his birth.	May 16 1921
12	Where and when were his parents married?	Not I do not have these particulars
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Saint John. N.B. May 30/42 yes
14	Did he leave a Will? If so, a copy should be attached hereto.	no
15	Did he leave a bank account? If so, give full particulars.	no
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no
17	State your own postal address in full.	Mrs. Frances L. Benjamin 59 St. Patrick St. St. John. N.B.

PARTICULARS OF DOMICILE

18	Where was deceased born?	West Saint John.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	N.B.
20	What was the nature of his employment?	government boat & longshoring
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Saint John.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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.)	no

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; 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.

Frances L. Benjamin

{ Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief, Frances L. Benjamin widow of Stanley Benjamin { Name of Informant } is the widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

*See above

Dated at City of St. John this 20th day of March 1943

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

J. Wilson Dalli

Qualification

A Commissioner for Taking Affidavits to be used in the Supreme Court of New Brunswick

Address

Club City Court St. John N.B.

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 enquired after is stated in its proper place in the Statement opposite.

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

Dear Sir,

March 18/43.

you asked if there were any children of the deceased, and I did not know if I should mention that I am expecting my baby sometime in May. I wish also to thank you for your sympathy and to say I shall always hope and pray that my husband and many more will turn up.

Thanking you.

Mrs. Frances Benjamin
59 St. Patrick Street
Saint John N.B.

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M-8-39 (1696)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit New Brunswick Rangers Cas.F. Regimental Number 9 27715

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

- Surname..... BENJAMIN
- Christian Names..... Stanley
- Present address..... 134 Winslow St., West Saint John, N.B.
- Date of birth..... 16th May 1921
- Place of birth..... Canada N.B. West Saint John
(Country) (County or Province) (Town or Township)
- Religion (state denomination)..... Baptist
- Trade or Calling..... Laborer
- Married, Widower or Single..... Single
- Name of next of kin..... Mrs. Jennie Benjamin
- Relationship..... Mother
- Address of next of kin..... 134 Winslow St., West Saint John, N.B.
- Have you served in any Naval, Military or Air Force?..... No
- If previous war service, state arm, force and regimental particulars..... N.A.
- Do you now belong to or have you served in the Active Militia of Canada?..... No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Stanley Benjamin do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Witness: A.C. Matthews Pte.

Date..... 17th May 1940 Stanley Benjamin
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Stanley Benjamin do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Stanley Benjamin (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Saint John, N.B. this 17th day of May 1940

A.C. Matthews Lt. Col. {Signature of Magistrate, Justice or Attesting Officer.
District Recruiting Officer, MD 7 {Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of

BENJAMIN
(Surname)

Stanley
(Christian Names)

Regimental Number 427715

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS **Grade 8**

Military..... **Nil**
 Business or Professional..... **Nil**
 Trade or Civil..... **Laborer**
 Technical..... **Nil**
 Languages..... **English**

High School } **No**
 or }
 Collegiate } (years completed)
 Graduation } **No**
 or }
 Matriculation } (specify)
 *College..... **No**
 *University..... **No**

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
17/5/40	OC. N.B. Rangun.	Joined on appointment P.O.S.	Pte.		17/5/40	S. John	123	18/5/40
22-10-40		Adv. 14-8 Umb.	"	23-10-40	WBR	"	260	23-10-40
25/1/41		85' 9' syka Sec. leave 26/1/40 - 26/10/40	"	26/1/41	"	"	261	25/1/41
16-1-41	"	S.O.S. on transfer to #7 Dist Depot	"	16-1-41	"	"	# 13	16-1-41
		Sos 7 D.D.	"	17-1-41	7 D.D.	7 D.D.	14	17-1-41
		Sos #7 district depot 7 red No. 37-10	"	30-1-41	#7 D.D.	7 red.	# 25	30-1-41

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BENJAMIN, STANLEY Date May 15, 1940

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|-------------------------------------|-----------|
| a. Rheumatism..... | <u>NO</u> | j. Nasal trouble..... | <u>NO</u> |
| b. Tuberculosis..... | <u>NO</u> | k. Ear disease..... | <u>NO</u> |
| c. Bronchitis or asthma..... | <u>NO</u> | l. Eye disease..... | <u>NO</u> |
| d. Heart disease..... | <u>NO</u> | m. Epilepsy..... | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u> | n. Nervous or mental disease..... | <u>NO</u> |
| f. Gastro-intestinal..... | <u>NO</u> | o. Syphilis..... | <u>NO</u> |
| g. Rupture..... | <u>NO</u> | p. Gonorrhoea..... | <u>NO</u> |
| h. Varicose veins..... | <u>NO</u> | q. Have you ever worn glasses?..... | <u>NO</u> |
| i. Flat or deformed feet..... | <u>NO</u> | | |

HAVE YOU EVER RECEIVED DISABILITY PENSION OR COMPENSATION NO.
 Examiner's remarks re above.....

