O5740
BELLAZZI
JOSEPH OLIVER

123-6841

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

30

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full BELLAZZI JOSEPH OLIVIER (b) Reg'l. No. A-622
2. (a) Arm of service NAVY (b) Unit R.C.N.R. (c) Rank LEAD/SEA.
3. (a) Date of birth 24TH 1914 (b) Have you any dependents? YES (c) Place of residence at time of enlistment VARENNES, QUE
4. (a) Place of enlistment QUEBEC, QUE (b) Date of enlistment SEPT 9 1941

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.) 1 YR P.S. ✓
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 - FRENCH (b) What languages do you read well? ENGLISH FRENCH ITALIAN

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) YES (b) At time of enlistment of what trade union or professional society were you a member? NO

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

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

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

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

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS 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 CLARKE STEAMSHIP CO. Address MONTREAL, QUE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STEAMSHIP LINE
20. (a) Your specific occupation QUARTERMASTER (b) Number of years' experience at this occupation with any employer 9 YRS
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? — (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 NONE

J. A.

DATE May 19/41 194.... SIGNATURE J. Bellazzi.

O.H.F. RECEIVED

Copy To
VWD
ES
JUN 30 1941

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Mrs. AlbertaBellazzi,
Varrennes,
County Vercheres, Quebec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. NS O-5740 FD 151

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

5 JUNE 1945.

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

BELLAZZI, Joseph Of. Skpr.,

O-5740 R.C.N.V.R.

ESTATES BRANCH
JUN 21 Rec'd
H. Q.
OTTAWA
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

HRW/MK

Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Bellazzi Alberta	29	Varennes (Verchères)
2	Enfants du défunt et dates de naissance.....		Bellazzi Lise-17 nov. Bellazzi Gisèle 17 juin Bellazzi Claude 28 avril	5 2 1½ mois	Varennes (Verchères) Varennes (Verchères) Varennes (Verchères)
3	Père du défunt.....		Bellazzi Joseph	71	1828 Laurier est, Montréal
4	Mère du défunt.....		Martel Marie-Anne	65	décédée
5	Frères du défunt	Frères germains	Bellazzi Hubert Bellazzi Marcel	37 25	7701 Blvd La Salle Ville La Salle 2 Monette, Dorval
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Bellazzi Diane Bellazzi Yvette Bellazzi Gilberte Bellazzi Jacqueline	43 34 29 21	1828 Laurier est, Montréal 1828 Laurier est, Montréal 1828 Laurier est, Montréal 1828 Laurier est, Montréal
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux	Noms et âges de leurs enfants (le cas échéant)	Bellazzi Henri Bellazzi Lucien	25 23	Adresse de leurs enfants 26 juillet 1928 1 janvier 1935

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Bellazzi Fernand
9	Date de sa naissance.	14 oct 1915
10	Lieu et date de son mariage.	Varennes — 14 janvier 1939
11	Lieu et date du mariage de ses parents.	Montréal — 23 mai 1900

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Montréal
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Montréal – 14 ans (b) Ville La Salle – 10 ans (c) (d) Varennes – 4 ans
14	Nature de son emploi avant son enrôlement.	Marine marchande - Clark Steamship
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Varennes

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Communauté de biens par Contrat de mariage (Joint)
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? Oui	Compte d'épargne à la banque Provinciale du Canada, Varennes - $52.90 $450. Varennes - Banque Provinciale En dépôt à mon nom Alberta Bellazzi
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Sun Life - $1,000 - Alberta Bellazzi
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	Entièrement par moi

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Veuve du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mme Alberta Bellazzi (Signature du déclarant)

Varennes (Verchères) Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Alberta Bellazzi (Nom du déclarant)

*Voir plus haut

est le/la* veuve du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Varennes ce dix-neuvième jour de Juin 19 45

PAROISSE STE-ANNE DE VARENNES

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

André Beauregard Titre curé

Adresse Varennes, P. Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Can. B. 207
100M—3-42 (733)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined BELLAZZI Joseph.

‡candidate for entry as P.O. Promoted to Skipper NR.

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	Yrs. 28	Mos. 6			(j) Date of last Vaccination for Smallpox	1943	
(b) Height with bare feet	Feet 5'	In. 10			(k) General Development	good	
(c) Weight without clothes	158				(l) Nose, Throat and Tonsils	normal	
(d) Ears and Hearing	Tymp membs normal ev, 20				(m) Heart and Lungs	N.A.D.	B.P. 130/80
(e) Chest Girth	Max. 38½	Min. 37½	Mean 36½		(n) Abdomen Hernia, etc.	normal	
(f) Teeth	Deficient 5	Defective —	Dentures —		(o) Limbs and Joints	normal	
(g) Vision by Snellens Types	without glasses	Rt. 4/9	Lt. 4/9		(p) Skin	sl. acne	
	with glasses where worn	Rt.	Lt.		(q) Anus Haemorrhoids	normal	
(h) Colour Vision	Ishihara N R.C.N. Lantern				(r) Testes Varicocele	normal	
(i) Chest x-ray ~~not taken~~ approved ~~positive~~ ~~doubtful~~	#13546				(s) Urine	neg	

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.

Fernand Bellazzi
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.....

.....

*{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 Halifax the 12 of March 19 43

Examining Medical Officer

(Rank) SURGEON LIEUT.

N.B.—5
1M—4-29
N.S. 815-12-5

12634

DEPT. MILITIA & DEFENCE
SEP 23 1937
N.S. 123-B47
CANADA

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME B E L L A Z Z I OFFICIAL NO. A - 622.

CHRISTIAN NAMES Joseph Olivier FERNAND MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
No. 10, Lavigueur Street, Quebec, P.-Q., Telephone No.30197 at Mr. Antoine Loizeau.	Roman Catholic.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
14th of October, 1914.	Town Montreal County Montreal-Delorimier, Province Quebec.	Joseph Bellazzi, 7701, LaSalle Blvd. Ville LaSalle, P.-Q., (Father)

PERSONAL DESCRIPTION ON ENROLMENT

Weight without clothes.	HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
167½	Feet 5 Inches 10	~~Inflated~~ Max. 38" ~~Deflated~~ Min. 34" ~~Mean~~ Mean 36"	Dark brown.	Greyish brown	Dark	Scar vulgaris acné and ancé back, scar left leg - vide medical form B-207 dated 24.9.37.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Friday, 24th day of September, 1937.	Probationary Able Seaman.	Seaman on the s.s. "NEW NORTHLAND", Clarke Steamship Co. Ltd. Quebec, P.-Q. since 30th April, 1937, and he is still aboard on this date.

