

V3686  
COLLIN  
JOSEPH

ADELA





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

## ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME COLLIN, OFFICIAL NO. V. 3686  
CHRISTIAN NAMES Joseph Adelar Jean Louis MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
145 Scott Street, Quebec, P.Q.		R.C.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
1st June 1915	Town <u>Quebec</u> County <u>Quebec,</u> Province <u>Quebec,</u>	Mother; <u>Mrs Helene Nadeau</u> <u>Collin,</u> <u>Same Address,</u>
*Original Nationality of: Father <u>Canadian</u> Mother		

\*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>37</u>	<u>Lt</u>			
Inches <u>5½</u>	Deflated <u>34</u>	<u>Brown</u>	<u>Brown</u>	<u>Fresh</u>	<u>Scar on left knee</u> <u>caused by a fall</u> <u>Vaccinated left arm</u>
	Mean <u>36</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
21st November 1940	<u>Stoker II</u>	<u>Land Surveyor</u>			
R.C.N.V.R. Division (or other establishment) at which enrolled <u>Quebec,</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 Not applicable, for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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



(3) On being enrolled as a member of the.....**Quebec,**..... 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 **21st**..... day of..... **NOVEMBER 1940**.....

Signature of applicant.....*Joseph Collin*.....

(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.....**21st**..... day of.....**NOVEMBER 1940**.....

.....*K. Johnson*.....  
Signature of and rank of Attesting Officer.

**Lieut. R.C.N.V.R. Quebec Division,**

(D) **OATH OF ALLEGIANCE**

I, **Joseph Adelard Jean Louis, COLLIN,**..... 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.....*Joseph Collin*.....

Witness.....*K. Johnson*.....

Date.....**21st NOVEMBER 1940**..... Rank.....**Lieut. R.C.N.V.R.**.....

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

(E) **CERTIFICATE OF ATTESTING OFFICER**

.....**Joseph Adelard Jean-Louis, COLLIN**..... 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.....**Quebec**..... Division of the R.C.N.V.R. or in the appropriate official documents.

.....*K. Johnson*.....  
Lieut. R.C.N.V.R. Attesting Officer.

**21 st NOVEMBER/40**.....  
R.C.N.V.R. Division **Quebec,**  
(or other establishment).....

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.





CANADA

P093931

DEPT. NATIONAL DEFENCE  
Can. B. 207  
60M-4-40 (4636)  
N.S. 815-2-207  
DEC 11 1940  
N.S. 113-C-11062  
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 JOS. ADELARD J. LS. COLLIN  
candidate for entry as ORD. SEA. R.C.N.V.R.  
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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
25	152 1/2 lbs.	5 5 1/2 ft. ins.	Good	inches (a) maximum 36 (b) minimum 34 (c) mean 35	right eye 6/16 left eye 6/16 colour-vision 0/1	in childhood	normal	normal	normal	normal	normal	normal	normal	normal	normal

\*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

‡Strike out if inapplicable.

Signature of Candidate

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

This Candidate is the subject of

\* 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 QUEBEC CITY the 19th of November 19 40

Examining Medical Officer

(Rank)



LA:RK

File: **N.S. 113-C-1106**

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

..... **September 25th, 1942.** .....  
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<b>COLLIN, Joseph Adelard Jean Louis,</b>	<b>Stoker 1st class,</b>	<b>V-3686, R.C.N.V.R.</b>
<u>DATE OF ENLISTMENT</u> -	<b>21st November, 1940. (April 30th, 1941.)</b>	
<u>DATE OF DISCHARGE</u> -	<b>September 13th, 1942.</b>	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	<b>"Canada &amp; High Seas."</b> (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).	

Reason for discharge and -  
when and where, any disability  
was incurred; or where death  
occurred.

**"DEAD" -- Missing, believed killed in  
action. He was on board H.M.C.S. "OTTAWA".**

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP **Mother,** NAME **Mrs. Helene Nadeau Collin,**  
ADDRESS **52 St. Foy Road, Quebec, P.Q.**

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

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT  
\$ **15.00** PAID TO **Still in force**  
MARRIAGE ALLOWANCE AT \$ **Nil** PER DIEM PAID TO - **Nil**  
DEPENDENTS ALLOWANCE AT \$ **Nil** PAID TO **Nil**  
TOTAL MONTHLY PAYMENT TO - WIFE \$ **15.00**

Computed by **R.L.**  
Checked by **R.L.**

DEPENDENTS \$                     

**R. A. Smith**  
SECRETARY,  
NAVAL BOARD

The Secretary,  
The Canadian Pension Commission.  
Copy to the Sec. D.P. & N.H.

(See reverse side for further  
instructions.)



REMARKS: .....

NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.



# CERTIFICAT DE NAISSANCE

PAROISSE

de Saint-Malo

né le premier juin mil neuf  
cent quinze

fil<sup>s</sup> légitime de

{ Joseph-Ebénar Collin  
Hélène Madec

parrain

Jean Madec

marraine

Clara Garnier

baptisé

le trois juin 1915

par l'abbé

Herm. Tremblay

Vraie copie, le

vingt et un juin mil neuf cent quinze

A. Chausse



## - NAVAL SERVICE -

September 25th, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
COLLIN, Joseph Adelard Jean Louis, Stoker 1st class, O.N. V-3686, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Helene Nadeau Collin, 52 St. Foy Road, QUEBEC, P.Q.

ALLOTMENTS IN FORCE.

<u>In favour of:</u>		<u>Amount.</u>	<u>Initials.</u>
Mrs. Helen Collin	52 Chemin Ste Foy Quebec, P.Q.	\$15.00	RL
Manufacturer's Life Ins.	Toronto, Ont.	\$4.00	
Bond Clothes Shop	434 Barrington St Halifax, N.S.	\$5.00	VL

WILL: No record.

Yours truly,

*R. A. Barrington*  
 SECRETARY, NAVAL BOARD.  
*per (20)*

Administrator of Estates,  
 Estates Branch,  
 Department of National Defence,  
 OTTAWA.