Stanley Benjamin
 (Signature of Recruit)

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
SCAR RIGHT WRIST INNER ANTERIOR SURFACE. ONE VACCINATION SCAR (left arm)

2. Height 5 feet 7 3/4 inches. 3. Weight 115 pounds.
 4. Complexion medium Eyes brown 5. Development fair Good
 Fair
 Poor
 Hair dark brown

6. Chest measurement—Girth on full expansion 34 inches.
 Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right c.v. 25 left c.v. 25

9. Condition of mouth and teeth Mouth good Teeth required standard.

10. The abnormalities (congenital and pathological) found on examination are as follows.
B. P. 114/68 URINE NORMAL REFLEXES NORMAL EAR-DRUMS NORMAL
LARGE EXTERNAL HAEMORRHOID.

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category B
 Special remarks when category lower than A. Underweight

Wm. J. Daniel President *W. H. Rabeck* Member *Norman Johnson* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15-5-40	bleat X-Ray Neg. <i>W.H.</i>		
20/5/40	T.A.B. 1.T. 1. <i>W.H.</i>		
27/5/40	7. 1.T. 1. <i>W.H.</i>		
6/6/40	let. Soc. 1.C.C. 1.T. 1. <i>W.H.</i>		
12/6/40	Vacc. 1.T. 1. <i>W.H.</i>		
11-10-40	let. Soc. 1.C.C. <i>W.H.</i>		

Regtl. No. 627715 Rank Pte. Surname Benjamin Christian Name Stanley

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<u>Saint John</u>		<u>25</u>	<u>10</u>	<u>48</u>	<u>26</u>	<u>10</u>	<u>48</u>	<u>Influenza</u>	<u>3</u>	<u>Recovered.</u>	<u>Swateck</u>
<u>Saint John</u>		<u>11</u>	<u>12</u>	<u>40</u>	<u>19</u>	<u>12</u>	<u>40</u>	<u>Influenza</u>	<u>8</u>	<u>Recovered</u>	<u>Swateck</u>

AWARDS—CANADIAN ARMY (ACTIVE)

M

BENJAMIN	STANLEY	G27715	Pte	FILE No. 405-B-3825
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. Nil DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED*
CVSM	134 WANSLOW ST.
WAR MEDAL 1939045	WEST ST. JOHN N.B. N.H. CANCELLED

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

A.R.
259237

CANADIAN FIELD FORCE DISCHARGE CERTIFICATE

This is to Certify that No. 427715 (Rank) Private
Name (in full) Stanley Benjamin enlisted in
the C.F.F. Rangers
CANADIAN FIELD FORCE at Point Stn, N.B. on the 17th
day of May 1940
He served in 544824
and is now discharged from the service by reason of Physically unfit for military service
under existing standards. C.A.F. R.O. 17(10)

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age.....	<u>19</u>	Marks or Scars.....	
Height.....	<u>5 7 1/2</u>	<u>Scar right wrist inner anterior</u>	
Complexion.....	<u>Medium</u>	<u>surface. One vasculature scar</u>	
Eyes.....	<u>Brown</u>	<u>left arm.</u>	
Hair.....	<u>Dark Brown</u>		

Stanley Benjamin
Signature of Soldier

Date of Discharge

30th January, 1941

J. M. W. [Signature]
Issuing Officer

Lt. [Signature]

Major
Rank

Date 30th January 1941

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

M.C.M. 1
1944-1945
110-1000-1

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

Name (in full) _____
Rank _____
Regiment _____
Date of discharge _____
The following conditions apply to the wearing of the uniform of the soldier after discharge:

- 1.—That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

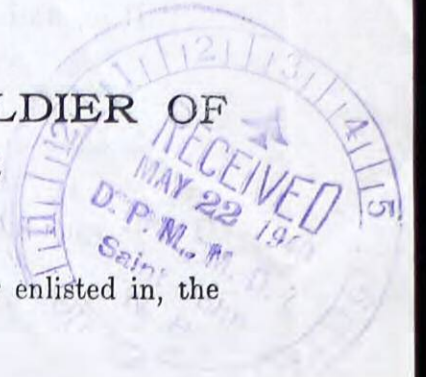
Signature of _____
Date of issue _____

This certificate is to be issued to all soldiers of the Canadian Field Force who are discharged from the service of the Canadian Field Force. It is to be carried by the soldier at all times when he is wearing the uniform of the Canadian Field Force. It is to be valid for a period of thirty (30) days after the date of discharge, or when duly authorized in writing. The wearing of the uniform of the Canadian Field Force after discharge renders the soldier liable to the same military discipline as if he were still on the strength of a unit.

