A117506
CARRIER
ALYRE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

No A.117506 Rank Private Name CARRIER, Alyre

Unit Fusiliers Mont-Royal Date of death 23rd August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-18717

N/K Mr. Emelien Carrier, Relationship Father

Address R. R. #4, St. Henri, Comte de Levis, Quebec.

Remains buried in Cemetery

MR 572676 T-road Sheet 8E/3

Grave location

C1K ✓

OVER

REBURIAL

Bretteville-sur-Laize Cdn. Mil.Cem.
Bretteville-sur-Laize, France.

Grave 7, row H, plot 20.

HI & CR Form Despd. OCT 1 8 1946

Photographs
Despatched
AUG 1 5 1947

BURIAL REPORT TO H. MAR 1 1 1946

RETURN TO BUR. OF STAT. NOV 1 0 1944

ROYAL MESSAGE DESP'D. OCT 1 8 1944

CAN. MESSAGE DESP'D. SEP 2 6 1944

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Emelien CARRIER, (Father)

ADDRESS: R.R. #4, St.Henri, Co. de Levis, P.Q.

MEMORIAL B
(1)
DATE DESP
REGN. NO 429

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Delphine Noel Carrier FRENCH

1768

ADDRESS: St. Henri, Co. Levis, Que. (MFMF5)

(3)

DESP. JAN 8 1945
REGN No. 10709

23.8.44

1768

D.W.

AWARDS—CANADIAN ARMY (ACTIVE)

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-18,717 1

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CARRIER,	Alyre	A.117506	Pte.	le.Fus.de M.R.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~France & Germany Star~~	
Defence Medal	
War Medal	
~~C.V.S.M. & Clasp~~	
	5950

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CASUALTIES, ETC.

Part II. D.O. No.	Date	Nature and particulars	If in Hospital note name
52	2-3-43.	TOS No.1 D.D.(Windsor Det) eff. 23-2-43. posted to C. Sect.	
60	11-3-43.	SOS No.1 D.D.(Windsor Det) on transfer to No.44 BTC,St. Jerome, P.Q. eff. 11 Mar. 43.	
53	15-3-43	T.O.S. B.T.C. 44 on strength from No 1. D.D. Windsor wef. 12-3-43.	
		P. & A. LED. AGREES APR 1 9 1943	
96	13-5-43.	SOS on trans to A-12 Farnham, wef 13-5-43.	
111	14-5-43	TOS A-12 Farnham wef 14-5-43	
174	27-7-43	Granted 14 days' fur from 23-7-43 to 5-8-43 inc and r.a. of 50¢ per d.	
187	11-8-43	Granted rates of pay of $1.40 wef 23 Jun 43	
191	16-8-43	Sos A-12 to Serial 3850 Windsor NS wef 15-8-43	
210	17.8.43.	ATTACHED TO NO. 1 TRANSIT CAMP FROM 16 8 43	
220	27/8/43	PROCEEDED OVERSEAS 26-8-43	
183	3.9.43	SOS-Cdn. Army (Can) 25.8.43-TOS-Cdn Army (Eng)	26.8.43
183	3.9.43	TOS-6 C.I.R.U fr O/S.	2.9.43
201	23-9-43	S.O.S #6 C.I.R.U to F.M.R.	23-9-43

No. A-117506 RANK Pte. NAME CARRIER Alyre

T.S "B"

*Married
*Widower
*Single

Place of {*Appointment *Enlistment} Windsor Ont.

Date of {*Appointment *Enlistment} Feb.23/43

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
52	2-3-43.	Pte.		AS	1.30			Eff.Feb.23/43
187	11-8-43				1.40	23 Jun 43		

MR Emile Pere

~~Mrs.Delphine N.~~ CARRIER (~~Mother~~) Mrs. Del

St.Henri,Conte Levi,Quebec.

R.R. No 4

ASSIGNMENTS DO 68/43

Name and Address of Assignees	Effective Date	Amount
Nil ~~4th V.L.B.~~	~~1-5-43~~	~~16.00~~
Mrs.Delphine Carrier(Mother)		
St.Henri,Conte Levis,R.R.No.4		
Que.	1-9-43	~~10.00~~
~~5th Victory (#50)~~	~~1-6-44~~	~~25.00~~
~~Nov-Apr 44 inc.~~ Total		~~8.40~~

DEPENDENTS' ALLCES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
	Nil		
N/E.			
MFM/8	fwd CPM 11/4/44	STOPPED 27 July 44 awaiting [illegible]	
	fwd CPM 12/7/44		

*Outfit *Clothing } Allce. $..... Paid on.....

Rehabilitation Grant $..... Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M-10-42 (6723)

H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $..... P.A.

Occupational Form Completed.....

CONTINUATION CARD M.F.M. 14

Regimental No. A+117506 Name Carrier A.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
52	30-9-43	T.O.S. F.M.R. from 6 C I R U wef 24-9-43
55	23.10.43	Inc. Rates of Pay. $1.50 wef 24-Aug 43
68	23/12/43	7 days P.L + R.A + 4.69 (3-10 dec 43)
4	22-1-44	Awarded C.V.S.M and clasp wef. 15-1-44.
20	31-3-44	7 days P.L. & R.A. @ 4.69 - 10-17 Jan 44
50	19-7-44	On 6 July 44 awarded forf 22 days pay - re and 10 lbs 30 M.M.S. Total forf 23 days pay.
48	13-7-44	Embarked U.K. 6 July 44, Disembarked France 8 Jul 44
C.R.	24-8-44	SOS Deceased wef. 23 Aug 44. Killed in action

M.F.M.—14A
40/P&S/67 (3129)

Soldiers Qualification Card

CONFIDENTIAL

CODED

A117506 — Regimental Number
CARRIER — Last Name (Block letters)
ALYRE — First Name
JOSEPH. — Middle Names

Unit: F.M.R.

