28/12/18 ams

5612

R. O. No.....

H. Q. No.....

DECEASED

# ~~DISCHARGE~~ DOCUMENTS

Name BAZINET ALFRED

Regt. No. 3290920 Rank Pte

Corps 1st Depot Bn. 2nd Inf Regt

Died 11-10-18

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

M. F. W. 82 — 1
Dental — 1
A 23 B 122 — 1
M. F. W 113 — 1

Sent to 17-12-18 ok

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DUPLICATE

5th M. D. FIRST Depot Battalion SECOND QUEBEC Regiment

Regtl. No. 5290920

Bazinet 2-11-18

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class Three)

1. Surname: BAZINET,
2. Christian name: Alfred
3. Present address: St-Gerard, Wolfe Co., P.Q. Canada.
4. Military Service Act letter and number: 516222 E C
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: Weedon, Wolfe Co. P. Q. Canada
6. Place of birth (town, township or county and country): 15th August ~~XXXX~~ 1892
7. Married, widower or single: Single
8. Religion: R. C.
9. Trade or calling: Farmer
10. Name of next-of-kin: Joseph Bazinet
11. Relationship of next-of-kin: Pere
12. Address of next-of-kin: St-Gerard, Wolfe Co. P. Q. Canada
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: No.
15. Medical Examination under Military Service Act :—

    (a) Place: Quebec, Que (b) Date: 22-8-18 (c) Category: A-2

## DECLARATION OF RECRUIT

I, Alfred Bazinet, do solemnly declare that the above particulars refer to me, and are true.

Alfred Bazinet (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age: 26 yrs. mths.

Height: 5 ft. 4 ins.

Chest measurement: fully expanded 33½ ins.; range of expansion 2 ins.

Complexion: Dark

Eyes: Grey

Hair: Black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

J. A. Fortier Maj. M.-C.

O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

O. C. Depot Btln.

SECOND QUEBEC Regt.

Place: Valcartier Camp, P. Q. Date: 22-8-18.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

M.S.A.

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

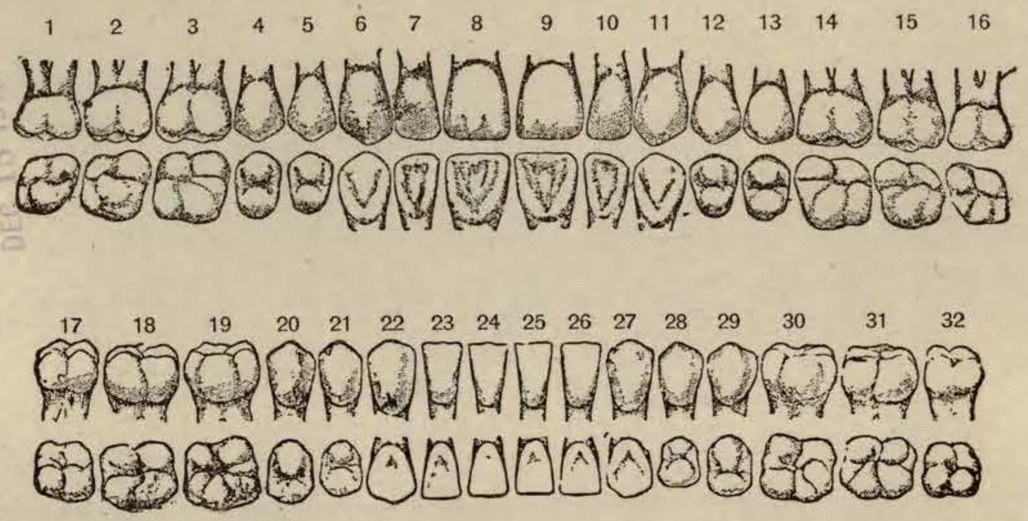
DISTRICT 2

No. 329[illegible]

NAME OF SOLDIER Bagnall

RANK Pte

REGIMENT 16TH DEPOT BN. 2ND. QUEBEC REGIMENT




## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

| | Date | | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | | | | | | | | | | | | | | | | | | | | | | | |
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M.F.B. 465.
200M.—6-18.
1772-39-950.

List 101-A Group 3 Prime

1st DEPOT BN. 2ND. QUEBEC REGIMENT

ORIGINAL

M.S.A. 15 F.

3290920

# LOI DU SERVICE MILITAIRE

# FEUILLE MÉDICALE

IMPORTANT.—Si le nom de l'homme n'apparait pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informera qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille: Boziret — Nom de baptême: Alfred

2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste: 316222 A.C.

3. Numéro consécutif de la liste des déclarations (s'il y apparait):

4. Adresse (y compris la rue et le numéro s'il en existe): St Gerard Wolfe

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 22 jour de August 1917, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé: 26 ans ... mois. — 6. Âge apparent: 26 ans ... mois.