To be made out in duplicate.

M.F.M. 5
100M-9-39 (1870)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE FORCE



INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster; to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

-
- (1) Name of Officer or Soldier Benjamin, Stanley
(Surname first—Christian names in full—Block capitals)
- (2) Regimental Number G27715
- (3) Unit N.B. Rangers, C.A.S.F.
- (4) Are you married? No.
- (5) If married, state,
(a) Full name of your wife N.A.
(b) Present postal address of wife N.A.
- (6) If married, have you been regularly supporting your wife? If not—state reasons N.A.
- (7) Are you a widower? No.
- (8) Have you any children? No.
If so, give number of boys and girls N.A.
Also their names and ages N.A.
- (9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
Name N.A.
Postal Address

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?..... **N.A.**

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

(11) Is your father alive?..... **Yes.**

If so, state name and address... **Irvine Benjamin**, ^{124 WINSLOW STREET.} West Saint John, N.B.
ST. JOHN COUNTY

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. **N.A.**

Also state reason he has no other means of support..... **N.A.**

(14) Is your mother alive?..... **Yes.**

If so, state name and address **Mrs. Jennie Benjamin** ^{124 WINSLOW STREET.} West Saint John, N.B.
SAINT JOHN COUNTY

(15) If your mother is a widow, are you her sole support?..... **No.**

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. **N.A.**

Also state reason why she has no other means of support..... **N.A.**

(17) Are you insured?..... **Yes.**

If so, in what Company? **Prudential Lief.**

Have you made arrangements for payment of your Insurance Premium?..... **Yes.**

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

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

Stanley Benjamin
(Signature of officer or man)

Date **18th May, 1940**

J. H. [unclear] Lt.-Col.
Officer Commanding

Date **18th May, 1940**

N.B. Rangers, C.A.S.F.

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

Regtl. No. G27715 Rank and Name Pte Benjamin, S.
of Company, etc. #7 Dist. Depot (AF) Regiment, etc., on
(Transfer, Posting or Discharge) Discharge to on 30-1-41 194.....
Reason for discharge Physically Unfit (Unit and Station) Authority: DO 25

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$ n-a has been paid by the Treasury Officer, Military District
No. or n-a Air Command.

REMARKS:

- State (1) Date of appointment or enlistment May ~~12th~~ 17th, 1940
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? n-a
(3) Has assignment of pay been made? yes If so, amount 20.00 effective date 1-6-40
(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction \$ n-a

The following is a statement of the account of the above named from Jan 17 to 30th 1941
the inclusive date of transfer, posting or discharge.

DR.		CR.	
PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
Balance Dr. from last account	5.96	Balance Cr. from last account	
First Monthly Payment		Regimental Pay <u>14</u> days at <u>1.30</u>	18.20
Casual Payments	77.91	Trademen's Pay days at \$.....	
Payment on Transfer, Posting or Discharge.....		Additional Pay (Give particulars)	
Assigned Pay	9.33	days at \$.....	
Regimental Charges		Allowances (Give particulars)days	
Public Stoppages (Give particulars):		at \$.....	
.....		Clothing Allowance	35.00
.....		Rehabilitation Grant 30 days	
.....		at pay for rank <u>1.30</u>	39.00
.....		By Receiver Gen. Deposit	1.00
.....		
To Balance Cr.		By Balance Dr.	
(To be paid by new unit)		(To be deducted by new unit)	
Total	93.20	Total	93.20

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Fredericton, N. B.

(Place)

26-2-41

(Date)

L. D. Black Capt.
(L.D. Black) Paymaster.

J. J. Foster
for District Treasury Officer - M. D. 7

FORMULE DE TESTAMENT N° 1

A l'usage du soldat qui désire léguer une partie de ses biens meubles
à une personne et la balance à une autre personne

Je Benjamin Stanley (nom en entier)
matricule G27715 des troupes canadiennes de campagne

New Brunswick Rangers, Canadian Active Service Force.
(unité ou corps) (donner le nom de l'unité en entier)

révoque tous testaments que j'ai pu faire avant celui-ci et déclare que le présent testament exprime
mes DERNIÈRES VOLONTÉS.