1 Corps: Inf. deceased

2 Citizenship: Cdn. — By Birth: ✓ — By Naturalization: — Country of Birth: Canada.

3 Father Racial Origin: Fr. Cdn. — Mother: Fr. Cdn.

4 Language spoken in home: French ✓ English: — Other:

5 Age: 29.2 — Date of Birth: 14 Feb. 15. 6 Height: 5 ft. 8 in. 7 Weight: 165. 8 Silhouette: 1 2 3 4

9 Eye Colour: Blue. 10 Acuity: 1 ✓ 2 3 10 Glasses: 5 read. 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 ✓ 2 3 13 Speech Defects: Noticeable hesitancy.

14 Handedness: R ✓ L A 15 Med Category: A-1.

Cause:

Attitude to own health: Reasonable. To Medical attention:

Health History:

16 Education Level: Illiterate: El. 8 (16) Sec. ( )

Conduct during school life:

17 University or 18 Professional Institute	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course): Typing, Shorthand, and English.
At: Private school. From—To: Oct. 32 & Apr. 34 (3 or 4 nights a wk.) Completed ?: No.

21 2. (Course):
At: From—To: Completed ?:

22 3. (Course):
At: From—To: Completed ?:

Other trades papers, Diplomas Certificates or Qualifications:

23 Languages: Spoken fluently: French, Eng.
Written well: " "

24 Main occupation: Cook for construction gang building highway in Northern Ont.
Estimate of skill:
Duration (from—to): June - Nov. 1939. Weekly Wage: $35 and board.
Employer's Name and Address: Pitt Co., Hearst, Ont.

50 "M"

Test	Score	SM	Test 9 Score
1	15		21
2	11		Sub-total 45
3	19		SM
4	22		Sub-total 46
5	24		SM
6	8		Sub-total 45.
7	17		SM
8	20		
Tot	136		SG

English: French ✓
Place: F.M.R. Date: 11 Apr. 44.

51 OTHER MENTAL
Test:
Score: Grade:
Date:

52a
Test:
Score: Grade:
Date:

52b
Test:
Score: Grade:
Date:

53

TRADE TESTS

Trade and Grading	Date

54 DARK ADAPTATION

Date Tested	Result

25 Second Most Important Occupation: Cook for various employers
Estimate of skill:
Duration (from—to): 1935 - 40. Weekly Wage: $20.
Employer's Name and Address:

26 Third Most Important Occupation: Assembly of Brew carriers
Estimate of skill:
Duration (from—to): Aug. 42 to Feb. 43. Weekly Wage: $50
Employer's Name and Address: Ford Motor Co. of Canada, Windsor.

Trade Union or Professional Society: C.S.O.

Vehicles: 27 Heavy Truck: 28 Light Truck: 29 Auto: 30 Motorcycle:
31 Farm Tractor: 32 Tracked Vehicle: 33 Power Launch: 34 Aeroplane:
35 Animal Management: 2 horses.

Farming Experience: Wide: Limited: None: Reared ?: ✓
District: South of St. Lawrence, 10 mi from Quebec City. Type: Mixed.

Job promised after discharge ?: No By whom ? Name:
Job: Address:
Other provision for Post-War occupation: Nil.
Type of work or training desired: Doesn't know.

Occupational history: Ambitious: Stable: Accidental: ✓ Erratic:

36 Marital Status: S. ✓ M. W. D. Sep.
Marital Problems:
Spouse's Age: Attitude to Service: Health:

37 No. of Children: 38 No. of Dependents:
Relationship of Dependents:
No. of Brothers: 9 No. of Sisters: 4 Position in family: 7th.
Status of home in childhood:
Religious Denomination: R.C.

39 Hobbies: Photography M. S. Radio: Engines:
Mechanics: Other: Reading.

40 Sports: (1) Fishing. (2): (3):
Team Games and Position (1):
(2): (3):

41 Ability to Entertain: Music: String: Brass:
Woodwind: Percussion: Piano: Vocal:
Theatrical: Other:

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 23 Feb. 43 Place Enlisted Windsor, Ont.

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
23 Feb. 43	Can.	Inf.	#44 B.T.C.	Pte.	B. Trng.	
23 Apr. 43	Can.	Inf.	A 12 C.I.T.C.	Pte.	Adv. Trng.	
24 Aug. 43	U.K.	Inf.	#6 C.I.R.U.	Pte.	Trng.	
23 Sep. 43	U.K.	Inf.	F.M.R.	Pte.	Riflemen and barber.	

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Courts Martial Convictions ..... Summary Punishments ..... Fines ..... Hosp. .....

Civil Court Convictions ..... Reprimands ..... Stoppages .....

47

Military Specialty or Trade	Degree of Proficiency	Date	Authority

48 Suggested Employment (1) Rifleman. (2)

Reason for Joining Army Called NRMA and decided it was best to "Go active."