Mustered

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) That it is my intention to follow the sea for a period of at least five years from this date.

~~(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~

~~(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

~~Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.~~

~~Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.~~

~~Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.~~

20/9/37

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable

(5) 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.

Served in	Rank	From	To

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this Twenty-fourth day of the month of Sept. 1937.

Joseph Olivier Fernand Bellazzi.
(Signature of Applicant)

Joseph Olivier Fernand BELLAZZI

(C) OATH OF ALLEGIANCE

I, Joseph Olivier Fernand Bellazzi, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Joseph Olivier Fernand Bellazzi.
(Joseph Fernand Olivier Bellazzi)

Witness J. A. O'Dowd
(J. A. O'Dowd),

Date Quebec, 24th Sept. 1937. Rank Paymaster Lieutenant-Commander, RCNR., REGISTRAR.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 24th day of September, 1937.

J. A. O'Dowd
(J. A. O'Dowd),
(Signature of Officer and rank)

Paymaster Lieutenant-Commander, R.C.N.R., REGISTRAR.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 16-4-45

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

BELLAZZI	Joseph Oliver Fernand	0-5740	Skpr.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6726
Atlantic Star	
C.V.S.M. and Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNR June 46 "ESQUIMALT"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Alberta O. Bellazzi - Widow

ADDRESS: 47 Ste. Anne, Varrennes, VERCHERES Co., Quebec. 5-11-48

(2) MEMORIAL CROSS

WIDOW: Mrs. A. Bellazzi

ADDRESS: Varrennes, Co. Vercheres, Que.

(3) MEMORIAL CROSS

MOTHER: deceased

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO 562

(2) 28-6-45

(3)

Can. B. 207
2M—3-34
N.S. 815-2-207

CANADA

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Fernand Bellazzi

candidate for entry as A.B. RCN HCD

and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Halifax the 13 C of Feb 193 9

Examining Medical Officer

(*Rank*)

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years / Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated 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, Hæmorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum	right eye									
25 11/12	161	5, 9½	Good	38½	6/5	Child.	4.	4.	4.	4.	4.	4.	4. 3 deficient 4.	4. 1
				(b) minimum 34	left eye 6/5	Vacc.								
				(c) mean 36	colour vision H. Ishi.									

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, **Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

Fernand Bellazzi

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....

Examining Medical Officer

(*Rank*).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

4

MEDICAL QUESTIONNAIRE

NOTE:- ALL QUESTIONS TO BE ANSWERED SIMPLY "YES" OR NO"

1. Have you ever been discharged or rejected from the NAVY, ARMY or AIR FORCE?...No.....

2. Have you ever had any of the following illness's or defects at any time?

(a) Rheumatism or Rheumatic Fever..No..
(b) Tuberculosis or Pleurisy ..No..
(c) Bronchitis or Pneumonia ..No..
(d) Asthma or Hay Fever ..No..
(e) Kidney or Bladder trouble ..No..
(f) Bedwetting at night ..No..
(g) Heart trouble ..No..
(h) Indigestion of any kind ..No..
(i) Stomach or Bowel trouble ..No..
(j) Nose trouble ..No..
(k) Ear trouble ..No..
(l) Any operations ..No..
(m) Eye trouble...No.....
(n) Gonorrhoea...No.....
(o) Syphilis....No.....
(p) Broken or diseased Bones.....No
(q) Rupture or Hernia...No..
(r) Flat or deformed feet No
(s) Varicose Veins...No.....
(t) Dizzyness, fainting, fits convulsions....No.....
(u) Haemorrhoids or Piles .....No.....
(v) Epilepsy.....No.....
(w) Swollen, red or sore joints.....No.....
(x) Scarlet Fever..No.....
(y) Diphtheria..No.....

3. Have you ever had an illness of more than one week's duration .....No.....

4. Have you lost weight?...No.....

5. Have you ever been in a Hospital or Sanatorium?..No.....

6. Have you or any one in your family ever had:

(a) Tuberculosis..No.....
(b) Diabetes...YES.....
(c) Epilepsy...No.....
(d) Mental or nervous Breakdown..No.....

7. Are there any disease which run in your family.....No.....

Surgeon Lieutenant, R.C.N.V.R.

I hereby certify that I have revealed my full medical history and not withheld any revelant information.

Official Number..A-622.....
Unit...R.C.N.R.....
Rating..SKIPPER.....
Religious Denomination....R.C.....

Signature of Candidate

F Bellazzi

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL Bellazzi Joseph Olivier Fernand RANK/RATING Skpr OFF.NO. 0-5740 ADDRESS

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
STADACONA	12.9.39											1939-45	1	Star
GASPE.	21.9.39	17.5.40	240	Atlantic.								ATLANTIC	1	Star
ELK.	10.9.40	6.8.42	696	Atlantic								FRANCE G.		
FUNDY.	24.3.43	13.8.43	143	Atlantic.								AFRICA		
GLENLEA	16.8.43.	19.9.43	35	Atlantic.								PACIFIC		
GLENORA.	1.10.43.	10.12.43	71.	Atlantic.								BURMA		
MARVITA.	11.12.43	10.2.44	62.	Atlantic.								ITALY		
NORTHERN GEM	14.2.44	24.4.44	71.	"								DEFENCE		
KIPAWA	25.4.44	13.5.44	20.	"								C.V.S.M.	2	Clasp
ESQUIMALT	14.5.44.	16.4.45	338	Atlantic								" CLASP		
Discharged. Missing at sea due to enemy action												WAR 1945	1	Medal
to date 16/4/45												WAR 1915		

VERIFIED BY Joyce Rose.

VERIFIED BY Joyce Rose

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

N.V. [illegible]7A
50M—7-42 [illegible]19)
N.S. 815-[illegible]

TRUE COPY
OF THE
CERTIFICATE of the SERVICE of

42

Joseph Oliver Fernand BELLAZZI

in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number A622
	Quebec.	"
		"

Date of Birth 14 October 1914

Place of Birth Montreal P.Q.

Place of Residence Varennes, Deschaux Co P.Q.

Trade brought up to Seaman

Religion Roman Catholic

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

Wife

Jane Bellazzi

Can Swim:—P.P.T. ( ) Date ..... 19..... Signature .....