Six copies to be rendered to Naval Service Headquarters  
REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

113-6-1106

34

R.M.C.S. "AVALON" at ST. JOHN'S, Newfoundland

Name (Cristian names in full) Adelard Jean Louis Joseph COLLIN

Rank or Rating. Stoker 1st. Class Official Number. V3686  
(If unknown, date of first entry)

Place of birth. QUEBEC CITY, P.Q. Date of birth. 1st. June 1915

Occupation in Civil Life. Land Surveyor Religion. Roman Catholic

Number of years service in the Navy (Long Service R.C.N. or mobilized  
service in the case of R.C.N. (Temp) Reserve ratings)  
One year and one hundred and thirty-seven days. (Active Service)

Date of Death. 13th. September 1942. Place of Death. At sea

Cause of Death. Enemy action/Loss of R.M.C.S. "OTTAWA"

Nearest known relative or friend } Name. Helen Madeau COLLIN Relationship. Mother  
Address. 52 St. Foy Road,  
QUEBEC CITY, P.Q.

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. No burial Date of Burial. (If known)

Location, Number etc. of Grave. (If known)

Underraker employed. (If any)

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

Lieutenant Commander R.C.N.  
COMMANDING OFFICER

12th. October 1942.

The Secretary  
Naval Board, 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.

C.N.S. 1121



P290496

113-C-1106

# 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..... COLLIN, Joseph ..... Rating Stoker I  
Official No. V-3686 ..... H.M.C.S. "OTTAWA" ..... List 5A2/108  
Who\*..... D.D. .... on the 13th September 1942

Net sum due on ledger on account of Wages.....

\$ 92.79

Proceeds of sale of Effects charged against Wages, brought from the other side

CASH—

Proceeds of sale of Effects, paid for in Cash, brought  
from the other side.....

Found amongst Effects.....

Debts collected \$.....

\$	cts.

Cash debited in the Accountant Officer's Cash Acct.....

If in debt in ledger, amount to be stated (in red ink)  
Fifteen Dollars, Five Dollars and Four Dollars

Rate of allotment (in words)..... charged to  
30th September, 1942

Name of ship from which transferred..... "OTTAWA"

Total.....

92.79

33

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..... HMCS.....  
..... "OTTAWA" ..... amounting to a net balance†..... Creditor  
of..... Ninety-Two ..... dollars..... Seventy Nine ..... cents.

Dated on board H.M.C.S. AVALON ..... at St. John's,  
Newfoundland this 13th day of November 1942

Approved

*[Signature]*  
A/ Pay. Lieutenant Commander, RCNVR  
Pay. Lieutenant, RCNVR  
Commanding Officer.

Lieutenant Commander, RCN

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-10-40 (7450)  
H.Q. N.S. 815-9-45



# DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXXX

Name \_\_\_\_\_ No: \_\_\_\_\_  
Surname Christian Names V-3686

Rank Sgt. 1 R.M.C. Unit "Ottawa" Date of Death 13-9-44

AMOUNT  
L. P. C. \$  
Date March 20, 1943. Other Credits 92.79  
Total ..... 5.45  
98.24

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Mother	Mrs. Helene M. Collin, 52 St. Foy Road, Apt. 1, Quebec, P.Q. (next of kin entitled) R✓	49.12
1/16	Brother	Eugene Collin, (as above) ✓R	6.14
1/16	Brother	Charles A. Collin, (as above) ✓R	6.14
1/16	Brother	Henri P. Collin, 20 St. Thomas, Jonquiere, P.Q. ✓R	6.14
1/16	Sister	Mrs. Blanche Pouliot, 22 Grande Allee, Quebec, P.Q. R×	6.14
1/16	Sister	Mrs. Alberta O'Neill, 81 Scott, Quebec, P.Q. ✓R	6.14
1/16	Sister	Mrs. Germaine Savard, 424 St. Cyrille, Quebec, P.Q. R.	6.14
1/16	sister	Gabrielle Collin, 52 St. Foy Road, Apt. 1, Quebec, P.Q. ✓R	6.14
1/16	sister	Jaqueline Collin, (as above) ✓R	6.14


Distribution approved and authorized

AUDITED FOR PAYMENT

L.M. Firth  
(L.M. Firth) Lt.-Col.,  
Administrator of Estates.

E.C. per P.B.  
for Chief Treasury Officer



AUTHORITY							
H.O. F.E. No.	DIV.	EST.	VOTE	PRI	DA OR HO SUB	OBJ.	AMOUNT
9999			831	00	50	000	98 24
SUBMITTED BY 						EXAMINED BY <i>Bertrand</i> FOR TREASURY OFFICER	
						98 24	



## ESTATES BRANCH

April 12, 1943.

Mrs. Blanche Pouliot,  
220 Grande Allee,  
Quebec, P. Q.

COLLIN, J.A.J.L., Sto. I (Deceased)  
No. V.3686, R.C.N.V.R.

Dear Mrs. Pouliot:

Enclosed is Dominion of Canada cheque, No. A57919, dated March 26, 1943, payable to your order in the amount of \$6.14. ✓

The total of your brother's Service estate available for distribution was \$98.24 and was made up of the balance of wages, \$92.79, together with \$5.45 refunded from the Bond Clothes Shop of Halifax.

Your brother died without having made a Will and his Service estate is, therefore, distributable in accordance with the Intestacy Laws of his province of domicile. Accordingly, the estate is distributed in the proportion of one-half to his mother and one-sixteenth to each brother and sister. The enclosed cheque covers your share in this estate as one of the next of kin entitled.

There were no personal effects received at this Branch for distribution.

Will you please complete the enclosed form of receipt and forward it to the Administrator of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,

5

(L. M. Firth) Lt.-Col.,  
Administrator of Estates.

HRW:WB  
Encl. 2





LA:RK

- NAVAL SERVICE -

113-C-1106

12th November, 1942.

THIS IS TO CERTIFY that according to official information Joseph Adelard Jean Louis Collin, Stoker 1st class, Official Number V-3686, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

*Red*  
SECRETARY, NAVAL BOARD.  
*LA* *John*



MEMORANDUM FOR

P. 64

Mrs. Helene Nadeau Collin,  
52 St. Roy Road,  
Quebec, P.Q.

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

THE SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO  
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 113-C-1106

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.