55 Type of Service Desired (1) Rifleman. (2)

Attitude to Interview: Antagonistic Over-anxious Co-operative ✓ Indifferent

49 Psychiatric ☒ ☐ ☐ ☐ ☐ ☐ Casualties (1) .....

(2) .....

(3) .....

YOB	P	U	L	H	E	M	S	Date	Initials

Honours and Awards:

(1) .....

(2) .....

(3) .....

1/48 A CMHQ 1000 : 115 40/P&S/1246 (4843) CONFIDENTIAL

99 REMARKS (with date and signature of officer)

Friendly young man of courteous manner who has a noticeable stutter at times. He really doesn't like the Army but says he is trying to "make the best of it" and to do a good job.

M score reveals a little better than average learning ability.

His C.S.M. reports that he is the Coy. barber, a fact which Carrier himself didn't reveal during the interview. He says that this man's trng. is satisfactory and that he's able to keep up with the rest on parade. He believes him to be physically fit.

17 Apr. 44

J. C. Smith Capt.

Every Item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (FRANCE) Township of

If in City, Town or Village (Name) Street (If death occurred in a hospital or institution, give the name instead of street and number) House No.

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred (b) In Province (c) In Canada (if immigrant) (M)

3. PRINT FULL NAME OF DECEASED CARRIER (Family name) Alyre (Given name or names in usual order)

RESIDENCE No. 280 Street Wyandotte E. City, Town, Village or Township Windsor Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M			Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH February (Month) 14 (Day) 1915 (Year)

10. AGE in	Years	Months	Days	If less than one day old
	29			hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Assembler

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

15. If married give name of wife or husband of deceased

FATHER

16. NAME

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here Spencer C.S.
Address Director of Records,
Relationship to deceased Dept. of National Defence.
France.

21. Place of Burial, Cremation or Removal
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August (Month) 23rd. (Day) 19 44 (Year)

25. I HEREBY CERTIFY that I attended deceased from:
19 to 19
and last saw h. alive on 19

CAUSE OF DEATH

I. **Immediate cause** Killed in action
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a)
due to
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)
due to
(c)

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

PHYSICIAN: Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days

27. If a woman, was the death associated with pregnancy?

28. Was there a surgical operation? Date of operation 19
State findings Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry,** in **home,** or in **public place**

Signed by **M.D.**
Address **Date** 19

30. Division Registrar's Record No.

31. Filed 19 (Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 10 1944

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Emilien Carrier,

R.R. #4,
St. Henri,
Cté Lévis, Québec.

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. 405-C-18,717 FD.190

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

18 novembre 1944

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

CARRIER, Alyre, Soldat,

A.117506, Armée Canadienne.

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.

OG/GC

ESTATES BRANCH
NOV 27 1944
H.Q. OTTAWA
NATIONAL DEFENCE

Joseph 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.....				
2	Enfants du défunt et dates de naissance.....		Célibataire		
3	Père du défunt.....		Emilien Carrier	66	St Henri de Lévis R. R. No 4
4	Mère du défunt.....		Delphine Noël	61	" " "
5	Frères du défunt	Frères germains	Leo Carrier	16	" " "
			Gabriel Carrier	19	Cr[illegible]
			Emile Carrier	41	Palmarolle Abitibi
			Eugène Carrier	40	" " "
			Amédée Carrier	36	Regina Sask.
			Omer Carrier	31	St Henri Lévis
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Alfred Jos Morin	38	Palmarolle Abitibi
			Sœur Marie des Anges	37	Montréal F. M. M.
			Simone Carrier	27	St Henri Lévis
			Marie Hélène Carrier	21	St Henri Lévis
		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)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Alyre Carrier
9	Date de sa naissance.	14 février 1915
10	Lieu et date de son mariage.	X
11	Lieu et date du mariage de ses parents.	1 juillet 1902 St Louis Pintendre

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Gerard Lévis
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) (b) (c) (d) St Henri Lévis
14	Nature de son emploi avant son enrôlement.	Cultivateur
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Chez son père
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	St Henri Lévis

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Oui, il l'avait sur lui
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?	au dire d'Ottawa, non
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?	Pas à ma connaissance
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	7 de $4. St Anselme March. Banque Can. National
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.	1 de $50. Enregistré. " "
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.	Non
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.	Aucun
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.	Je crois mieux étant son père, voir reçu annexé

(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)

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

DÉCLARATION

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* père 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.

Emilien Carrier — Signature du déclarant

St Henri - Lévis — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache ~~Alyre Carrier~~ Emilien Carrier — Nom du déclarant

*Voir plus haut

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

Daté à St Henri ce 24e jour de novembre 1944

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

Arthur Lagnon, ptre — Titre Curé

Adresse St-Henri, Lévis

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.