P.S.T. ( ) Date ..... 19..... Signature .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or Re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	12 Sep '39.	Hostil.	
	Previous Service:		
	24 Sep '37	5 years.	

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	10			Brown	Brown	Dark	Scar vulgaris acné + acné back, scar left leg.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Stadacona		AB	12 Sep '39	20 Sep 39	
	Stadacona (Depot)		— " —	21 Sep 39	17 May 40	
	Stadacona		— " —	18 May '40	9 Sep '40	
	Protector (Elk)		— " —	10 Sep '40	30 Nov '40	
	Venture (Elk)		A/Ldg/SMN(T)	1 Dec '40	13 Nov '41	
	— " —		P.O. (TY)	14 ~~Dec~~ Nov. '41	1 Dec '41	
	— " —		— " —	2 Dec '41	31 Mch '42	
	Stadacona (Elk)		— " —	1 Apl '42	15 May '42	
	Protector (Elk)		— " —	16 May '42	6 Aug 42	
	Cornwallis		— " —	7 Aug 42	1 Feb 43	
	Stadacona		— " —	2 Feb 43	29 Jan '43.	Promoted to
				Skipper	R.C.N.R. to date 30 Jan '43.	
				NS 1012-5-43 of 1 Mch '43.		

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

Date	Details	Captain's Signature

Year

D

5 Feb

18 Feb

15 June

28 Oct.

1 Dec

14 Nov

OF DISCHARGE

Signature

ted to
Jan 43.

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

Date	Particulars	Captain's Signature
5 Feb 1938	Passed 1st year trainning	
18 Feb 1938	Passed ET one.	
15 June 1940	Q & R. Q.R. III	
28 Oct. '40	Passed Prof Lctg Smn.	
1 Dec '40	Rated A/L/Smn (TY)	
14 Nov '41	Rated P.O. (TY)	

RECORD OF RATING

Rated	Date	Authority for Advancement or Reason for Disrating to be stated

Name ..... Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		VG	Sat (AB)	31 Dec '39	
		VG	Sat (A/L/Sm)	31 Dec '40	
		VG	Sat (A/L/Sm)	31 Dec '41	
		VG	Sat (PO)	31 Dec '42	
		VG	Sat (PO)	29 Jan '43	

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
24 Sep '41	GSB	1	Granted

TIME FORFEITED

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

ESTATES BRANCH

HQ NS 0-5740 FD
151

June 13th, 1946.

Mrs. Alberta Bellazzi,
Varennes,
Vercheres Co., P.Q.

BELLAZZI, Joseph O.F. Skipper (Deceased)
No. 0.5740 - R.C.N.V.R.

Dear Mrs. Bellazzi:

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

The total amount available to this Branch is the sum of $531.05, made up as follows:

Balance of Pay and Allowances		$ 66.22
Credit for Hard Lying Money & D.M.S.		11.25
Proceeds Sale of Victory Loan Bond Coupons		2.25
Proceeds Redemption of Five Victory Loan Bonds		478.71
Credit Refund of Travelling Expenses		50.00
		$608.43
Less Disbursements as follows:		
Recovery of Hard Lying Money	$ 2.16	
Recovery of Debtor Balance	75.22	77.38
BALANCE PAYABLE.....		$531.05

Since your husband died without leaving a Will, his estate is distributed in accordance with the Intestacy Laws of his province of domicile, and these provide that you receive one-third as next-of-kin entitled and two-thirds for the benefit of your three minor children. Their share is paid to you on your undertaking to use it for their benefit.

A cheque has been requisitioned from the Treasury Department and on receipt of the same, would you kindly sign and return the enclosed forms of acknowledge-

P.T.O.....

mail to the Director of Estates, Department of National Defence, 306 Sparks Street, Ottawa, Ontario.

Yours faithfully,

Director of Estates.

HRW/JB
Encls.

FEB 26 1946

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

HQ-0-5240 FD 151

Date.....

The Estates Branch has received the following personal effects of

Name.....Skipper..BELLAZZI..J.O.F.....

2 Shirts
2 Collars
3 Handkerchiefs
3 Undershirts
5 Pr. undershorts
1 Towel
1 Bed cover
1 Pillow case

ESTATES BRANCH FEB 27 1946 H.Q. OTTAWA NATIONAL DEFENCE

Received the effects as listed

SIGNATURE. Mme. Fernand Bellazzi

DATE REC'D. 23 fév. 1946.

113

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name Belazzi, J.O.F. *Rating* Skpr.

Official No. 0-5740 *H.M.C.S.* Esquimalt *List* 12/1

*Who** D.D. *on the* 16 Apl. A.M. *19* 45

	$	cts.
Net sum due on ledger on account of Wages		
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No. 165-093062	66	22
Cash debited in the Accountant Officer's Cash Acct.		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) ..... charged to		
Name of ship from which transferred		
Total†	66	22

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S."ESQUIMALT" amounting to a net balance† Creditor of Sixty Six dollars Twenty Two cents.

Dated on board H.M.C.S. Stadacona at Halifax N.S. this 7th day of June n 19 45

Approved H R Belaney A/CAPTAIN R.C.N.V.R. Commanding Officer.

C Mc Crea LIEUT. (S) R.C.N.V.R. Accountant Officer

..... { Initials of the Assistant Accountant Officer

For Use at Headquarters. $.....cts.....credited on Inspector's certificate No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".

§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M—8-43 (1464)
H.Q. N.S. 815-9-45

NOTED
ESTATES CARD
JUL 11 1945
D.N.P.A. SECT. 11

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature

.....Rank

.....Signature

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

Penalty 21-5-45 5 yrs 916690 #89

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY 94

H.M.C.S. ESQUIMALT at Sea

Name BELLAZZI, Joseph Oliver Fernand
(Christian names in full)

Rank of Rating Skipper, R.C.N.R. Official No. O-5740
(If unknown, date of first entry)

Place of Birth Montreal, Que. Date of Birth 14th Oct., 1914

Occupation in Civil Life 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) ~~30th Jan., 1943~~ 12 Sept., 1939 - 16th Apr., 1945.

Date of Death 16th Apr., 1945. Place of Death At Sea

Cause of Death Lost at sea - enemy action.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Mrs. Alberta Bellazzi Relationship wife
Address Varrennes,
Co. Vercheres, Que.

Date on which the above was informed by Ship Not Known.