October 5, 1942. 194

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

COLLIN, Joseph Adelard Jean Louis, Stoker 1st class.

No. V. 3686, 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 or Local  
Magistrate, who should be asked to complete and sign the Certificate. This form  
should then be returned to the above address.

  
(H.R. Wade) Lt.-Col.,  
for (L.M. Firth) Lt.-Col.,  
Administrator of Estates.



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased  
never 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	MRI.E.COLLIN (DEAD)		
4	Mother of the Deceased.....	MRS Helene NADEAU COLLIN	66	52 ST-Foye ROAD APT-I
5	Brothers of the Deceased	Full Blood	EUGENE COLLIN 36 HENRI-PAUL 35 CHARLES-AUGUSTE 32	52 ST-Foye ROAD 20 ST-THOMAS-JONQUIERE 52 STE FOYE ROAD
		Half Blood		
6	Sisters of the Deceased	Full Blood	MRS J.A. Pouliot (Blanche) 45 MRS J.T. O'Neill (ALBERTA) 44 MAS PAUL SAVARD (GERMAINE) 39 GABRIELLE 31 JACQUELINE 24	220 GRANDE ALLEE 81 SCOTT-QUEBEC 424 ST-CYRILLE, QueBec 52 STE FOYE ROAD 52 STE FOYE ROAD
		Half Blood		
	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
7	GÉRARD - 5 May-1925 RITA - December 1912 FERNANDE JANUARY 1913 JOSEPH-ARTHUR-December 1900			

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.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	JOSEPH-ADELARD-JEAN-LOUIS
11	Give the month and year of his birth.	JUNE 1ST 1915
12	Where and when were his parents married?	JULY-6 <sup>th</sup> - 1896 - Quebec City
13	Was he ever married? If so, state exact place and date of marriage.	NO
14	Did he leave a (later) Will? If so, it should be forwarded.	NO
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	UNLESS THERE IS ANY PAPERS LEFT IN HIS BELONGINGS DURING HIS NAVAL DUTY - WE DON'T KNOW OF ANY OTHER ESTATE. — INSURANCE POLICY MANUFACTURERS LIFE INSURANCE COMPANY NO: 810,454

## PARTICULARS OF DOMICILE

16	Where was deceased born?	Quebec City
17	In what Province, Country or State did he reside, and in which last?	Quebec City
18	How long in each?	
19	What was the nature of his employment?	HELPER IN LAND SURVEYING
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	NO
22	State <u>your</u> postal address in full.	52 ST-Foy ROAD - Quebec APT-I

## PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	NO SERVICES HAS BEEN HELD yet. Masses have been given By each MEMBER OF THE FAMILY.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)



# DECLARATION

\*Insert 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

Mrs. \*Helene Collin Mather of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

\*Mrs. Helene Collin Mather

{Signature of Informant

## CERTIFICATE

au meilleur de ma connaissance je certifie et crois

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

\*See above Madame Collin {Name of Informant} is the \* mere 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.

Dated at Quebec ce 13<sup>e</sup> jour de octobre 1942 this day of

Signature of Clergyman, Priest or Magistrate

Willie Brunette

Qualification

prêtre

Address

39 Avenue des Erables, Québec

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

Living with our mother we are:

EUGENE COLLIN

R. R. of Canada C.A.A.

CHARLES COLLIN

R. C. A. S. C. (active)

GABRIELE COLLIN

Office - CLERK at DOMINION ARSENAL

JACQUELINE COLLIN

SALES LADY.



W.S.G. Application No. 7514

FILE NO. N.S. V-3686

## "WAR SERVICE GRATUITY"

## COMPUTATION OF SERVICE

COLLIN  
SURNAME

CHRISTIAN NAMES  
IN FULL

OFFICIAL  
NUMBER

RANK OR RATING  
ON DISCHARGE

CAUSE OF DISCHARGE: *Dead (Ottawa Casualty)*

Applicant, mother - A. P. \$15.00

## TOTAL SERVICE

Date of Active Service 30 Apr' 41

Date of Discharge 13 Sep '47

Total No. of Days 502

# Less non qualifying  
service NIL

Total Days 502

OVERSEAS SERVICE

% Total No. of Days 382

# Less non qualifying  
service

Total Days 382

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By  
Checked By

Checked By

*B. McGee*  
for (H.B. Money)  
Payr. Cmdr. P.C.N.R.  
Director of Personnel Records

DATE: MAR 20 1945

NDA



NOT QUALIFYING SERVICE

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

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ottawa	28 Aug '41	13 Sep '42	382
	365		
	4		
	13		
	382		

Cause of Discharge:

REASON FOR DISCHARGE: DISCHARGE

REASON FOR DISCHARGE: DISCHARGE

REASON FOR DISCHARGE: DISCHARGE

REASON FOR DISCHARGE: DISCHARGE

REASON FOR DISCHARGE: DISCHARGE

REASON FOR DISCHARGE: DISCHARGE



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

Name of  
Deceased Member Joe. Adeland. J.L. COLLIN Rank or  
Rating STO i/c O. No. V3686

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

D.A. —

A.P. 15.00

D.A. —

A.P. —

M<sup>rs</sup> Helene. N. COLLIN (MOTHER)  
Apt 1. 52 St Joy Road  
Quebec, P.Q.

2. Pension awarded or  
being awarded to:

no record

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

M<sup>rs</sup> Helene. N. COLLIN,  
Apt. 1. 52 St Joy Road  
Quebec, P.Q.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to:

In the  
proportion of: /

- and -

to:

In the  
proportion of: /

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

X

Group "B" (ii)

~~Group "C"~~

of the above mentioned Directive.