Les frais funéraires ont été complètement payés par moi, père du défunt, le service a été chanté à St Henri le 9 septembre 1944.

et a coûté exactement $50.00

Emilien Carrier

Reçu de Emilien Carrier pour le service ~~et sépulture~~ de son fils, Alyre Carrier la somme de Cinquante dollars. Le 9 septembre 1944

LA FABRIQUE ST-HENRI, LÉVIS

PAR Arthur Lagnon, ptre

ESTATES BRANCH
JAN 23 1945
OTTAWA
AL DEFENCE

~~Solely for~~ use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

C

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

In the event of my death I give $12.00 to Napoleon Brind'Amour, Drummondville Prov. Que. I give the remainder of my estate to my parents Mr. Emilien Carrier Saint Henri R.R. No 4. Comté Levis Prov. Quebec. Canada

Signature Alyre Carrier

Rank, Regt'l Number Private A 113558

Date 6 juillet 1944

3/45/ MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. A.117506 Rank and Name Carrier. A. Pte.

of (Unit) ..... on .....

(Transfer or Discharge) ..... to ..... on 23rd. Aug. 19 44.

Reason Death. Authority : C.C.L. "A" 485 d/2nd. Sept. 44.

The following is a statement of the account of the above-named from 1st. Aug. to 31st. Aug. 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account	4	19	Balance Cr from last account		
First Monthly Payment			Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay					
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars) :					
			Def. Pay Interest.		26
			Cash Credit OR 136630 *	30	00
To Balance Cr — Free	36	57			
To Balance Cr — Deferred	36	00	By Balance Dr		
Total	76	76	Total	76	76

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

* Lloyds Bank Cheque No. 317271.

Compiled by P. Cooper.

Checked by J. M. Crayston

Date 10th. April, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

P.H.

Received..... FINGER PRINTED ..... M.D. 1 ..... Checked..... Card MAR 3 1943 ..... Observations..... OK

NOMINAL ROLL No.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORMS COMPLETED

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit.....~~NO.1 DISTRICT DEPOT (WINDSOR DET)~~ GENERAL LIST, CIC..... Regimental Number.....A-117506

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01 PTE

1. Surname.....CARRIER
2. Christian Names.....ALYRE
3. Present address.....280 WYANDOTTE ST. E. WINDSOR, ONTARIO, CANADA.
4. Date of birth.....14 FEBRUARY 1915
5. Place of birth.....CANADA (Country) QUEBEC (County or Province) ST. HENRI CO. LEVIS (Town or Township)
6. Citizenship.....CANADA (Of What Country are You Now a Citizen)
7. Religion (state denomination).....ROMAN CATHOLIC
8. Trade or Calling.....ASSEMBLER
9. Married, Widower or Single.....SINGLE
10. Name of next of kin.....~~MRS. DELPHINE NOEL CARRIER~~ See Change
11. Relationship.....~~MOTHER~~
12. Address of next of kin.....~~ST.HENRI, CO.LEVIS, QUEBEC, CANADA~~
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?.....NO

    .....NIL (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army?.....NO (Yes or No)

    .....NIL (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? .....NO (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918?.....

    .....NO (If Yes, specify Regimental No., Unit and Dates of Service)

G.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date.....February 23, 1943..... Alyre Carrier (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness.....(Name) (Rank) ..... Alyre Carrier (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at.....Windsor, Ontario.....this.....23rd.....day of.....February.....19 43

.....Major. {Signature of Magistrate, Justice or Attesting Officer.

.....O.C. NO.1 DIST.DEPOT (W.D.) {Officer or Rank and Unit or appointment.

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

5606
10
1

Record of Service of CARRIER (Surname) ALYRE (Christian Names) Regimental Number A-117506

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: ASSEMBLER

Technical: NIL

Languages: ENGLISH & FRENCH

Educational Qualifications

High School or Collegiate: NIL (years completed) — Graduation or Matriculation: (specify)

*College: NIL

*University: NIL

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

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment T.O.S. NO.I DISTRICT DEPOT (WINDSOR DET)	PRIVATE	23-2-43.	NO.I D.D. (W.D.)	WINDSOR	#52	2-3-43.
S.O.S. No. I District Depot(Windsor Det.) on transfer to No. 44 RTC., St. Jerome, P.Q.	"	11 Mar 43	"	"	Pt. II # 60	11 Mar 43
TOS AND ATTACHED FOR LL PURP ON TRANSFER FROM No. 1 DD WINDSOR ONTARIO	"	12-3-43	TC44	ST JEROME	PT II 53	15-3-43
SOS ON TRANSFER TO A-12 FARNHAM QUE.	"	13-5-43	"	"	PT II 96	13-5-43
T.O.S. On twmp att from T.C. 44 ~~RRKXX~~St JErome	"	14-5-43	A-12	Farnham	111-A	14-5-43
14 days furlough from 23-7-43 to 5-8-43 incl with 50¢ per diem s ration allowance	"	23-7-43	"	"	A-174	27-7-43
Granted daily rates of pay of $1.40 per diem.	"	23- 6-43	"	"	A-187	11- 8-43.
S.O.S. TO SERIAL 3850	"	15-8-43	"	"	A-191	16-8-43
ATT: NO 1 TRANSIT CAMP						
SOS " " "		1.6.8.43 #1 TRANSIT WINDSOR N.S.			210	1.7.8.43
208-6 CJ Rec		24-8-43	"	"	220	27-8-43

For additional entries use M.F.M. 1 and 2 (a)

Regimental No. A117506 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name CARRIER A