Date on which death was registered with local Officials Not Known

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 - - - - - (if known) Date of Burial - - - - - (if known)

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

Undertaker employed - - - - - - (if any)

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

H. R. Dalton.
Commanding Officer,

.....194.....

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

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.

NOTED
ESTATES CARD
MAY 31 1945
SECT. IV
D.N.P.A.
M. M. O.

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

RECEIVED
MAY 24 1945
N. S. D.
CENTRAL
REGISTRY
(Personnel Section)

CANADA

Department of National Defence

Naval Service

OTTAWA, Ont. 14 May, 1945

IN REPLY PLEASE QUOTE

N.S. O-5740 PERS. (N)

PG12234

FROM: Secretary, Naval Board,
Naval Service Headquarters,
Ottawa, Ont.

TO: Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

ESTATES BRANCH MAY 18 1945 H.Q. OTTAWA NATIONAL DEFENCE

Re: H.M.C.S. "ESQUIMALT" CASUALTIES

It is notified for your information that the following casualty in the Canadian Naval forces has been reported:

NAME, RANK/RATING, OFFICIAL No., UNIT	PLACE, DATE & CAUSE OF DEATH	NAME & ADDRESS OF NEXT OF KIN
BELLAZZI, Joseph Olivier Fernand Skipper, O-5740. R.C.N.R.	Missing, presumed dead, to date 16 April, 1945, when H.M.C.S. "ESQUIMALT", was sunk by enemy action at sea.	Wife: Mrs. Alberta Bellazzi, Varrennes, County Vercheres, P.Q.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Mrs Alberta Bellazi Varennes P.Q	D.A. A.P.	68.12 96.00 $164.12	

WILL: No record.

N.B. Money L.

for SECRETARY, NAVAL BOARD.

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

RECEIVED
MAY 18 1945
N. S. H. Q.
Central Registry
Mail Opening
4

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Oliver F. BELLAZZI (CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 56771

FILE NO. O-5740 Dor

DATE 17-5-48

SERVICE NO. RCN(R)

FINAL RANK OR RATING Skipper

PAYEE: Mrs. Alberta Bellazi,

ADDRESS: Varennes, Vercheres Co., Quebec.

DATE OF TERMINATION OF OVERSEAS SERVICE 16 April/45

DATE OF DISCHARGE 16 April/45

		$ ¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 2044/30 EQUAL TO 68 COMPLETE PERIODS AT $7.50		510.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 1675 LESS 4 INELIGIBLE DAYS, EQUAL TO 1671 DAYS @ 25C. PER DAY		417.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 4.75	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY HLM	$ .50	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 68.12	$ 2.27	
TOTAL	$ 9.22 ×7 = $ 64.54	590.73
NO. OF DAYS 1675/183	×$ 64.54	
D. WAR SERVICE GRATUITY		1518.48
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$ nil	
F. TOTAL AMOUNT PAYABLE		1518.48

G. YOUR PORTION OF GRATUITY IS—

Paid by cheque # 56303 dated 2/6/48

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $_____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ ////////// 1518.48

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

PREPARED BY	CHECKED BY
FS	

TREASURY

CHECKED BY	DATE
[signature]	20/5/48

for DIRECTOR OF NAVAL PAY ACCOUNTING

SERVICE REPRESENTATIVE

14 Dundas Esplanade,
Charlottetown, P. E. I.
Mai 10, 1945.

O-5740

8
99

Mrs. Marie Alberta Bellazzi,
Varnnes County,
Quebec.

Chere Madame:

Votre Mari, Joseph, servait sous mon command, officier de le navigation, a le temps que L'Esquimalt etait torpille et sa vie etait perdu.

L'attaque arrivait si vitement qu'il n'avait pas temps d'echapper et il etait tue tout a coup, a cause de l'explosion.

Il etait un homme bien dispose et competent dans son devoir, un ami joyeux et bien aime de ses camarades.

Je vous offre du fond de mon coeur sympathie sincere dans votre affliction.

Je demeare sincerement,

Robert C. Macmillan,
Lieut., R.C.N.V.R.

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: AT SEA

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

	Years	Months	Days
(a) In hospital or institution			
(b) In municipality where death occurred			
(c) In Province			
(d) In Canada (if immigrant)			

3. NAME OF DECEASED

Surname: BELLAZZI, (Block letters)

Given names: Joseph Olivier Fernand

Do not write in this space

4. RESIDENCE

Street: 10 Lavigueur Street, No.:

Official name of civil municipality or township: Quebec,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Canadian		Single

9. If married give name of wife or husband of deceased: Mrs. Alberta Bellazzi

10. BIRTHPLACE (Province or Country): Montreal, Quebec

11. DATE OF BIRTH: October (Month) 14 (Day) 1914 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	30	2 6	2	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Seaman

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: S.S. "New Northland"

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: No burial

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality

Municipal county

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 16 (Day) 19 45. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) "DEAD" MISSING PRESUMED

due to DEAD when H.M.C.S.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b) "ESQUIMALT" was sunk by

due to enemy action at sea.

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....19....

State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide....Date....19.... (State which)

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....**M.D.**

Address....**Date**....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

COMMANDER (S) R.C.N.R.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

DIRECTOR OF PERSONNEL RECORDS
NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.

(Voir l'autre côté pour le français)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue [redacted] No. | Hôpital ou institution

2. SÉJOUR — (a) dans l'hôpital ou l'institution ... *Années* | *Mois* | *Jours* | (b) dans la municipalité du décès ... *Années* | *Mois* | *Jours* | (c) dans la province ... *Années* | *Mois* | *Jours* | (d) au Canada (s'il s'agit d'un immigré) ... *Années* | *Mois* | *Jours*

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc .....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. — (a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). — (b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... 19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FOR FRENCH TRANSLATION

REGISTERED

AIR MAIL

IN REPLY PLEASE QUOTE

NO.....

CANADA

Department of National Defence

Naval Service

Ottawa, Canada, 7 May, 1945.

81

Dear Mrs. Bellazzi:

Further to my letter of the 19th of April, 1945, I regret to inform you that in view of the length of time which has elapsed since your husband, Mr. Joseph Olivier Fernand Bellazzi, Skipper, Royal Canadian Naval Reserve, was reported missing from H.M.C.S. "ESQUIMALT", the ship in which he was serving, the fact that all circumstances surrounding his loss have been carefully reviewed, and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 16th of April, 1945.