Je donne et lègue mes biens meubles comprenant Pay.
(mentionner ici les biens meubles en entier)

à Mrs. Jennie Benjamin. (mother).
134 Winslow Street, West Saint John, N.B.

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le degré de parenté.

entièrement et le reste de mes biens meubles et tout ce que je puis donner ou puis disposer.
(mentionner ici le reste des biens)

à

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le degré de parenté.

NOTE.—Si le soldat possède des **biens immeubles**, la formule 10A doit être remplie.

N.B.—Les biens meubles comprennent la solde, les effets, l'argent en banque, les certificats d'actions, etc., en un mot tout, sauf l'immeuble.

EN FOI DE QUOI j'ai ci-après apposé ma signature ce.....

IMPORTANT
La date et la signature du soldat doivent être écrites de sa propre main.

4 jour de June A.D. 1940
Stanley Benjamin
(Signature du soldat)

Signé et reconnu par le testateur en notre présence; nous, en sa présence, et à sa demande, et en présence les uns des autres, avons ci-après apposé notre signature comme témoins.

Signature du 1er témoin

Adresse en entier

Signature du second témoin Albert Thibodeau

Adresse en entier Exhibition Building, Saint John, N.B.

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Oct. 43 "LOUISBURG"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Hilden (Re-married)
Mrs. Frances Benjamin - Widow

ADDRESS:

~~243 Prince Edward St.,~~ Little River P.O.
St. John Co.,
~~ST. JOHN, N.B.~~ 16-12-49

(1)

(2) MEMORIAL CROSS

WIDOW

Mrs. F.L. Benjamin

ADDRESS:

59 St. Patrick St.,
Saint John, N.B. (issued 19-3-43)

(2)
MEMORIAL BAR
DATE DESP

REGN. NO. 561

(3) MEMORIAL CROSS

MOTHER

Mrs. J. Benjamin

ADDRESS:

216 Watson St.,
West Saint John, N.B.

(3) 31-1-45

D OF D 6-2-43

AWARDS NAVY

D.D.

BENJAMIN Stanley	A.A.B.	V-2320	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE
			C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	<i>MEDALS RET'D. UNDER ORD RET'D. TO STOCK.</i>
Africa Star & Clasp	CANCELLED 21-4-50 2-5-50
C.V.S.M. & Clasp	5194 11-5-50
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

NAME IN FULL BENJAMIN Stanley..... RANK/RATING A.I.A.B...... OFF.NO. V.2320..... 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.	1915 MEDAL
<i>Saint John</i>	<i>16.6.41</i>	<i>13.8.41</i>	<i>59</i>									1939-45	<i>1</i>	<i>Star</i>
<i>Louisburg</i>	<i>1.9.42</i>	<i>6.2.43</i>	<i>159</i>									ATLANTIC		
<i>Dischyd. Sead.</i>												FRANCE G.		
<i>To Gate: 6.2.43.</i>												AFRICA	<i>2</i>	<i>@ Clasp</i>
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	<i>2</i>	<i>@ Clasp</i>
												" CLASP		

WAR 1945

Medal

WAR 1915

VERIFIED BY

G. Sharpe

VERIFIED BY

J. Gadsby

VERIFIED BY

DIR. OF PERSONNEL RECORDS.



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

DEPT. NATIONAL DEFENCE
1136505
JUN 23 1941
CANADA

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 Stanley Benjamin
‡ candidate for entry as S.W.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason 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) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
20.1	120.	5.9	Lean	(a) maximum 34.5 (b) minimum 31.5 (c) mean 32.5	right eye 6/6 left eye 6/6 *colour vision N.	1927 20/20 4/8 left	Normal	Normal	Normal	Normal	Normal	Normal	Normal Head 1626505	Normal

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

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

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.

Stanley Benjamin
Signature of Candidate

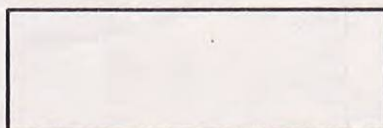
† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡ Strike out if inapplicable.

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

This Candidate is the subject of Nil

* {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 Great Lakes the 6 of June 1941

J. H. R. H. H. H.
Examining Medical Officer
(Rank) Surgeon

Received
6.18.41 J.R.M.