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
SOS CA Canada		25 Aug 43				
TOS CA (O)		26 Aug 43				
Disembarked.		1 Sep 43				
Rep for Duty	Pte	1 Sep 43	6CIRU	UK	183	3 Sep 43
SOS To FMR.	PTE	23 Sep 43	6CIRU	UK	201	23 Sep 43
TOS from 6CIRU	PTE	24 Sep 43		UK	52	30 Sep 43
Granted daily reg'l rate of pay of $1.40	PTE	24 Aug 43	FMR	UK	55	23 Oct 43
Address N/K MR EMILIEN CARRIER (FATHER) St HENRI RR #4 Co of LEVIS P.Q. CAN.	PTE		FMR	UK	68	23 Dec 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
Embarked at ... UK ..... on		6 July 44				
Disembarked at France on	Pte	8 July 44	FMR.	21. A.G.	48	19 July 44
Longevity Total 23 Days Pay ... A.R. 15. (1)	Pte	6 July 44	FMR.	21. A.G.	50.	19 July 44
(70) SOS SOS Killed in Action	Pte	23 Aug 44	FMR	21 A.G.	69	3 Sept 44
M140 Killed.		23 Aug 44	F.M.R.	AEF	P485	2 Sept 44.

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full CARRIER, Alyre Place Windsor, Ont. Feb. 23/43.

Part 1. Information obtained from the recruit.

1. Age 28 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	YES	k. Ear disease	NO
b. Tuberculosis or pleurisy	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Fits	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Stomach or bowel trouble	NO	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	YES
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Foot trouble	NO		
j. Nasal trouble	NO		

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Alyre Carrier
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

Pain across back at times for the last few years.

1. Identification marks or scars ½" trans. scar lower lip. - 1" lin. scar lt. index finger.
2. Height 5 feet 6½ inches. 3. Weight 155 pounds.
4. Complexion Fair Eyes Blue Hair Dk. brown 5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 38 inches. Range of expansion 1½ inches.
7. Vision, right 6/10 left 6/10
   With Glasses— right - left - 8. Hearing, right CV 20 ft. left CV 20 ft.
9. Condition of mouth and teeth Fairly good.
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis Negative - ~~rxg~~ Reflexes normal
12. The abnormalities (congenital and pathological) found on examination are as follows:—
    Rt. Gt. toe stag horn nail.
    Believe this man should be trainable but suggest French Unit
    W. Breslin Capt.
13. Chest X-Ray Neg. No. 9433 Laboratory at which taken DR. R. E. HOLMES, Radiologist.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category A-1

Special remarks when category lower than A

A.L. POISSON, Lt. Col. rank (President) M.S. DOUGLAS, Lt. rank (Member) W.G.G. COULTER, Maj. rank (Member)

Date 23/2/43

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
3 Mar 43	Vacc & T. 1 Gawsmcroft Capt		
26-3-43	2 [illegible]		
16-4-43	T A B 3 MSM		
12-8-43	Recheck Cat H Wm. Holmery Capt.		

CERTIFIED TO BE A TRUE COPY OF ORIGINAL

President of Med. Board

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

3-3-43
Date

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank CARRIER, Alyre
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank A-117506 Private

(3) Unit No.1 Dist.Depot (Windsor Det)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

(6) If married, have you been regularly supporting your wife? If not—state reasons NA

(7) Are you a widower? No

(8) Have you any children? No Number of boys NA Girls NA

Names and ages NA

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NA

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NA

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address NA

11) Is your father alive? Yes

If so, state name and address, occupation Mr Emilien Carrier, (Farmer)
St.Henri, Co.Levis, Quebec

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NA

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment

NA

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support? NA

(14) Is your mother alive? Yes

If so, state name and address Mrs Delphine Noel Carrier
St.Henri, Co.Levis, Quebec

(15) If your mother is a widow, are you her sole or partial support? NA

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment NA

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support? NA

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NA

Full Name

Postal Address

Amount contributed monthly during the past six months NA

(18) Are you insured? No

If so, in what Company? NA
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NA
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Alyre Carrier
(Signature of officer or man)

Date February 23, 1943.

Capt.& Adjt.

For Officer Commanding No.1 Dist.Depot (W.D.)

Date February 23, 1943.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

Killed 23 aug

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit..... Regimental Number A-117506

1. Surname CARRIER
2. Christian Names Clyde
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth St Henri de Lévis
5. Date of birth as declared on attestation
   (A) 14 Feb 1915
6. Date of enlistment 23 Feb 1943
7. Place of enlistment Windsor Ontario Can.
8. Residence at time of enlistment 182 Wyndotte St Windsor
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion RC
12. If married, state date
13. Trade on enlistment Ford Industry - Bren Carrier work
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A-1	22-2-43	Med Board
A-1	12-8-43	Re-check

(19) Next of kin (entries to be made in pencil) father
Mr Emilien Carrier
St Henri de Lévis RR No 4 P.Q.
Canada