Date 22 March 45

[Signature]  
for D.N.P.A. (G)



NAME

Joseph Adelard Jean Louis COLLIN  
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 7514  
FILE NO. NSV-3686  
DATE 5 July '45  
SERVICE NO. V-3686  
FINAL RANK OR RATING Sto. 1/c  
DATE OF DISCHARGE 13 Sep '42

PAYEE Mrs. Helene N. Collin,  
ADDRESS Apt. 1, 52 St. Foy Road,  
Quebec, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 502 EQUAL TO 16 COMPLETE PERIODS AT \$7.50

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 382 LESS 22 INELIGIBLE DAYS, EQUAL TO 360 DAYS @ 25C. PER DAY

90.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00  
SUBSISTENCE OR LODGING \$ 1.45  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY H.L.M. \$ .13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.58 X 7 = \$ 25.06  
NO. OF DAYS 382 X \$ 25.06  
183

52.31

D. WAR SERVICE GRATUITY

262.31

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$ NIL

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

262.31

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 262.31

*Cheque 38137 - 14/7-45*

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

PREPARED BY LJM  
CHECKED BY *[Signature]*

TREASURY  
CHECKED BY R. Kananagh  
DATE 10/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name Jos. Adelard Jean Louis COLLIN  
(Christian Names) (Surname)

Payee

Mrs Helene. N. COLLIN

Address

apt. 1. 52 St Joy Road,  
Quebec. P.Q.Register No. 7514File No. ✓ 36863 July '45 Date 2-2-45Service No. ✓ 3686Final Rank or Rating STO. 1/cDate of Discharge 13 Sep 42Date of termination of overseas service 13 Sep 42

## A. TOTAL QUALIFYING SERVICE

No. of days 502 equal to 16 complete periods at \$7.50  
30

\$ 120.00

## B. QUALIFYING OVERSEAS SERVICE

No. of days 382 less 22 ineligible days equal to 360 days @ 25¢ per day

90.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay \$ 2.00  
Subsistence or Lodging \$ 1.45  
and Provision Allowance  
Additional Pay \$ .13

H.2.M

Dependents' Allowance 1/30 of \$

Total 3.58 x 7 = \$ 25.06No. of days 382  
183 x \$ 25.0652.31  
49.22

## D. WAR SERVICE GRATUITY

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

## F. TOTAL AMOUNT PAYABLE

262.31

## G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 262.31  
Total Dependents' Allowance in issue \$ \_\_\_\_\_

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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1 2pm 6  
2 2pm 7  
3 2pm 8  
4 2pm 9  
5 2pm 10



It is agreed under this policy that the amount payable does not exceed the sum with interest at the rate of three per centum per annum compounded yearly of the regular premiums (not including the extra premium) paid on this policy, less the amount of any dividends drawn in cash or applied to the reduction of the premiums and any indebtedness encumbering the said policy in favour of the Company in the event that death:

- (a) From any cause occurs while the Insured is in service in any military or naval forces (except the air forces ~~the air forces~~) in any place except within any of the Home Areas hereunder specified, or within six months after the termination of such service as a direct or indirect result of any cause which arose during such service, unless such extra premiums as the Company shall determine upon written request by the Insured shall have been duly paid yearly during the Insured's lifetime and the whole period of the said service, the first of such extra premium to be paid prior to the expiration of thirty days after the date of the Insured's departure from the Home Areas or prior to the expiration of ninety days after the date of enlistment whichever is the later.
- (b) From any cause occurs while the Insured is in service in any air force in any place except within one of the Home Areas or if death occurs within six months following the termination of the said service as a direct or indirect result of any cause which arose during such service; or
- (c) As a direct or indirect result of a trip or flight in any species of aircraft except as a fare-paying passenger of an air-line with regular schedule within one of the Home Areas between established airports, unless such extra premiums as the Company shall determine upon written request by the Insured, have been duly paid prior to the travel or flight from which the death results.
- (d) As a direct or indirect result of insurrection or war and the cause of the death shall have arisen while the Insured was travelling or residing in any place except within one of the Home Areas and was not in service in any military, naval or air forces, unless such extra premiums as the Company shall determine upon written request by the Insured have been duly paid annually during the whole period of the said trip or residence, the first of such premium to be paid prior to the date of departure of the Insured from the Home Area