Personal File

COPY

CERTIFICATE of the SERVICE of
BENJAMIN

Stanley **BENJAMIN** *of* *Seaman*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax</i>	R.C.N.V.R. Division <i>Saint John's</i>	Official Number... <i>V-2320</i>
		"
		"

Date of Birth... *16th May 1921*

Place of Birth... *Saint John, N.B.*

Place of Residence... *138 Window St. Saint John, N.B.*

Trade brought up to... *Grocery Clerk*

Religion... *Baptist*

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)
Wife Francis Lillian



Same address

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>6 June 41</i>	<i>Hostilities Ord. Inv.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry...	<i>5</i>	<i>9</i>	<i>32 1/2</i>		<i>Black</i>	<i>Brown</i>	<i>Freckled</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

H-55-B-2694 N.F.

134 Winslow west

SERVICE CERTIFICATE

N. V. No. 17
3M-9-37
N.S. 815-11-17

OF

Name in full Stanley BENJAMIN. Company SAINT JOHN DIVISION.

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters

HALIFAX.

Official Number 2320.

Date of Birth

1921
16th May, 1921

Place of Birth

SAINT JOHN, N.B.

Usual Place of Residence

138 Winslow St. Saint John N.B.

Trade brought up to

Grocery Clerk.

O.H.F.

Name and Address of next of Kin

Wife Francis Lillian DENJAMIN SAME ADDRESS

Religious Denomination

Baptist.

Can Swim

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
<u>4 Sept/39.</u>	<u>5 Sept/39.</u>	<u>3 years.</u>	<u>Ord. Smn.</u>		
	<u>6 June/41</u>	<u>Hostilities</u>	<u>Ord. Smn</u>		

PERSONAL DESCRIPTION

Identification <u>Cert No. 812.</u>	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	<u>5</u>	<u>8</u>	<u>Fredkled</u>	<u>Black</u>	<u>Brown</u>	<u>-Nil-</u>
On attaining 28 years						
Further Description if necessary						

ACTIVE SERVICE

SHIP'S NAME	LIST AND NO.	RATING	FROM	TO	CHARACTER	ABILITY	CAPTAIN'S SIGNATURE
Saint John		Ord. Sea.	14 Sep 41	13 Aug 41			
Stadacona		"	14 Aug 41	23 Oct 41			
Captor II		"	24 Oct 41	31 Dec 41	VG	Sat	J.P.H. Oland
"		"	1 Jan 42	15 June 42			
"		A/A.B.	16 June 42	29 Aug 42			
Stadacona		"	30 Aug 42	31 Aug 42			
Avalon (Louisburg)		"	1 Sep 42	15 Sep 42			
Niobe (")		"	16 Sep 42	6 Feb 43			
Avalon (")		"	1 Sep 42	15 Sep 42			
Niobe (")		"	16 Sep 42	31 Dec 42	Good	Sat	H. Kingley
"		"	1 Jan 43	6 Feb 43	VG	Sat	H. Kingley
				D.D			
			Miss				

GOOD CONDUCT BADGES			SERVICE BADGES		SECOND CLASS FOR CONDUCT		TIME FORFEITED			
DATE	1st, 2nd, 3rd	GRANTED, DEPRIVED, RESTORED	DATE	NUMBER	FROM	TO	FROM	P.D.G. C.P. W.T.	DAYS	TO
							28 Feb 42	D	10	



CANADA

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

P 80569

DEPT. NATIONAL DEFENCE

JUN 23 1941

N.S. CANADA

V2320
V2762

13

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Benjamin OFFICIAL NO. V2320

CHRISTIAN NAMES Stantley MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>134 Winslow Street West Sand John</u>	<u>Baptist</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>16 May 21</u>	Town <u>Saint John</u> County <u>Saint John</u> Province <u>N.B.</u>	MOTHER - <u>Mrs Jennie Benjamin</u> <u>134 Winslow Street</u> <u>Sand John N.B.</u>

*Original Nationality of:
Father English
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>34.5</u>	<u>Black Brown</u>	<u>Freckled</u>	<u>Freckled</u>	<u>None</u>
Inches <u>9</u>	Deflated <u>31.5</u>				
	Mean <u>32.5</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>6-6-41</u>	<u>Ord Seaman</u>	<u>Seaman</u>
R.C.N.V.R. Division (or other establishment) at which enrolled <u>Sand John</u>		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:-

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

from 5th Sept 1939 - 15th Jan 1940.