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		6.C.I.R.H.	SOS Can Army (Can) on embark	U.K	25 Aug 43	Pte	183 - 3 Sept 43
			TOS " " Overseas	"	26 "		
			Disembarked in U.K.	"	1 Sept 43		
			Reported for duty 6 C.I.R.H.	"	2 " "		
		6.C.I.R.S.	SOS to Fus MR (draft demand 8092/9/(1) 43)	U.K	23 Sep 43	"	201 - 23 Sep 43
	T.O. & O.K.	F.M.R.	T.O. & from 6 C.I.R.S. " " " "	"	24 Sep 43	Pte	52 & 30 Sep 43
			Granted Daily Rates of Pay of $ 1.50 per diem	—	24 Aug 43	Pte	55 & 3 Oct 43
			AWARDED CDN. VOL. SER. MEDAL & CLASP	—	16 Jan 44	Pte	4 & 22 JAN 44
		FusMR	Embarked U.K. 6 Jul 44. Disembarked France. 8 Jul 44			Pte	48d/13 JUL44
11JUL44	CR	FusMR	AWARDED a forf of 22 days pay for an off under AA 15(1) AWL from 2245 hrs 4 JUL 44 to 0915 hrs 5 JUL 44 (Absent 10 hrs 30 min) Forfs 1 days pay FR&I 149(1)(a) Forfs 22 days pay FR&I 149(2)				
			TOTAL FORF 23 DAYS PAY	Fd	6JUL44	Pte	50d/19 JUL 44
		FusMR	SOS KILLED IN ACTION	Fd	23AUG44	Pte	67d/3 SEP 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
40/P & S/318

Unit: Gen. list Regimental Number: A/17506

1. Surname: Carrier
2. Christian Names: A.
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank:
   giving date:

*To be entered in pencil to facilitate alteration.

4. Place of birth:
5. Date of birth as declared on attestation:
   (A):
6. Date of enlistment:
7. Place of enlistment:
8. Residence at time of enlistment:
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion:
12. If married, state date:
13. Trade on enlistment:
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority

(19) Next of kin (entries to be made in pencil)

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

e P 45 P

FRENCH SPEAKING B.T.C.

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

INFANTRY (R) — Arm or Corps
Trade (if Tradesman or Trade Trainee)
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
A-117506		CARRIER, Alyre	A	28	A-1

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English	#1. DD (WD)	24 Feb.43

II. Revised Examination "M"

Place Tested	Date Tested	By Whom
#1. DD (WD)	24 Feb.43	J.E. Smith(Lieut)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
91	V.	12	14	16	13	04	06	08	18	42	17	32	E

Other Tests

III. Educational Background

Attended 2 or 3 months of Grade VII at 14. (Rural Quebec) Roman Catholic)

Took private lessons in typing from a friend for 4 months. Shorthand - Can type reasonably well.
commercial course with private instructor - about 1 year classical

IV. Occupational Background

Apprentice Cook	-	Messionnaire du Sacre-Coeur College, Beauport, Quebec	2 years
Hired help	-	Farming	2 years
Labourer	-	Bush	9 months
Labourer	-	Abititi Dam	3 months
2nd Cook	-	Lumber Camp	1½ years
Acid Dept.	-	D.I.L. Plant, Nobel, Ontario.	9 months
Assembly	-	Ford's, Windsor, Ontario.	6 months ($35.00 wk.)

V. Military Background

T.O.S at #44. C.O.C. & B.T.C. At Jerm due on. 12 March 43
Nil. Says he tried to enlist 2 years ago. Says he was not accepted because of impediment in speech.

VI. Other Personal History and Appraisal — Height 5' 8" — Weight 165 lbs.

HOBBIES: Plays piano. Woodworking, art.
SPORTS: No active part recently.
HEALTH: Complains about sore back. Thinks it may be his kidneys.
Single, Parents live on a small farm in Quebec. Ten brothers and four sisters. One brother in Army overseas. R.C. church - regular. Says he likes to read books of adventure and popular science. Lives rather quietly. Drinks moderately. Has never driven a car. During interview he did some typing. He has done none in 2 years, yet did a reasonably good job at average speed. States he could type 50 - 60 wpm at one time. He has a decided impediment in his speech. He says it has developed since he was 14 years of age. Thinks it is caused by nervousness.

This man did not state that he would rather try the test in French when everyone was asked at the beginning of the M-test. States he has been speaking English only 5 months and speaks it well except for the speech defect. Can do shorthand for French and English. States he'd like to go to a French B.T.C.

SUMMARY: A young man of apparently average ability, good appearance, and a good Army attitude. May prove a satisfactory man for a clerk in a French-speaking unit. He is being referred to the psychiatrist to determine the advisability of sending him to B.T.C.

(OVER)

VII. Recommendations

INFANTRY (R)

(Signed) Russell Reid (Lieut.
J.E. Smith
Army Examiner

M F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

VI Other Personal History and Appraisal: Cont'd.

25 Feb. 43 . PSYCHIATRIC REPORT

Believe this man should be trainable but suggest French unit.

SIGNED: W.I.BRESLIN Capt. Psychiatrist.

AUG 16 1943

Suitable for overseas service.

E A S Capt

No. 1 Transit Camp. Army Examiner

Windsor, N. S

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

H.Q. 405-C-18,717

CASUALTY (REPORT DELIVERY)

OTTAWA 31 AOUT 1944

TO:- M EMILIEN CARRIER
R R No 4 ST HENRI
CTE DE LEVIS QUE

14513 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT ALYRE CARRIER A117506 OFFICIELLEMENT PORTE TUE AU COMBAT VINGT TROIS AOUT 1944 STOP LORSQUE NOUS RECEVRONS DES RENSEIGNEMENTS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militaires

PREPAID

DIRECTOR OF RECORDS

1

File Copy

Quote No. ~~405-C-18,719~~
(Records--C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

8th September, 1944

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. A.117506 Rank Private

Surname CARRIERE

Christian Names Alyre

Nature of Casualty Killed in action

Date of Casualty 23-8-44

Address at time of enlistment Windsor, Ontario.