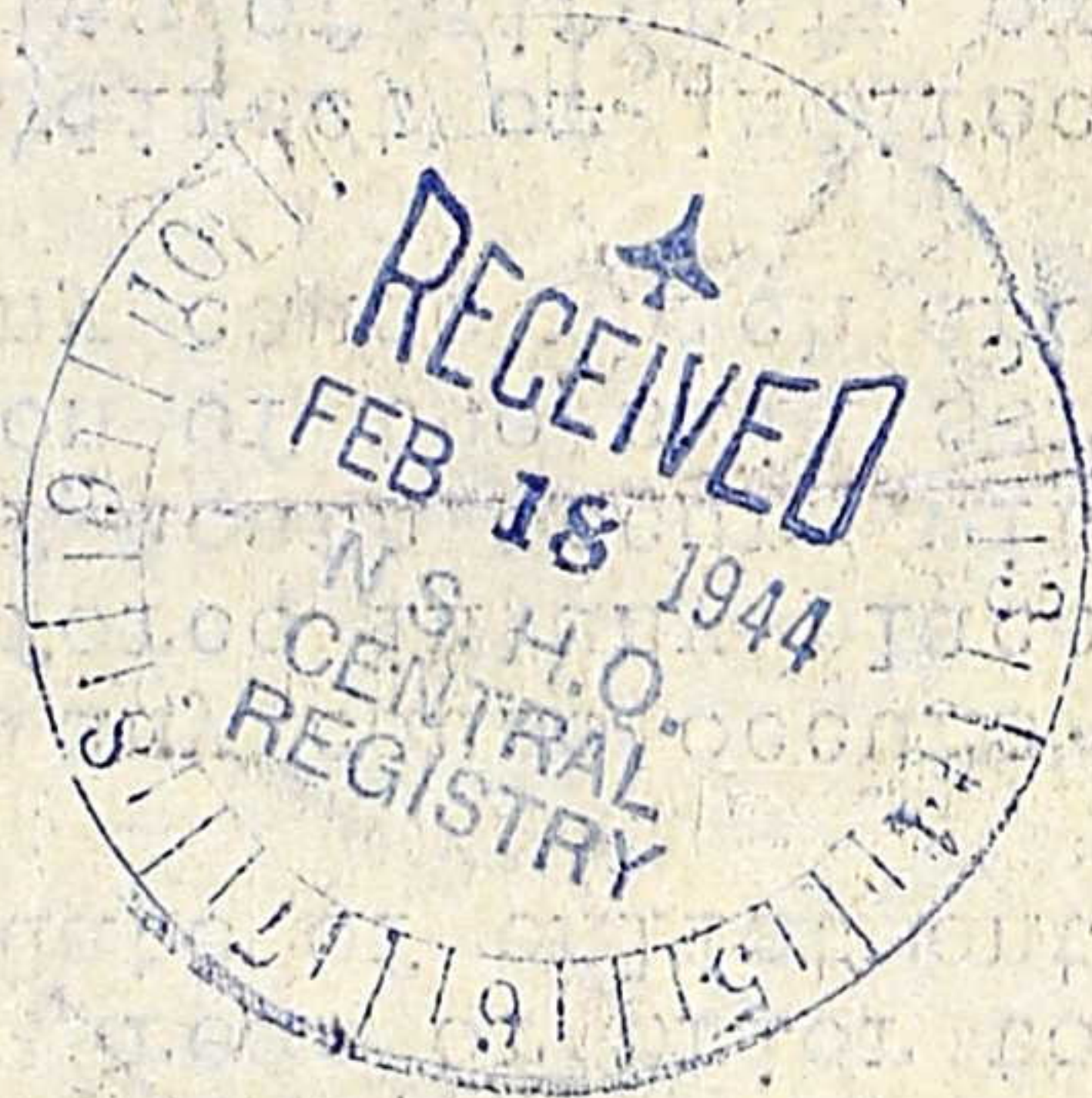


No such extra premiums shall be advanced under the Automatic Premium Loan provision except upon written request within a grace period of thirty days following the date on which such unpaid premium falls due.

The term "Home Areas" shall mean the land areas of the Dominion of Canada, Newfoundland, the forty-eight States of the United-States of America and the District of Columbia, and all inland waters therein and all coastal waters contiguous thereto within a limit of 3 miles from the shoreline.

J. Whitlegow,  
General manager.

Clause 916





It is agreed under this policy that the amount payable does not exceed the sum with interest at the rate of three per centum per annum compounded yearly of the regular premiums (not including the extra premium) paid on this policy, less the amount of any dividends drawn in cash or applied to the reduction of the premiums and any indebtedness encumbering the said policy in favour of the Company in the event that death:

- (a) From any cause occurs while the Insured is in service in any military or naval forces (except the air forces ~~(except the air forces)~~) in any place except within any of the Home Areas hereunder specified, or within six months after the termination of such service as a direct or indirect result of any cause which arose during such service, unless such extra premiums as the Company shall determine upon written request by the Insured shall have been duly paid yearly during the Insured's lifetime and the whole period of the said service, the first of such extra premium to be paid prior to the expiration of thirty days after the date of the Insured's departure from the Home Areas or prior to the expiration of ninety days after the date of enlistment whichever is the later.
- (b) From any cause occurs while the Insured is in service in any air force in any place except within one of the Home Areas or if death occurs within six months following the termination of the said service as a direct or indirect result of any cause which arose during such service; or
- (c) As a direct or indirect result of a trip or flight in any species of aircraft except as a fare-paying passenger of an air-line with regular schedule within one of the Home Areas between established airports, unless such extra premiums as the Company shall determine upon written request by the Insured, have been duly paid prior to the travel or flight from which the death results.
- (d) As a direct or indirect result of insurrection or war and the cause of the death shall have arisen while the Insured was travelling or residing in any place except within one of the Home Areas and was not in service in any military, naval or air forces, unless such extra premiums as the Company shall determine upon written request by the Insured have been duly paid annually during the whole period of the said trip or residence, the first of such premium to be paid prior to the date of departure of the Insured from the Home Area



1

No such extra premiums shall be advanced under the Automatic Premium Loan provision except upon written request within a grace period of thirty days following the date on which such unpaid premium falls due.

The term "Home Areas" shall mean the land areas of the Dominion of Canada, Newfoundland, the forty-eight States of the United-States of America and the District of Columbia, and all inland waters therein and all coastal waters contiguous thereto within a limit of 3 miles from the shoreline.

J. Whitlegow,  
General manager.

Clause 916



TRANSLATION  
M.J.D.  
20/12/43

C.R.

113.C-1106

Quebec, December 16, 1943.

The Secretary of the Naval Board  
and Naval Service Headquarters.

Sir:

Re: V-2686, Sto. 1 COLLIN, J.A.J.L.,  
R.C.N.V.R.

My son, the above-named seaman,  
died when the S.S. Ottawa was torpedoed in  
September, 1942. I have been refused the  
payment of his \$1700. insurance for the  
alleged reason that he died outside the  
territorial zone (waters?)

I would appreciate knowing if this  
statement is true and if I really am not  
entitled to the said sum of money.

Yours very truly,

(Sgd) Mrs. J.E. Collin,  
52, Sainte-Foy Road,  
Quebec, P.Q.





LA/CM

FOR TRANSLATION

FOR TRANSLATION

OTTAWA, Ontario. 30 December. 3

N.S. 113-C-1106. PERS.(N)

FOR TRANSLATION

Dear Mrs. Collin:

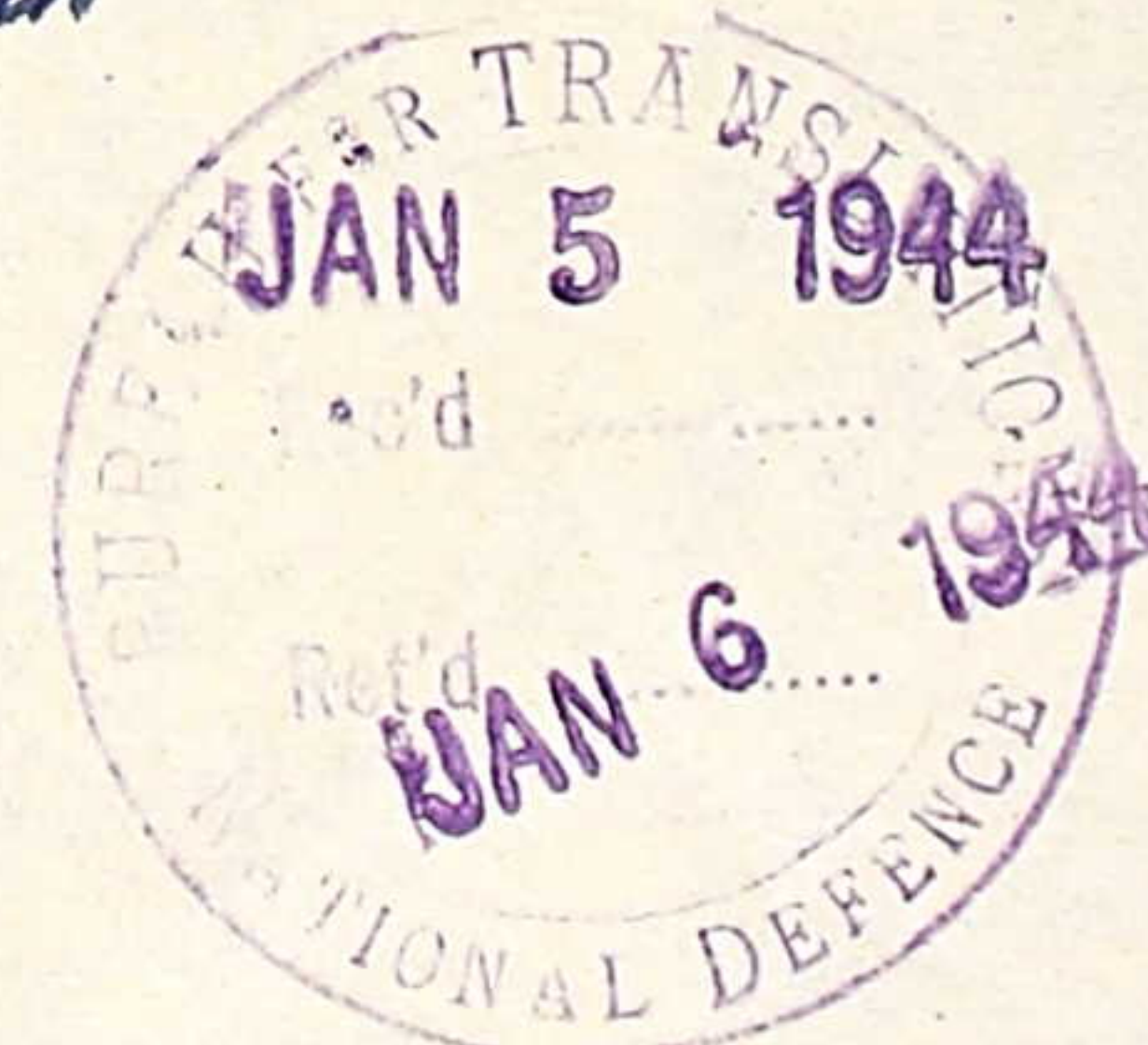
As the insurance company's interpretation of the term "territorial waters" is not known, the Department is unable to determine from your letter of the 16th of December, 1943, whether you would be entitled to the benefits from your late son's insurance policy. However, for your information H.M.C.S. "OTTAWA" was sunk in the Atlantic Ocean several hundred miles from land. It would be appreciated if this information might be treated as confidential.

Should you care to obtain from the insurance company the exact interpretation of "territorial waters" it may then be possible to state whether the sinking of this ship occurred outside this area.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. J. E. Collin,  
52 Sainte-Foy Road,  
QUEBEC, Quebec.





R. C. N. V. R.

V-3686

3-CO-125

TRUE COPY  
OF THE  
CERTIFICATE of the Service of

Adelard Jean Louis Joseph Collin  
IN THE ROYAL CANADIAN NAVY

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

Halifax, N.S.	Quebec	Official Number V.3686
---------------	--------	------------------------

Date of birth 1st June 1915	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province Quebec City, P.Q.	Name: Mrs Helene Madieu Collin
{ Town or county 52 St. Joy Rd, Quebec, Que	Relationship: Mother
Trade brought up to Land Surveyer	Address: Same address
Religious denomination R.C.	
Date passed swimming test	
Man's signature on discharge to pension }	

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. 2 Nov. 1940	21 Nov. 1940	Hostilities	5.		
2.		Stoker II	6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	5	5 1/2	36	Light Brown	Brown	Fair	Scar on left knee caused by fall. Vaccinated left arm
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....				Weight	152 1/2 lbs		
Further description if necessary.....							



Name Collin, Adetard, Jean Louis Joseph

Ship's  
(Tenders to  
in bra

Date \_\_\_\_\_

13 Jan. 1942  
21 July '46



Examinations passed and Notations or Qualifications other than those entered on History Sheets[illegible]



[illegible]







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

RATING Sto. 1/2 OFF. NO. V-3686 ADDRESS .....

[illegible]

BY ..... DIR. OF PERSONNEL RECORDS.



DISPATCHED BY 1134  
PER HBM  
1134C-11106

S. 1320D  
10 Mil. 12-41 (2799-2800)  
N.S. 815-9-1320D

## NAVAL MESSAGE

To:

OFFICIAL COPY

From:

MRS. HELENE MADEAU COLLIN  
52 ST. FOX ROAD,  
QUEBEC, P.Q.

NSHQ OTTAWA  
15

DNP  
NPR  
DNP  
PDG  
MTN

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES  
DEEPLY REGRETS TO INFORM YOU THAT YOUR SON, JOSEPH  
ADELARD JEAN LOUIS COLLIN, STOKER 1ST CLASS, ROYAL  
CANADIAN NAVAL VOLUNTEER RESERVE, OFFICIAL NO. V-3686  
IS MISSING, BELIEVED KILLED IN ACTION.

/19

(DELIVERY CONFIRMED)

L.T.

P/L

TOR 1503/19/9/42

MEM

15286



DJM/IM

NS. 113-C-1106

AIR MAIL

19th September, 1942.