H.M.C.S. "ESQUIMALT", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty off the east coast of Canada. One Officer and fifteen ratings were killed at the time of the disaster, four Officers and twenty-four ratings are missing and now presumed dead, while two Officers and twenty-four ratings survived the sinking.

The above information is now being released for publication.

The following is an excerpt from the report of a Canadian Naval Press Relations Officer who was in contact with survivors of the ill-fated ship.

> "Struck by a torpedo on the starboard side, H.M.C.S. "ESQUIMALT" listed heavily, and sank stern first in a few minutes. The ship's list had the seaboat under water and flooded before it could be released from the davits, but carley floats were freed quickly before the ship went down, and those who escaped from the ship gathered on four of these floats.
>
> "It was from the four floats that a sister Bangor minesweeper, H.M.C.S. "SARNIA", picked up the survivors nearly six hours later. Many who had reached the floats safely had died of exposure on the floats, from the soaking in the cold sea water, and sixteen bodies were taken aboard the rescue craft.
>
> ""In spite of the rapidity with which the ship heeled over and slid under the surface there was no panic or confusion", a surviving Officer reported. Everyone he had seen had been calmly and quickly abandoning ship.
>
> "Many men had died in the floats, and their bodies were brought aboard H.M.C.S. "SARNIA" with the survivors.
>
> "Artificial respiration was given to some of the unconscious men for hours after they were picked up, but only two men were revived."

BUREAU FOR TRANSLATIONS
Rec'd MAY 9
Sent 1945
NATIONAL DEFENCE ONT.
MAY 9 1945

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Alberta Bellazzi,
Varrennes,
County Vercheres, P.Q.

D. 11a
50M—10-40 (7503)
H.Q. 814-16-1

0-5740

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

080146

To Skipper Joseph O. F. Bellazzi, R.C.N.R.,--

61

You are hereby appointed

Skipper, R.C.N.R.,

of His Majesty's Canadian Ship AVALON additional for KIPAWA.

Your appointment is to take effect from 25th April, 1944.

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

E. M.

Joseph Jeffery

Secretary, Naval Board

DH

Department of National Defence
Naval Service

Ottawa. 3rd May, 194 4.

AVALON additional for NORTHERN GEM, (Temp).

H.Q. 36a
20M—1-44 (68)
N.S. 815-7-36

II. — RESULT OF EXAMINATION

Section I.

Whether "Passed" or "Failed" . . . Passed "GOOD" . . . . . .
(State whether "V.G.", "Good" or "Fair").

(See A.F.O. 729/36).

Section II.

Subject	Maximum Marks P.O.	Maximum Marks L.Sea.	Required to pass P.O.	Required to pass L.Sea.	Percentage obtained: On Examination	Percentage obtained: On Re-Examination
Rigging	60	80	30	40	76	
Anchor Work	50	60	25	30	50	
Rule of the Road	30	30	15	15	28	
Boat Work	80	80	48	48	60	
General Duties	60	40	30	20	35	
Organization	40	--	20	--		
Signals	30	30	15	15	20	
Watertight Fittings	10	10	5	5	10	
Duties in Part of Ship and Mess	--	30	--	15	27	

REMARKS-

The Candidate has:-

(1) Passed a ~~xxxx~~ /Good ~~xxxx~~ Examination.

(11) ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxx~~

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix X11, Part 22a, Clause 8 (b).

Date. 5th.November,1940 . . .

John Charles Rait
Commander, R.C.N.
President of Board

Candidate's Signature (in full) Bernard Bellazzi
Able Seaman, R.C.N.R.

Basic date of passing professionally for. . . . . .
(K.R. and A.I. Appendix X11, Part 22A, Clauses 7 and 8).

is. 28th.October,1940 . . . . . .

Re-examined by Ship's Officers in relevant subjects of Section 11 on board.

H.M.C.S. ". . . . . " on . . . . . .1940.

Date. . . . . .

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

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

. . . . . .

. . . . . Captain, R.C.N.
Captain
H.M.C.S." PROTECTOR . . . . ."
Date . . 20th.November,1940. . . .

C.N.S. 441

123-B-47

P092740 21

SEAMAN BRANCH

Application for, and report of result of,

PROFESSIONAL EXAMINATION,

for the rating of LEADING SEAMAN

1.-- APPLICATION FOR EXAMINATION.

H.M.C.S. "ELK"

Name of Candidate (in full) Joseph Olivier Fernand BELLAZZI

Present rating Able Seaman, R.C.N.R. O.N. A-622

Port Division Quebec

Date of Application for Examination 28th.October,1940

Date and particulars of Previous Failures:-

~~NXXXXXXX~~

Failed Section I : 26th.July,1940.

(i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

(ii) He has carried out the duties of helmsman satisfactorily.

(iii) I am satisfied that he possesses the necessary qualities qualifications which with further experience will fit him to make an efficient Leading Seaman and I consider that he has a reasonable chance of passing.

TO President of Examination Board

SYDNEY, N.S.

N.W. Clark
Lieut.-Cdr.RCNR
Captain

Notes -

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

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

C.N.S. 441

IM-6-37

N.S. 815-9-441.

NOTED
Records R.C.N.R.
Roster

Can. S. 2041
2M—8-3
N.S. 815-9

NO. AV 152
ORIGINAL

DEPT. OF NATIONAL DEFENCE
DEC 12 1939
CANADA

N 23 647 Number 30385

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
RCNR(QUE) "GASPE" 12²/48	Surname BELLAZZI, Christian Names Fernand,	A.B.	A622 RCNR	$1.85

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname BELLAZZI, Christian Names (MRS) Alberta	IN VARENNES, P.Q.

CHILD OR CHILDREN

	Name	Sex	Date of Birth	Attains majority
(1)	Marie Anne Lize	Female	17th.November,1939	17th.Nov. 1956
(2)				
(3)				
(4)				

M/A. APPLICATIONS — Initials — Date
Ent'd. in Birth Record Ledger — F.M.E 12/12/39
Ent'd. on M/A. Card — J.M.E 12/12/39
Ledgers — L.A.B. — L.A.R. 13/12/39
Ent'd in Allotment Ledger

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of: E. V. Lloyd Writer

Signature Fernand Bellazzi

Rank or Rating A.B.

Marriage Allowance in force per diem $ .50
Marriage Allowance claimed per diem .75
13/12/39 L.A.R.