Date of enlistment: 23-2-43

Date of Birth 14-2-15

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Assembler

Name and address of Next-of-Kin Mr. Emelien Carrier

R. R. #4, St. Henri, Comte de Levis, Que.

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

8

GR/BTC

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER A.117506 RANK Private SERVICE UNIT le Fusiliers de Mont Royal (A;C.).

NAME CARRIER, Alyre

DATE OF BIRTH

DAY 14th MONTH February YEAR 1914 ENLISTED: 23-2-43

MARITAL STATUS Single RELIGION--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Emelien Carrier,

ADDRESS R.R. #4, St. Henri, Comte de Levis, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9969 H.Q. 405-C-18,717

CASUALTY DETAILS Killed in action DATE 23-8-44

FRANCE.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 8-9-44

BTG

OFFICER I/C RECORDS

9

5

COPY FOR C.R. FILE

le 2 octobre, 1944.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Alyre CARRIER, matricule A-117506, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 23 août 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Carrier pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 26 1944

(H.F.G. Letson),
major-général.

11

AMR
Mem x mother
29.11.44

M. Emilien Carrier,
R.R. nº 4,
St-Henri,
Cté de Lévis, Qué.

Director of Estates

Regimental No. A.117506 Rank. Private

CARRIER Alyre
Surname Christian Names

Unit le Fusiliers de Mont Royal (AC)

Date of Death 23.Aug.44 Place of Death Overseas.(France)

Next-of-Kin Mrs Emelian Carrier Relationship Father

Address R.R. #4, St. Henri, Comte de Levis, Que.

M.F.M. 5 Copy of M.F.M. 5 herewith

Will Will d/23 Feb 43 herewith

Date 3 Nov 44

JEC/MB

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

DIRECTOR OF ESTATES BRANCH
NOV 8 1944
R.C.O.
OTTAWA
NATIONAL DEFENCE

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: CARRIER, Alyre, (Surname, Christian Names) No.: A-117506

Pte. (Rank) C.A. O/S (Unit) 23-8-44 (Date of Death)

AMOUNT

L.P.C. $ 72.57

Date: 20 Aug 45

Other Credits 52.33

Total 124.90

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Friend	Napoleon Brindamour, Drummondville, Quebec.	12.00 R
Balance	Father	Emilien Carrier, R. R. # 4, St. Henri, Levis Co., Que.	112.90 R
		(Co-beneficiaries under will)	

P4. TO TREAS. 14-9-45, a.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	124.90

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Q.G. 405-C-18,717 F^D 190

DIVISION DES SUCCESSIONS

29 septembre 1945.

Monsieur et Madame Emilien Carrier,
R. R. # 4,
St Henri,
Cté Lévis, P.Q.

CARRIER, Alyre, Soldat, (décédé)
No. A-117506, Armée Canadienne

Chers Monsieur et Madame Carrier,

Vos remarques contenues à l'inventaire des effets personnels de votre fils ont été dûment notées. Malheureusement, les articles que nous vous avons fait expédier sont les seuls que nous ayons reçus d'outre-mer comme appartenant à votre fils et d'après le rapport de l'Unité ils ont été recueillis sur sa personne après le décès. Le fait que la montre que vous avez reçue n'était pas celle qu'il avait lors de son départ n'est pas nécessairement un indice qu'elle ne lui appartient pas, car depuis il a pu se procurer une autre montre pour une raison évidemment que nous ignorons. Nous pouvons faire la même remarque concernant la médaille religieuse. A tout évènement, je puis vous assurer que nous ne vous cachons absolument rien et que si vous n'avez pas obtenu plus de détails concernant les effets c'est pour la bonne raison que nous n'en possédons pas plus nous-même. En effet, le rapport de l'Unité mentionne qu'après le décès de votre fils les autorites militaires ont recueilli les articles que nous vous avons fait expédier et que ceux-ci lui appartiennent. Le rapport ne donnant pas plus de détails il faut nécessairement en conclure que les circonstances entourant le décès n'ont pas permis de recouvrer d'autres effets. Je tiens à vous assurer que l'impossible est fait pour recueillir autant d'effets que possibles mais vous comprendrez vous-même que les circonstances ne s'y prêtent pas toujours. Si nous pouvions vous fournir plus de renseignements, nous serions des plus heureux de le faire.

Votre dévoué,

Major,
le Directeur des Successions.

OG/TD

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ...A-117506 Pte Carrier A ..... Dec'd .....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon 21 Army Group .....

CHECKED BY .....A-117006 Gnr Schwartz M..... DATE .....3 Feb 45.....

AND .....B-81759 Sgt Greaves J G.....

I	Wrist Watch (Montrose).		
I	Red "I" Disc,		
I	Relig Medal.		

ORIGINAL
DUPLICATE
TRIPLICATE
} To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

400-C-18717

mp D7998

DEMANDE DE GRATIFICATION DE SERVICE DE GUERRE

PAR

DEPENDANTS DE PERSONNEL DEFUNTS DE L'ARMEE CANADIENNE

RECEIVED
NOV 2 1945
PAYMASTER GENERAL
W.S.O. Branch

1. Je demande, par les présentes, qu'on me verse la gratification de service de guerre qui m'est intitulée en estime du sous-mentionné membre defunt des forces armées canadiennes.

