

N. V. 5 50M—10-41 (1994) N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

	PERMAN	ENT ADDRE	vides.			OR WIDOWER SINGLE
L. Ord	ignal, Onta				R	oman Catholic
-	OF BIRTH		PLACE OF BIR	тн		ADDRESS OF NEXT OF KIN
		A STATE OF		1000	Mother:	Mrs Sophie PILON
Original Nationalit Father Fr. Mother Fr.	y of: Can.	County Province Or	itario			Same Address
*If not the sor	of natural born British PERSO				ENROLME	ENT
HEIGHT	CHEST MEASUR	EMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
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	EDUCATIONAL S	STANDING		T	RADE OR CALLING	G AND IN WHOSE EMPLOY
]	Llth Grade (Commerc	ial	1		ndustries Ltd, field, Que.
DATE OF	ENROLMENT	RATING FO	R WHICH END	COLLED R	.C.N.V.R. DIVISION	I, OR OTHER ESTABLISHMENT,
Divisions 4th Novem	al Strength ber, 1942	Ord.	Seamen			CARTIER"
(B)	DECL		ON TO BE	E MAD	E BY APPL	ICANT
(1) That (2) That	I am a British Su	bject dom	led as a mem	ber of the	e Royal Canadia said Force.	an Naval Volunteer Reserve
(3) That	* (a) I have neve Force.	r served, a	nd am not se	erving in a	any Naval, Milit	tary, Reserve, or Territorial
*Cross out Cla	K(b) It served lir record use not applicable.					adistiowh, land lattach my
	A CONTRACTOR OF THE PARTY OF TH					

- (c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

- (5) On being enrolled as a member of the H.M.C.S. "CARTIER" 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 affoat 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 Head-

for any loss or	damage thereto	r when required so other than fair wo rty of the Crown	ear and tear;	and also not t	erson, or to pay com to wear such uniform y.	npensation n or outfit
(d) To uno priate authoriti		or re-vaccination	on, or inocula	tion, as consid	ered necessary by t	he appro-
Dated this	4th	day of	Hovemb	er, 1942		
A	Signatu	re of applicantX	x Le	macil	hilou	
(C)	CERT	IFICATE OF	ATTEST	ING OFFIC	ER	
I hereby co	ertify that all the	e foregoing state	ments were n	nade by the vo	olunteer above nam	ed, in my
presence, and th	hat he has made	and signed the al	oove declarati	on in my prese	ence on this4tl	1
day of	November	, 1942		00	EARL	
			**		nd rank of Attestin	g Officer.
(D)		OATH OF	ALLEGIA	NCE	R.C.N.V.R.	
I,JOSEA declare) that I vaccording to lav	will be faithful as	nd bear true alleg	giance to His	Britannic Maj	romise and swear (or esty, His heirs and warm with	successors
Date4th.	November,	1942	Rank	ieutenan:	t. R.C.N.V.R.	A
The Oath o	of Allegiance may	be administered	by a Commi	ssioned Officer	of the Naval Service	e.
(E)	CERT	CIFICATE OF	ATTEST	ING OFFIC	ER	-
JOSEPI	H GERMAIN P	ILON	ha	ving been duly	enrolled to serve in	the Royal
Canadian Nava recorded in the	1 Volunteer Rese	the H.M.C.S	e caused his	name and ever	ry prescribed partic	ular to be
	W 11004			0'0	nobe	ie

Attesting Officer. R.C.N.V.R. Division (or other establishment) H.M.C.S. "CARTIER"

4th Novemb er 1942

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.

> This is to acknowledge SHAMAN have not been induced to Service by the prospect of being transferred at some future date to another Branch. Germain

> > Signature

CERTIFICATE of the SERVICE of

in the Royal Canadian Naval Volunteer Reserve Official Number. R.C.N.V.R. Division Training Headquarters Name and Address of Nearest Relative or Friend MOTHER: SOPHIE Signature.....Rank....19...... Can Swim:-P.P.T. Date..... Signature Rank Date......19...... P.S.T. PARTICULARS OF SERVICE MEDALS, DECORATIONS, etc. Date of Rating on Enrolment or Re-enrolment Date of Actual Volunteering Nature of Decoration Presentation Award PERSONAL DESCRIPTION Height Hair Complexion MARKS, WOUNDS, SCARS Weight Feet Inches On Entry... On re-enrolment-6 years' Service On re-enrolment-12 years' Service Further Description if necessary. TRANSFER-LISTS A AND B TRANSFER BETWEEN DIVISIONS То Date List Date Authority From

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CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.
NAVAL GENERAL SERVICE MEDAL (1915).

SERVICE QUALIFYING PER AREA SHIP 1939-45 ATLA TO DAYS TO FROM FROM 8.3.43 Ulberni 21.8.44 212 23-1-44 Rusumed dead 21-8.44 -VERIFIED BY

FORM "B".

FILE: N.S. V-49934, PERS

DEPARTMENT OF NATIONAL DEFENCE

+ Naval Service Ottawa, Canada.

Sir:

DEC 28 1944.

The following casualty has been reported -

NAME

RANK or RATING

NAVAL NO.

PILON.

Joseph Germain

Stoker First Class

V-49934, R.C.N.V.R.

DATE OF ENLISTMENT - 4th November, 1942

Active Service Sth March, 1943.

DATE OF DISCHARGE - 21st August, 1944

HOSPITAL

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

SERVICE - Canada & High Seas

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

Reason for discharge and - "Missing", presumed dead. He was serving in HMCS when and where any disability was incurred, or where death "AIBERNI", 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 -

C.R. BY.

RELATIONSHIP -

Mother:

NAME - Mrs. Sophie Pilon

ADDRESS -

L'ORIGNAL, Ont.

NOTE:

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

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

C. R.
P. A.

NAVAL TREASURY

DATE
INITIAL

INITIAL



142487

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

N.S. V-49934. PERS (N) S CHECKED IN

C.R. BY

My dear Mrs. Pilon:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Joseph was an excellent stoker and was very well liked by all the officers and men. He had been with me for some time and had proved his "mettle" on many occasions.

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

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

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

Yours sincerely,

"Ian Bell" Lieutenant Commander, R.C.N.V.R.

Mrs. Sophie Pilon, L'Orignal Ont.

	ORIALS—DECEASED PERSONNEL BERNI" Feb/#3	REGISTRATION No. DATE OF DESPATCH
	Orignal, Ont.	- 10 English
(2) MEMORIAL CROSS WIDOW		(2)
ADDRESS:		MEMORIAL BAR
MOTHER	Mrs. Sophie Pilon	DATE DESP
ADDRESS:	L'ORIGNAL, Ontario (Issued 17 January 1945)	REGN. NO. 2/12

N.

DECEASED 21 August 1944	AWARDS NAV		WAR SERVICE RECORDS
PILON Joseph Germain	∇-49934	Sto.1	FILE No.
SURNAME (IN BLOCK LETTERS) CHRISTIAN N	AMES REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
ADDRESS:	DATE DESPATCHED:		
CAMPAIGN MEDALS	REGISTRATION NUME	BER AND DATE D	ESPATCHED
1939-45 Star Fr. Ger. Star C.V.S.M. & Clasp War Medal			
		8306	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)