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

H. P. T. Hibbard
Lieut.Cdr. R.C.N. *Commanding Officer.*

This amount per day has been credited from 17th.November, 1939

at List "GASPE" No. 12²/48 Ledger ending 31st.December, 1939

Allotment of $ 55.00 in force from the month of xxxxxxxxxxxxxxxxxxxx 19xx in accordance with regulations.

13/12/39 L.A.R.

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 14-12-39

C. Ellis Rossendew.
Paymaster Lieut.Cdr. RCN. *Accountant Officer.*

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H.M.C.S. "Auxiliary Vessels"

Forwarded 7/12/39

NOTE

(1) All applications for Marriage Allowance must be supported by Certificate of Marriage, Birth Certificates in the case of children, or other unimpeachable evidences as to marriage, birth or guardianship.

(2) The Allotment should be equivalent to the nearest dollar of 15 days' pay of rank or rating, and the Marriage Allowance based on a thirty day month.

FOR USE AT HEADQUARTERS ONLY	INITIALS	DATE
Application received		
Entered in Birth Record Ledger		
Entered on M/A Card		
Entered in Allotment Ledger		

DEPT. OF NATIONAL DEFENCE
FEB 28 1938
M.S. 1-23 - B47
CANADA

R. C. N. R. 2760

TRAINING REPORT

DIVISION Quebec PERIOD No.1 YEAR 1938

NAME BELLAZZI, Joseph O. RATING Prob. A.B. O.N. A.622

Report of First Year of service.

12

ANNUAL TRAINING

Entered for N.T. 10-1-38

Completed N.T. 19-2-38

Final discharge 19-2-38

VOLUNTARY SERVICE

Entered for V.S.

Completed V.S. ....

No. of days

RECORD OF INSTRUCTION

SUBJECT	No. OF DAYS TRAINING		EFFICIENCY	REMARKS
	PRELIMINARY	ADVANCED		
1. Field Training	)			First Year.
2. Gunnery	) 20		Sat.	Passed for A.B. 18-2-38.
3. Seamanship				
4. Signals				
5. Torpedo				Passed E.T.Part 1. 18-2-38.
6. Minesweeping				
7. Oil Fuel				
8. Aux. Machinery				
9. Watchkeeping				
10. Day Work	17		Sat.	
11. P. and R.T.	1		Sat.	
12 Kit & Med. Inspts.	1		Sat.	
13. Swimming	1			

SERVICE AFLOAT

SHIP	DATE ENTERED	DATE DISCHARGED	REMARKS

Character V.G. Efficiency Sat.

Passed ~~failed~~ Professionally for A.B. Passed ~~failed~~ E. T. Part 1 18-2-38.

General Remarks Worked hard. Attended Voluntary School.

C.D. Donaldson

Lieutenant Commander RCN.

Reserve Training Officer

9/3/38

NOTE:—1 copy to Headquarters; 1 copy to Registrar; 1 copy to be retained at Training Headquarters. (This form supersedes Forms Forms N.R. 9, 9a, 9b, and 9d, which are abolished.)

N.R. 9
1M—12-35
N.S. 815-12-9

Captain A/S

M 1 9080

Questionnaire for Candidates for Entry in the
ROYAL CANADIAN NAVAL RESERVE

This candidate is strongly recommended for immediate enrolment. please.
J. A. O'D. Lgr.

12636

Name (in full) Joseph Olivier Fernand BELLAZZI.

Date and Place of Birth 14th October, 1914, at St. Jean-de-la-Croix Parish, MONTREAL, P.Q.,
(Birth Certificate, ~~declaration by parents or affidavit as to date of birth must be~~ attached)

Permanent Place of Residence No. 10, Lavigueur Street, Quebec, P.-Q., Telephone 3-0197.
(at Antoine Loizeau)

What will be your postal address during the next four weeks?

DEPT. OF NATIONAL DEFENCE
SEP 16 1937
NAVAL SERVICE HEADQUARTERS

- as above -

123-3-1B
123-B.4-7

Are you a British subject? Yes. Are you single, married, or widower? Single.

In what capacity do you wish to enrol? Probationary Able Seaman,
(See standards of qualifications in attached pamphlet)

At what time of the training season (October to March) will you be available to do Naval Training at Halifax ?
~~or Esquimalt?~~ Period No. 1, for New Entries, commencing on 10th January, 1938.

Present occupation Seaman on the s.s. "NEW NORTHLAND" of the Clarke Steamship Co. Ltd. Quebec, since 30th April, 1937. Still aboard 27.9.37.

If serving in a ~~foreign-going,~~ or coasting vessel, when, and how often, will you return to your Home Port

Every ten or twelve days.

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

Have you ever served in such forces? Give dates and details

REGISTRAR'S OFFICE
SEP 20 1937
A.M.
R.C.N.R. Div'n. Quebec

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

Have you ever offered to serve in any of H.M. Forces and been rejected ? No.

What is your (a) Weight? ~~about 167½~~ ~~170~~ (b) Height? ~~about 5'10"~~ ~~5'11"~~. (c) Chest Measurement? Max Nor Mean 38"/34"/36" (not inflated)
(according to Medical Examination Form B-207) dated 24.9.37

Are you free from all physical defects or malformation, and not subject to fits? Yes. J. A. O'D. Regr.

Are you willing to be vaccinated or revaccinated and inoculated as considered necessary by the appropriate authorities Yes.

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

Signature Joseph Olivier Fernand Bellazzi
(Joseph Olivier FERNAND BELLAZZI).

Date Quebec, 11th September, 1937.

J. A. O'Dowd
(J. A. O'Dowd),
Witness to Signature

Postal address No. 10, Lavigueur Street, Quebec.

Paymaster Lieutenant Commander,
Registrar, R. C. N. R.

IMPORTANT NOTE

The appropriate certificate attached to this Questionnaire MUST be filled in and signed by the employer of the Candidate, or by a Master of Shipping or Collector of Customs BEFORE the application for enrolment in the R.C.N.R. can be considered. The certificates which are not applicable should be ruled through.

N.R. 3b. 2M-6-28. N.S. 815-12-3b.

Approved for entry
16-9-37

of the following Certificates should be signed and the three certificates which are inapplicable should be ruled through)

5

THIS SHEET MUST NOT BE DETACHED

I. Certificate as to a candidate for enrolment as a Seaman in the R.C.N.R.

I hereby certify that.....Joseph Olivier FERNAND BELLAZZI,.....
(Name in full)

who has signed this Questionnaire has followed a seafaring life in the ~~foreign going~~, coasting, ~~fishing or other~~ vessels named, for at least two years.