SERVED IN	RANK	FROM	Personnel Rec. Co. 3 Division.
			1. Noted in Records <u>CP</u>
			2. Index Card. <u>CP</u>
			3. Non-Sup. Card. <u>CP</u>
			4. Photo Card. <u>CP</u>
			5. Roneo Strip. <u>CP</u>
			6. Pension Card. <u>CP</u>
			7.
			8.
			DATE <u>3-7-41</u>

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

ENTERED IN
PAY LEDGER N.S.
FAIR De Finno 12.7.41
ROUGH 14.7.41

(3) On being enrolled as a member of the Saint John 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 6 day of June 1941

Signature of applicant Stanley Benjamin

(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 6

day of June 1941

R.D. Munro Lt
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Stanley Benjamin 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 Stanley Benjamin

Witness R.D. Munro

Date 6-6-41

Rank Leut R.C.N.V.R. Temp.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Stanley Benjamin 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

R.D. Munro Lt
Attesting Officer.

6-6-41 194

R.C.N.V.R. Division
(or other establishment) Saint John

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.

Captain

Name *BENJAMIN STANLEY*
Sub-Rating and Seniority *o/s* *V.R.* Non-Sub.
O.N. *V-2320* S.B. No. W.B. No.
Joined Ship *August 13th* from *Saint John Division*
Engagement: Period *Duration* Expires
Date of Birth *16th May 1921* Religion *Baptist*
Character *V.G.* Efficiency *satisfactory* Date
Badges Class for Conduct Class for Leave

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1			
Higher Educ. Test.			
Professional for higher Sub-rating			
do Non-Sub.			

(For Ordinary Seamen Form T.S. 34 must be used in addition)

Any Non-Service Attainments

Swimming Qualification

Athletic Capabilities

General Remarks (including intelligence, energy, initiative, powers of command). *Grade VIII education: intelligent and would prefer to go to sea. keen rating*

H.M.C.S. "*Stadacona I*" *F.O. Martin Sub Lt*
Officer of Division.

Date *October 11th*

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

CONDUCT SHEET

NAME Stanley BENJAMIN RATING Ord Seaman PORT DIVISION AND OFFICIAL NUMBER V-2320

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for		Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
				Conduct	Leave	From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
Stadacona	14 Aug 41	Nil	6 June 41	1 st	1 st	14 Aug 41	23 Oct 41	V.S.	Sat.	NY (N.Q.)	NO	Captor II			<i>[Signature]</i>
Captor II	24 Oct 41	Nil	10 th Mch 42	1 st	1 st	1 Jan 42	29 Aug 42	Good	Sat.	NY (N.Q.)	NO	Stadacona			
Stadacona	30 Aug 42					30 Aug 42	31 Aug 42	Good	Sat.	NY (N.Q.)	NO	Lousburg			

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

65

HMCS Naval Service Headquarters, at Ottawa,

Name BENJAMIN, Stanley.
(Christian names in full)

Rank of Rating Able seaman Official No. 7-1320, R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Saint John, N.S. Date of Birth 16th May, 1921.

Occupation in Civil Life Seaman Religion Baptist,

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) 16th June, 1941. to 6th February, 1943.

Date of Death 6th February, 1943. Place of Death Overseas.

Cause of Death Missing, presumed killed in action to date the 6th February, 1943,
(If due to accident, violence, or enemy action, particulars to be stated briefly)
when the ship in which he was serving was sunk by enemy action overseas.

Nearest known relative or friend { Name Mrs. Frances L. Benjamin, Relationship wife
Address 88 St. Patrick Street,
Saint John, N.S.

Date on which the above was informed by Ship HMCS Naval Service Headquarters 11th Feb. 1943.

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..... Date of Burial.....
(if known) (if known)

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

Undertaker employed.....
(if any)

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

~~XXXXXXXXXXXX~~
Commanding Officer,

Edw March,
..... 194.....

~~XXXXXXXXXXXX~~
Secretary, Naval Board.
The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

for H.B. Money
SECRETARY, NAVAL BOARD. HB

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.

LA/CM

71

113-B-505

F.D. 2802

28th April, 1943.

THIS IS TO CERTIFY that according to official information Stanley Benjamin, Able Seaman, Official Number V-2320, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed in action to date the 6th of February, 1943, when the ship in which he was serving was sunk by enemy action overseas.

Red
SECRETARY, NAVAL BOARD.
Red *SB*

Information for Purchasers of Canada's War Savings Certificates

Date of Issue. War Savings Certificates will be dated the fifteenth of the month in which payment is completed. For example, whenever in any one month your Total Salary Deductions are sufficient to buy your War Savings Certificate, that Certificate will bear the date of the 15th of that month.

Registration. Each War Savings Certificate is registered at the Bank of Canada, Ottawa. Registration will be made in one name only. A War Savings Certificate is not transferable and cannot be redeemed other than by its registered owner. Provision has been made for redemption in case of the death of a holder.