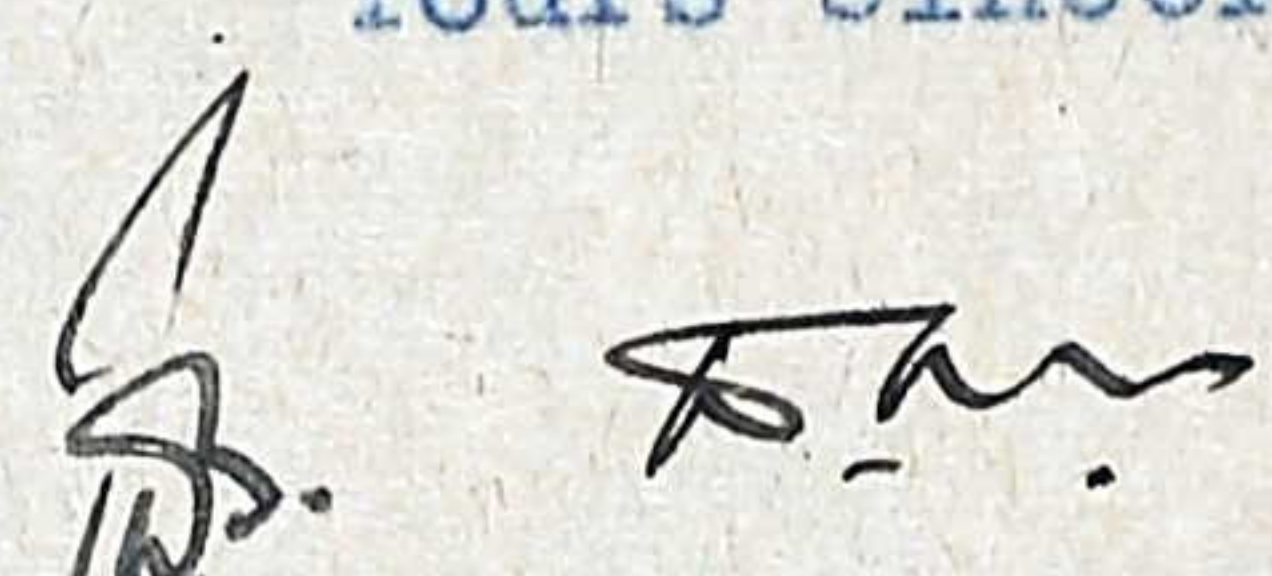
Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, Joseph Adelard Jean Louis Collin, Stoker I, R.C.N.V.R., O.N. V.3686, is missing believed killed in action.

It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

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

Yours sincerely,

  
Deputy Secretary, Naval Board.

Mrs. Helene Nadeau Collin,  
52 St. Foy Road,  
QUEBEC, Que.





(ML)  
No Dependents' Allowance  
claimed since the brother of this  
rating who is in the Army is drawing  
D.A. for Mrs. Collin.

ORIGINAL

P101196

DEPT. NATIONAL DEFENCE

AUG -7 1941

NS. 113-6-1106  
CANADA

H.Q. File No. 9

## DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
Stadacona Div II 5A2- 1706	<i>088042</i> Surname <i>COLLIN</i> Christian Names <i>JEAN</i>	STOKER SECOND CLASS	V- 3686	1.60

### Section A

### ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname <i>COLLIN</i> Christian Names <i>(MRS) HELENE</i>	MOTHER (DEPENDENT)	52, Chemin Ste Foy, QUEBEC, P.Q.	\$15.00	AUGUST 1941

### Section B

### DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
<i>4.00</i>	<i>Insurance Co</i>		<i>2 to be continued</i>

Ent'd. on Index Card

Ent'd. on Allotment Ledger

Initials *MTW* Date *9/8/41*

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges *Jean Collin*

Stoker 2/CLASS. R.C.N.V.R.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Assigned Pay to Wives  
Assigned Pay to other Dependents  
Marriage Allowance  
Dependents Allowance  
Other Allotments

Object No. 111 \$.....  
113.....  
116.....  
119.....  
128x122x 15.00  
Total \$ 15.00

THE NAVAL SECRETARY,

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

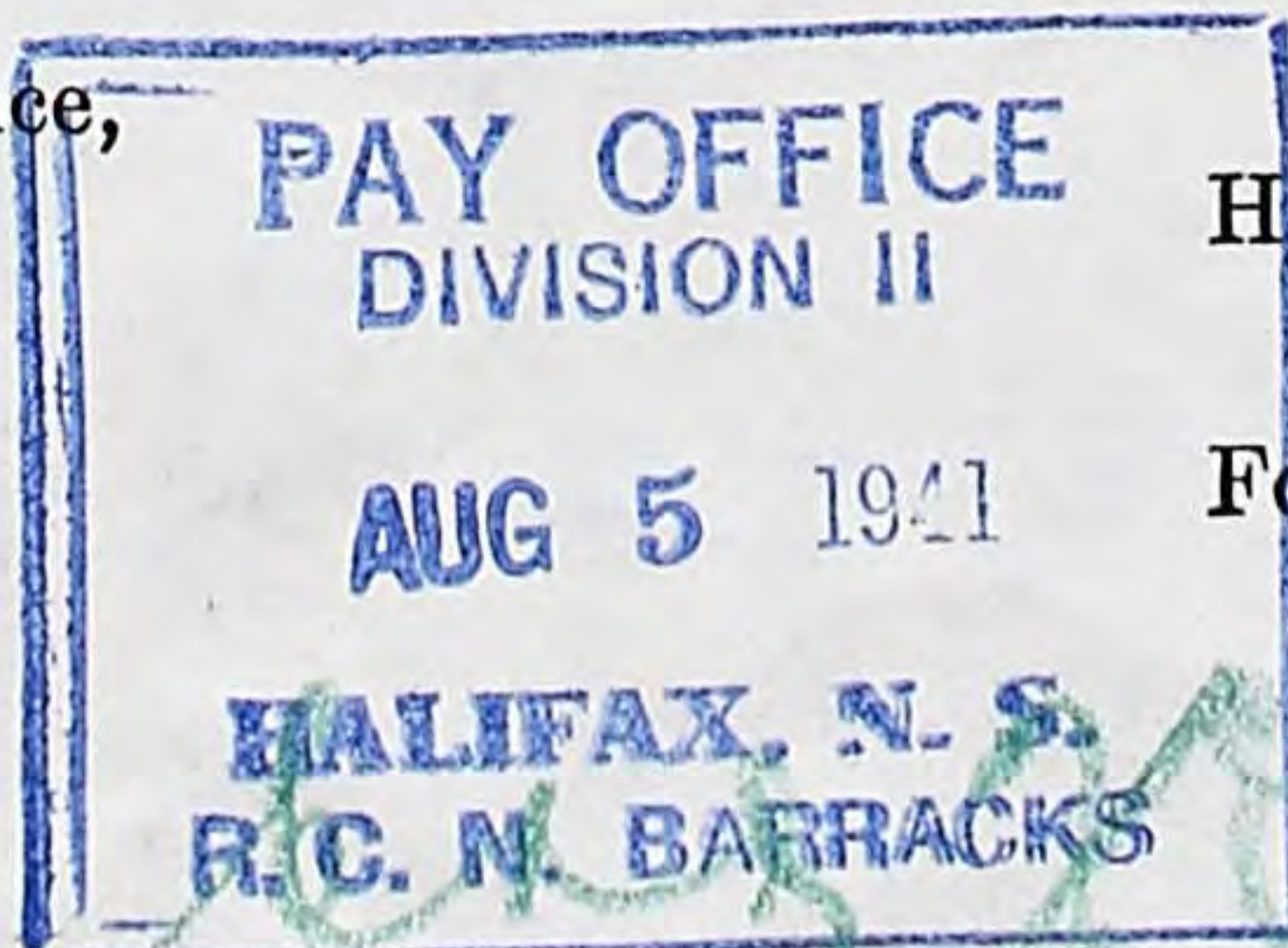
Paymaster S / Lieutenant, R.C.N.V.R.  
FOR: Accountant Officer