Vessel			Dates of service		
s.s. "NEW NORTHLAND"	Seaman	(Coasting)	1st May, 1934,	to 27th November, 1934. ✓	
- do -	"	"	28th Nov.	" "	3rd May, 1935. ✓
- do -	"	"	20th May, 1935,	to 21st Sept. 1935. ✓	
- do -	"	"	16th Nov.	" "	23rd Nov. 1935. ✓
- do -	Quartermaster	"	24th	" "	13th June, 1936. ✓
- do -	"	"	14th June, 1936,	"	1st Oct. 1936. ✓
- do -	"	"	13th Oct.	" "	19th Nov. 1936. ✓
- do -	Seaman	"	30th April, 1937	"	17th May, 1937. ✓
- do -	"	"	17th May, 1937,	"	still aboard ~~11.9.37.~~ 27.9.37 ✓

O.N. 149409 Quebec.

His conduct whilst so employed was generally satisfactory.

He knows the compass, is able to steer, heave the lead, tell the marks on the lead line, and pull a good oar.

He has served at sea within six months of making application for enrolment.

ATTACHED
Certificate of Efficiency as Lifeboatman,
No. 2708, dated 21st November, 1935, issued at Quebec.

J. A. O'Dowd (J. A. O'Dowd),
~~(Signature of employer or of a Master of Shipping)~~
Paymaster Lieutenant Commander,
Registrar, R. C. N. R.

Date Quebec, P.Q., 11th Sept. 1937. Address.....

Signed by Capt. Napoléon Lachance
Examiner of Masters & Mates.

II. Certificate as to a candidate for enrolment as a Stoker in the R.C.N.R.

I hereby certify that.....
(Name in full)

who has signed this Questionnaire *(a) Has served at sea as Fireman or Trimmer in the stokehold or engine room of the vessels named:

Vessel	Dates of service
.....	.....
.....	.....
.....	.....
.....	.....

*(b) Is a capable Fireman or Furnaceman in REGULAR firing employment on shore with.....

.....
(Name of firm, etc.)

(*) Cross out clause not applicable.

His conduct has been good.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

III. Certificate as to a candidate for enrolment as an Engine Room Artificer in the R.C.N.R.

I hereby certify that.....
(Name in full)

who has signed this Questionnaire, is a specially desirable Engineer, having served at least three years' apprenticeship, and is a duly qualified Fitter, Coppersmith, Boilermaker, Enginesmith (cross out which is not applicable). He holds (or) he does not hold (cross out which is not applicable) an Imperial Board of Trade or Dominion Government Certificate (particulars of certificate should be stated).

He is serving (1)—In S.S.....;

(2)—Ashore with.....as.....
(Name of firm) (Capacity in which serving)

(Cross out (1) or (2), whichever is not applicable)

He has the following qualifications:—

Is an efficient workman at his trade; is acquainted with the first four rules of arithmetic; can read and write sufficiently well to be able to note in the Register the particulars of the working of the engines and boilers; is generally acquainted with the names and uses of the different parts of marine engines; understands the use and management of the various gauges and of the feed injection and blow-off cocks; knows how to ascertain the

and height of water in the boilers, and what should be done in the event of priming; also know[illegible]at [illegible]ld be done in the event of water passing into the cylinders or of a bearing becoming heated, and how to act on the occurrence of any of the ordinary casualties of an engine-room.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

IV. Certificate as to a candidate for enrolment as an Engineman in the R.C.N.R.

I hereby certify that.....
(Name in full)

who has signed the attached Questionnaire, has served as Engineman of the British Steam Fishing Vessel(s) named, for at least one year.

Vessel	Dates of service
.....	.....
.....	.....
.....	.....
.....	.....

His conduct whilst so serving was satisfactory.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

III. Certificate as to a candidate for enrolment as an Engine Room Artificer in the R.C.N.R.

I hereby certify that.....
(Name in full)

who has signed this Questionnaire as a specially desirable Engineer, having served at least three years' apprenticeship, and is a duly qualified Fitter, Coppersmith, Boilermaker, Engineersmith (cross out which is not applicable).

He holds (or) he does not hold (cross out which is not applicable) an Industrial Board of Trade or Dominion Government Certificate (particulars of certificate should be stated).

He is serving (1)—In S.S.

(2)—Ashore with.....
(Name of firm, etc.)

(Cross out (1) or (2) which is not applicable)

He has the following qualifications:—

In efficient working order (supplemented with the first four rules of arithmetic; can read and write sufficiently well to be able to make an intelligible report of the working of the engines and boilers; is specially acquainted with the names and uses of the different parts of marine engines; understands the use and management of the various gauges and of the feed apparatus and blowoff cocks; knows how to ascertain the

(Signature of employer or of a Master of Shipping)

Address.....

---

*(b) Is a capable Fireman or Trimmer in REGULAR firing employment on shore with.....
(Name of firm, etc.)

*(a) Has served at sea as Fireman or Trimmer in the stokehold or engine room of the vessels named:

Vessel | Dates of service

.....

.....

.....

.....

His conduct has been good.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

---

*(a) Has served at sea as Fireman or Trimmer in the stokehold or engine room of the vessels named:

Vessel | Dates of service

.....

.....

.....

.....

His conduct has been good.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

---

*(b) Is serving (1)—In S.S.

(2)—Ashore with.....
(Name of firm, etc.)

(Cross out (1) or (2) which is not applicable)

He has the following qualifications:—

In efficient working order (supplemented with the first four rules of arithmetic; can read and write sufficiently well to be able to make an intelligible report of the working of the engines and boilers; is specially acquainted with the names and uses of the different parts of marine engines; understands the use and management of the various gauges and of the feed apparatus and blowoff cocks; knows how to ascertain the

(Signature of employer or of a Master of Shipping)

Address.....

---

*(a) Has served at sea as Fireman or Trimmer in the stokehold or engine room of the vessels named:

Vessel | Dates of service

.....

.....

.....

.....

His conduct has been good.

.....
(Signature of employer or of a Master of Shipping)

Date..... Address.....

---

*(b) Is serving (1)—In S.S.

(2)—Ashore with.....
(Name of firm, etc.)