Care should be taken to state clearly the name and address in which you desire Certificates registered. Spell out the first or Christian name in full, as well as the surname, and give proper prefix (Mr., Mrs., or Miss).

For example: Correct —BROWN, MR. KENNETH D.

Incorrect—Ken. Brown.

A married woman must furnish her own Christian name (not that of her husband).

For example: Correct —WHITE, MRS. MARGARET F.

Incorrect—Mrs. Henry G. White.

Purchase Limits. No person may hold War Savings Certificates in excess of a total maturity value of \$500 purchased in any one calendar year. That is to say, you may purchase \$500 worth this year, and up to a like amount in each succeeding year.

Income Tax. Due to the difficulties of calculation, the small amounts involved and the limit on individual holdings, holders will not be required to report the difference between the purchase price and the redemption value of War Savings Certificates, as income in making returns under the Income War Tax Act.

Redemption. War Savings Certificates cannot be called for redemption by the Government prior to their date of maturity. The holder, however, has the option six months after issue date of redeeming his certificates for cash, and after the first year will also be paid interest to the date of redemption in accordance with the table of redemption values shown on each certificate. The Minister of Finance reserves the right to require ninety days' notice in the case of redemption before maturity.



*To All Members of
Canada's Armed Forces:*

re: WAR SAVINGS CERTIFICATES

Many officers and enlisted men of the Navy, Army and Air Force, have asked that arrangements be made for regular deductions from regular Navy, Army and Air Force pay, to allow them, if they so desire, to invest some part of their pay in War Savings Certificates.

What War Savings Certificates are, and how they may be obtained, you will find explained in this folder.

Whether any deduction from your pay will be made, and how large it will be, will depend, of course, upon your own wishes.

If you are interested in our opinion of War Savings Certificates, we think that there is no better "buy" either for yourself or for Canada.

J. L. RALSTON

C. G. POWER

ANGUS L. MACDONALD.

Ottawa, July 17, 1940.

WAR SAVINGS PLEDGE

NAME OF PURCHASER

PRINT IN BLOCK LETTERS

SURNAME OF REGISTERED HOLDER

PRINT IN BLOCK LETTERS

B E N J A M I N S T A N L E Y	B E N J A M I N
-------------------------------	-----------------

REG'T OR OFFICIAL NO.

V 2320

CHRISTIAN NAME

Mr.

~~Miss~~

S T A N L E Y	
---------------	--

H.M.C.S. Captain II

SHIP, UNIT OR ESTABLISHMENT

Until further notice please deduct the sum of \$ 4.00 each month, from any pay and allowances which may be payable to me, for the purchase of War Savings Certificates.

It is understood that for each . . .	\$4	\$8	\$20	\$40	\$80	Strike out units not applicable
so deducted I will receive one . . .	\$5 CERTIFICATE	\$10 CERTIFICATE	\$25 CERTIFICATE	\$50 CERTIFICATE	\$100 CERTIFICATE	

registered in my name or that of anyone else I may designate. Purchases are to be made in each month during which my accumulated savings are sufficient to buy a certificate of any denomination.

Date

JAN 22 1942

Signature

Stanley Benjamin

ENDORSEMENTS
from
Chiefs of Staff of all three Services

"This is one way in which everyone can help the War Effort. No matter how small the contribution it all adds up to an immense sum and, may I remind you that in helping your country you are also helping yourselves, as you will receive your money back with interest in due course. It's going to be a long hard war, so let's all tighten our belts if necessary and do our damndest and so 'Stop Hitler'."

PERCY W. NELLES,
Chief of the Naval Staff

"I commend this form of saving to all ranks of the Canadian Military Forces. By supporting it you are doing both Canada and yourself a good turn."

T. L. ANDERSON,
*Major-General,
Chief of General Staff.*

"I heartily commend the purchase of these War Savings Pledges to the Officers, Warrant Officers, Non-Commissioned Officers, and Aircraftmen of the Royal Canadian Air Force.

I feel that in this vital period, when the very existence of the British Empire is being threatened, the members of the R.C.A.F. will be glad of this opportunity to assist in making Canada's War Effort as great as possible."