H.M.C.S. STADACONA

Forwarded.....

S. 63

40M-4-40 (4787)  
N.S. 816-9-63





P093932

DEPT.  
NATIONAL DEFENCE

QUESTIONNAIRE FOR CANDIDATES

DEC 11 1940

FOR ENTRY IN THE

N.S.

CANADA

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE.

Name (in full) *Joseph Adelard Jean Louis Collin*...

Date and place of birth *1 June 1915, Quebec, P.Q.*...  
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence *145 Scott Street, Quebec, P.Q.*...

Nearest town to residence (if living in country).....

Are you a British subject? *yes*.....

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

In what capacity do you wish to enrol? *Stoker II*...  
(See standards of qualification in attached pamphlet)

Present occupation or trade? *land surveyor*...  
(Attach any testimonials or recommendations)

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

Have you ever served with such forces? Give dates and details.....  
*no*.....

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 weight? *152 1/2*...What is your height? *5-5 1/2*...

What is your chest measurement (not inflated)? *36*.....

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

Signature *Jean Collin*.....

Date *21 November 1940*.....

Address *145 Scott Street, Quebec, P.Q.*...

*Marcel Dube*.....  
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant or a sworn declaration as to his date of birth.  
This date of birth, legally, is *the 1st of June 1915*

*Eugene Hail*...  
for Commanding Officer.



113. C-1106

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

PLEASE  
LEAVE  
BLANK

- 10

5. (a) State age on finally leaving school.....18 Years.....(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.).....11 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?.....French & English.....(b) What languages do you read well?.....French & English

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working

(b) At time of enlistment of what trade union or professional society were you a member? \_\_\_\_\_

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 dis-  
continuing it.....

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..... Paul Savard ..... Address..... Styville .....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Landscape .....
20. (a) Your specific occupation..... Helping ..... (b) Number of years' experience at this occupation with any employer..... 6 years .....
21. (a) Did your employer promise definitely to give you employment on discharge?..... Yes ..... (b) Did your employer refuse to promise you employment on discharge?..... No ..... (c) Do you wish to return to your former employment?..... Yes .....

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?.....

24. (a) Do you wish to engage in farming after the war?.....*No* (b) Do you feel competent to operate a farm?.....*Yes* (c) If so, in what kind of farming?.....*Culture*

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

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....

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.....

**SIGNATURE**

Received



Copy To  
VWD  
ES

OCT 24 1947



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR Apr. 43 "OTTAWA"

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Helene N. Collin - Mother

ADDRESS: 52 St. Foy Road,  
QUEBEC, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. H. Collin

ADDRESS: 52 St. Foy Road, Quebec, P.Q.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

474

(2)

(3)

25-11-42



DEPARTMENT OF VETERANS AFFAIRS

13-9-42

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

COLLIN

Jos. A. J. Louis

V-3686

Sto. 1

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

1939-45 Star

Atlantic Star

C.V.S.M. &amp; Clasp

War Medal

## REGISTRATION NUMBER AND DATE DESPATCHED

2966

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



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

V3686

OFFICIAL NUMBER

NAME COLLIN  
(Surname)Joseph Adelard Jean Louis  
(Given Names)

OFFICIAL NUMBER V3686

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Quebec.	Stoker 2	21	11	40		V.C.	Sat.	31	12	41							
Duty Div. Hdqts.	" "	30	4	41		"	"	15	9	42							
H.M.C.S. Stadacona	" "	18	6	41													
"Ottawa"	" "	28	8	41													
Stadacona V.O.	" "	18	11	41	V.O.												
Ottawa	" "	28	8	41													
"	Stoker 1	30	4	42	2494# 21908												
DISCHARGED	" "	13	9	42	Missing, believed killed in action. C.L.												
GENERAL REMARKS																	
X-Ray Chest Neg.																	
Memorial Cross send to his mother																	
Mrs. Helene Nadeau Collin,																	
52 St. Foy Road,																	
Quebec, P.Q. 24-11-42																	

DATE OF BIRTH		PLACE	CIVIL	OCCU.	RELI.	ED.	PERM.	RESIDENCE	PREV.	ENL.	RANK OR RATE	
DAY	MO.	YR.	BIRTH	MAIN	SUB	GION	CTV	TOWN	SERV	DIV.	A	EP
01	6	15	12	711	0	10	X	2	54	09	0	1595
ENLIST. DATE		ACT. SERV. DATE	SHIP OR		RANK OR		ESTAB.		A		BR. RANK	
21	11	40	30	04	41			0350	0	15	94	
SERV. CAT.		NON-SUB		CODED		CHECKED						
30	04	42	09	00	00	20	13	09	42	711		