(Cross out (1) or (2) which is not applicable)

He has the following qualifications:—

In efficient working order (supplemented with the first four rules of arithmetic; can read and write sufficiently well to be able to make an intelligible report of the working of the engines and boilers; is specially acquainted with the names and uses of the different parts of marine engines; understands the use and management of the various gauges and of the feed apparatus and blowoff cocks; knows how to ascertain the

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

A-622 OFFICIAL NUMBER | NAME BELLAZZI, (Surname) Joseph Olivier Fernand (Given Names) | OFFICIAL NUMBER A-622

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Stadacona	A.B.	9	1	38	20/2/38. Training.	V.G.	Sat.				Q.R. 3	15	6	40	Relinquished 14-11-41		
Active Service																	
Stadacona	A.B.	12	9	39													
Gaspe	A.B.	21	9	39		V.G.	Sat.	31	12	40							
Stadacona	A.B.	21	5	40	"Elk" 10-9-40	V.G.	Sat.	31	12	41							
Elk	A/Ldg.Smn. (Ty)	1	12	40	→	V.G.	Sat.	31	12	42							
Elk	P.O.	14	11	41	Advanced(memo 27-11-41)												
Stadacona	"	6	8	42	DRD												
Cornwallis	"	7	8	42	DRD												
Stadacona	"	2	2	43	(DRD H-587)												
DISCHARGED	"	29	1	43	On promotion to Skipper,RCNR (app't. of 3.4.43)	V.G.	Sat.	29	1	43							

GENERAL REMARKS

Enrolled Quebec District
Confirmed A.B.24-9-37.

11 Depr leave from 17-3-43 on temp appointment to rank of Lieut (P) RCNR #9086 with effect

14 0 14 12 540 0 10 X 27304 3 19 0 0894

12 09 39 12 09 39 9830 00892

14 11 41 09 12 30 29-01-43 CC HR

O-5740

A-622 OFFICIAL NUMBER | FILE NUMBER 123-B-47 | OFFICIAL NUMBER A-622

NAME BELLAZZI, (Surname) Joseph Olivier Fernand (Given Names) DATE OF BIRTH 14 October, 1914.

PLACE OF BIRTH Montreal, Delorimer, P.Q. OCCUPATION Seaman.

RELIGION Roman Catholic. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Varennes. Province, etc Quebec.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
24	9	37	5 years.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'10"	Dk.Brn.	Grey-Brown	Dark	Scar, Vulgaris acne and ance-back. Scar left leg.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	Dates To

NEXT OF KIN. RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Alberta Bellazzi,

ADDRESS (in pencil): Street and No. Town Varennes Province, etc. Quebec.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
18	2	38	Passed Educational Test 1.
18	2	38	Passed for A.B.
28	10	40	Passed Prof. for Ldg. Smn.

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
24	9	41	1st GSB	Granted
			1st/F	
			1st/D	

SECOND CLASS FOR CONDUCT

From	To

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

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

R.C.N. APPLICATION 56771 RECEIVED

B

N. R. 0-5740 OFFICIAL NUMBER

NAME BELLAZZI (Surname) Joseph Olivier Fernand (Given Names)

OFFICIAL NUMBER 0-5740 EX- A-622

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Qualified Day	Qualified Month	Qualified Year
Stadacona add'l	Skipper	30	1	43	for disposal(On Promotion from Petty Officer O.N. A.622)												
" (Fundy)	"	24	3	43	add'l-Appt. 3-4-43												
Bytown add'l.	"	14	8	43	for duty with Naval Supt. Contract Built Ships												
HMCS "GLENLEA" add'l.	"	16	8	43	(App't. of 21.8.43)												
" "GLEN LEA"	"	15	9	43	in command (App't. of 29.9.43)												
" "GLENORA"	"	20	9	43	as Executive Officer (App't. of 29.9.43)												
HMCS "MARVITA"	"	11	12	43	(Temporary) (Appt. of 18.12.43)												
" "Avalon"add'l.	"	11	2	44	for disposal (Appt. of 25/2/44)												
Avalon(HMS NORTHERN GEM)	"	14	2	44	(Temporary) (Appt. of 25/2/44)												
Avalon (KIPAWA)	"	25	4	44	(List 103-44 of 3/5/44)												
HMCS "Esquimalt"	"	14	5	44	(Temp.) (List 136-44 of 10-6-44)												
DISCHARGED	"	16	4	45	Missing at sea due to enemy action. Presumed Dead 16.4.45. (Casualty List)												

GENERAL REMARKS

Canadian Memorial Cross forwarded to Wife: Mrs. Alberta Bellazzi, Varrennes, Co. Vercheres, P.Q. to date 28.6.45

14 days leave [illegible] from 7/6/43

6 days compassionate leave from 2/8/43
Address: 1830 Laurier St. Montreal

28 days leave from 13/7/44
5 " [illegible] " " 22/12/44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	PERM. RESIDENCE R	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
14	0	14	12	540	0	10	X	2	73	04	X	99	0	01	21

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.	ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
30	01	43	30	01	43					9510	0	01	21

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
30	01	43	13					[illegible]	[illegible]

OFFICIAL NUMBER | FILE NUMBER 23-B-47 0-5740 | OFFICIAL NUMBER 0-5740

NAME BELLAZZI (Surname) Joseph Olivier Fernand (Given Names) DATE OF BIRTH 14 October, 1914

PLACE OF BIRTH Montreal, Quebec. OCCUPATION Seaman on the s.s. "New Northland"

RELIGION R.C. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Varennes, Province, etc P.Q.

Engagements: Date (in figures) Day	Month	Year	Period	Description: Height	Hair	Eyes	Complexion	Marks or Scars	Previous Service: Served in	Rank or Rating	Dates From	To
30	1	43	During Pleasure.	5' 10"	Dark Brown	Brown	Dark	Scar vulgaris acne and acne back. Scar left leg.	RCNR O.N. A622	P.O.	24-9-37	29-1-43

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Alberta Bellazzi

ADDRESS (in pencil): Street and No. (County Vercherres) Town Varennes, Province, etc. Que.

file 4/6/43

Medals, Clasps, Hurt Certificates, Prize Money: Date (in figures) Day	Month	Year	Particulars	Examinations, Certificates, etc.: Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars

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

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges: Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

FILM NO. WSR-4304-6
DATE

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

O.H.F. Received.

Second Class For Conduct

From	To

W. O. C. APP. 56771 11/6/45

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35