L. S. BREADNER,
*Air Commodore,
Chief of the Air Staff.*

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEERS

Name (in full), *Stanley Benjamin*

Date and place of birth, *May 16, 1921, St. John*

Permanent place of residence, *St. John*

Nearest town to residence,

Are you a British subject?, *yes*

Are you single, married or a widower?, *Single*

In what capacity do you wish to enrol?, *Opd. Seaman*

Present occupation or trade, *Clerk*

Do you belong to any Naval, Military, Reserve or Territorial Force?, *No*

Have you ever served with such forces? Give dates and details, *yes, Rodney Sea Cadets, 1936-1938.*

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

Have you ever offered to serve in any of H.M. Forces and been rejected?, *yes*

What is your weight?, *118* What is your height, *5'8"*

What is your chest measurement (not inflated), *32"*

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

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

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

Stanley Benjamin S1
Sept. 4, 1939
138 Winslow St. West Ad

Albert L. Bonner
 (Witness to Signature)

This is to certify that I have personally examined the certificate of the applicant, or his date of birth.

I certify his date of birth on the above certificate to be true on the following documentary evidence, to be *see above*

Signed, *W. H. Frederick Brooke J.N.*

MAR 3 1938

N.S. CANADA

62-21-4 B

Dear Sir:

Would you please
 send me an application
 blank for the Royal
 Canadian Naval Boys
 I am a member of
 the Rodney Sea Cadets
 Yours Truly
 Stanley Benjamin

Stanley Benjamin
 198 Ludlow Street
 West Saint John
 N.B.

Handwritten red initials
 P.P.
 over 15

ANSWERED
 MAR 4 1938

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
MAR 3 1938
REFERRED TO
Herbert

V2320 OFFICIAL NUMBER NAME BENJAMIN Stanley (Surname) (Given Names) OFFICIAL NUMBER V2320

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified			
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year	
St. John Div. Str.	Ord. Smn.	6	6	41		V.G.	Sat.	31	12	41	A.A.111.	5	12	42	(21-8-9)			
Duty Div. Hdqtrs.	"	16	6	41		Good.	Sat.	31	12	42								
HMCS Stadacona	"	14	8	41		V.G.	Sat.	6	2	43								
Captor 11	"	24	10	41														
"	Able Smn.	16	6	42	249A #15637													
Stadacona	"	30	8	42														
Louisburg	"	1	9	42	Per S.C.													
DISCHARGED	"	6	2	43	Missing, Presumed killed in action. (per C.I.)													

GENERAL REMARKS

Hospital 14-11-41 to 18-11-41.
 Hospital 5-12-41 to 24-12-41
 Hospital 4-5-42 to 3-7-42.
 WIFE: Mrs Frances I. Benjamin.
 59 St Patrick St.,
 Saint John, N.B.
 AWARDED Canadian Memorial Cross.
 MOTHER: Mrs. J. BENJAMIN,
 216 Watson St.,
 WEST SAINT JOHN, N.B.

DATE OF BIRTH			PLACE	CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR DATE	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOR	R	CTY.	TOWN	SERV.	DIV.	RANK	DATE
16	5	21	15	660	0	60	X	5	11	01	0	02	0 08 95
ENLIST. DATE			ACT. SERV. DATE			SYR.	ACT. SERV. DATE			SHIP OR	RANK OR DATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESRNO	RANK	DATE	
06	06	41	16	06	41					2160	0	08 94	
SERV. DATE			STR.	NON-SUB		M	SERV. DATE			SHIP OR	RANK OR DATE		
DY.	MO.	YR.	CAT.	A	B	ST.	DY.	MO.	YR.	ESRNO	RANK	DATE	
16	06	42	09	17	00	00	06	02	43	116		7th	

V2320

OFFICIAL NUMBER

FILE NUMBER

113-B-505

OFFICIAL NUMBER V2320

NAME BENJAMIN Stanley (Surname) (Given Names) DATE OF BIRTH 16th May, 1921.
 PLACE OF BIRTH Saint John, N.B. OCCUPATION Grocery Clerk.
 RELIGION Baptist. EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 138 Winslow St. W., Town St John Province, etc. N.B.

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
4	9	39	Three Years.	5' 8	Black	Brown	Freckled					
6	6	41	H.O.									

NEXT OF KIN RELATIONSHIP (in pencil) Wife 2/43 NAME (in pencil) Mrs. Frances Benjamin
 ADDRESS (in pencil): Street and No. 59 St. Patrick St Town St John Province, etc. N.B.

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	

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		
					Captor 11	21	28	2	42	Guilty of an act of Good Order and Discipline in smuggling spirits on ship. 2. Drunk onboard.	10 days detention.

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
28	2	43		10					

SECOND CLASS FOR CONDUCT
 From _____ To _____

H.Q. 35-35M-2-43 (8309)
 N.S. 815-7-35



FILM NO. WSP-5143-7
 DATE _____