(a) Nom de famille Carrier CARRIER

(b) Prénoms Alyre

(c) Matricule A 117 506

(d) Grade effectif au terme du décès soldat simple

2. Les présentes vous sont fournies en appui de mon application.

(a) Nom de famille Carrier

(b) Prénoms Mme Delphine Carrier

(c) Parenté du defunt Mère du feu le soldat Alyre Carrier -

(d) Addresse au complet Saint Henri, Comté Lévis - R. R. No. 4 - P. Q.

Sincèrement

St. Henri

Date 29 octobre 1945. Mme Delphine Carrier
(Signature du requerant)

Recalled 4/10/45
Mrs. D. Carrier
Same address

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Alyre (CHRISTIAN NAMES) CARRIER (SURNAME)

REGISTER NO. D-7998
FILE NO. 405-C-18717
DATE 12-11-45
SERVICE NO. A-117506
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 23-8-44

PAYEE Mrs. Delphine CARRIER,
ADDRESS R.R. # 4, Saint Henri, Conte Levis, P.Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 525/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50 (51)	127.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 341 LESS 15 INELIGIBLE DAYS, EQUAL TO 326 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	81.50
	209.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75	X7 = $ 19.25
NO. OF DAYS 341/183		X$ 19.25

35.87

D. WAR SERVICE GRATUITY	244.87
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	244.87

G. YOUR PORTION OF GRATUITY IS— 100%

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

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.

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
L. St. Arnaud	19-11-45

Kirkin Capt
SERVICE REPRESENTATIVE

ΔT

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Alyre (Christian Names) Carrier (Surname) — Register No. D 7998

File No. 405-C-18717

PAYEE'S NAME Mrs Delphine Carrier, (Christian Names) (Surname) — Date 7-11-45

ADDRESS R.R.#4, Saint Henri, Sonte Levis, P.Que. — Service No. A117506

Final Rank Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-8-44 — Date of Discharge 23-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{525}{30}$ = 17 Periods @ $7.50 (15)	127	50
B. QUALIFYING OVERSEAS SERVICE No. of days 341 less 15 Ineligible days, equal 326 Days @ 25c. per day	81	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ — TOTAL $ 2.75 × 7 = $ 19.25 No. of Days $\frac{341}{183}$ × $ 19.25	209	00
	35	87
D. WAR SERVICE GRATUITY Computed By Monty	244	87
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ — (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	244	87

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

File No 405-C-18717

REBURIAL

NO A117506

RANK Pte.

NAME CARRIER - A.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 7 Row H Plot 20

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

H.Q. 405-C-18717
(D.R. 2(C))

11th March, 1946.

Mr. Emelien Carrier,
R.R. #4,
St. Henri,
Comte de Levis, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, A117506 Private Alyre Carrier, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row H, plot 20, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

File No 405-C-18,717

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. A117506 Name CARRIER, Alyre

Rank on Discharge Pte Date of Discharge 23-8-44

Authority for Discharge or Retirement Deceased

Served in: Non-qualifying service

Canada	from 23-2-43	to 25-8-43		
	from	to		
United Kingdom	from 26-8-43	to 6-7-44		
	from	to		
Italy	from :-	to		
Northwest Europe	from 7-7-44	to 23-8-44	(Killed in action)	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by Annette Routhier

Date 22-6-46

Carded JUL 2 1946

NRD.

HA 165

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, Quebec.

From.....Head Office.

.....Ottawa, September 23rd, 1944.

RE: A-117506 - PTE. CARRIER, Alyre.

P. & N. H. 283-A.

The Department of National Defence, Army,

officially reports that the marginally named was reported -

"Killed in action,

on the 23-8-44 on service Overseas."

His next of kin is reported as - Father -
Mr. Emelien Carrier,
R.R. # 4,
St. Henri, Co. de Levis, Que.

The Addressograph Stencil shows payment of Assigned Pay of

$ 10.00 a month to - Mrs. Dephine Carrier,
Disc.27-7-44 R.R. # 4,
St. Henri, Co. de Levis,
Quebec.
Relationship not stated.

As no D.A. was payable the Commission will not take

any action unless a claim is filed.

E. Clewes,
for
Canadian Pension Commission.

/TP

C.P.C. - C.N. 2 15M-8-43 Req. 741

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full CARRIER, Alyre (b) Reg'l. No. A-117506
2. (a) Arm of service Army (b) Unit No.1 Dist.Depot (W.D.) (c) Rank Pte
3. (a) Date of birth Feb.14/15 (b) Have you any dependents? No (c) Place of residence at time of enlistment Windsor, Ontario
4. (a) Place of enlistment Windsor, Ontario (b) Date of enlistment Feb.23/43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 yrs (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.) 7th Grade
7. If you attended a university, give name of university and standing or degree secured NA
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? French

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) Working (b) At time of enlistment of what trade union or professional society were you a member? C.I.O.

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 Ford Motor Company Address Windsor, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Auto mfg.
20. (a) Your specific occupation Assembler (b) Number of years' experience at this occupation with any employer 6 mos.
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?

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? NA
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 6 yrs (c) In what provinces did you have experience? Quebec

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.) NA
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Typist

DATE February 23 1943 SIGNATURE Alyre Carrier