7. Hauteur: 5 Pieds 4 pouces. — 8. Poids: 122 livres.

9. Mesure de poitrine: Minimum 31 pouces; Maximum 33½ pouces — 10. Couleur: Dark; Yeux: Gray; Cheveux: Blk

11. Développement physique: Bon / Moyen / Pauvre — 12. Marques de vérole:

13. Nombre de vaccinations: Bras droit ...; Bras gauche 1 — 14. Dernière vaccination: Childhood

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure:

16. Défauts légers insuffisants pour l'exemption:

Le sujet nie avoir souffert de: Rhumatisme / Tuberculose / Syphilis — Nous ne trouvons pas de preuve qu'il ait souffert de: Rhumatisme / Tuberculose / Syphilis

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie A1

Signature de l'homme

Président.

Membre — Membre

| Date | Résultat | Vacciné | Date | Résultat | Innoculations, Anti-Typhoïdes, Etc. |
|---|---|---|---|---|---|
| | | O.M. | | | O.M. |
| | | O.M. | | | O.M. |
| | | O.M. | | | O.M. |

Enrôlé le 22 jour de Aout 1918 à Quebec

| | Corps | No. dans le régiment | Habitudes | Date |
|---|---|---|---|---|
| Enrôlé | | | | |
| Transféré à | | | | |

## EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

| Quartier | Date | Maladie | Resultat |
|---|---|---|---|
| | | | |

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Nom de famille Bazinet Nom de baptême Alfred

| QUARTIER | Date de l'arrivée au quartier | Dates de l'Admission à l'hôpital | | | Dates de Sortie de l'hôpital | | | MALADIE | Nombre de jours à l'Hôpital | Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques. | Signature de l'officier médical |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Jour | Mois | An | Jour | Mois | An | | | | |

# FORM OF WILL

SEE INSTRUCTIONS ON BACK

*If you do not specifically mention your life insurance it will be assumed to pass by this will.*

---

Name, &c. I, Alfred Bazinet

Regimental number 3290920 Rank Private serving in the

1st Depot Battalion 2nd Quebec Regiment Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint

whose address is Nil

to be the executor of this my last will.

I bequeath all my personal estate to my father Mr. Joseph Bazinet, St-Gerrard, Wolfe County, P. Q. Canada

General gift I give to Mr. Joseph Bazinet.

whose address is St-Gerard, Wolfe Co., P. Q. Canada.

all my property not disposed of above.

Date Dated at Valcartier Camp, P. Q. this 24th day of August 191 8

Signature

Signature of Soldier.

**Signed and acknowledged** by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

Witnesses

| 1st WITNESS | 2nd WITNESS |
|---|---|
| Signature Sergeant | Signature Cpl |
| Address 1st/2nd Que.R. Val. Camp. | Address 1st/2nd Quebec R. Val. Camp |
| Occupation Stenographer | Occupation Clerk |

M. F. W. 82
120m-4-18
1772-39-923

# INSTRUCTIONS

## NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

## EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

## LIFE INSURANCE

*If you do not wish to pass life insurance by the will this should be stated.*

## SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

## DATE

Do not forget to insert the date on which the will is signed.

## WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

MILITARY DISTRICT No. 5 CENTRAL RECORD OFFICE DEC 15 1920

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Fill in only.—Unit, Number, Rank and Name.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Regimental No. 3290920 Rank Private Name Alfred Bazinet

Enlisted (a) 22-8-18 Terms of Service (a) C. E. F. Can. Exp. Force Service reckons from (a) 22-8-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Farmer

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | | | | |

Dm & ra 17/12. ac

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | | | | |

649-B-32974

1st 2nd Dne Regt.

Bazinet, Alfred No. 3290920 Pte. C.E.F.

| | | |
|---|---|---|
| Med. and Dec. | Father | Joseph Bazinet,<br>St. Gerard,<br>Wolfe Co. P.Q. |
| P. and S. | Father | Same as above. |
| Memorial Cross | Mother | Mrs. Z. Bazinet,<br>Address as above. |

(Ser.# 806443)

Scroll Dep. MAY 4 - 1921 Reqn. No. 241152

Macro Dep. JAN 26 1922 P 26762

Canada Only

To revoke

P 26619

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DEC 23 1920

D. 11/10/18.

H. Q.

M. D. No. 5.

Surname Basinet

T. O. S. Aug 9th 1918

Christian names Alfred.

D. O. Pt. II 231 of 9-8-18.

Regtl. No. 3290 Rank Pte.

S. O. S. 5 11/10/1918

Unit 2nd Res. Regt, 1st Depot Bn.

Reason Deceased

Auth P.O. 344 10/12/18.

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Next of kin Basinet Joseph

Relationship Father

Address St. Guerard, P.Q.

Also notify:

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BORN—Place Canada, Weedon P.Q.

Date Aug. 13th 1892.

ATTESTED—Place Valcartier Camp P.Q.

Date Aug. 22nd 1918.

O/S

R/C

W. 22—10 M-7-18. 1772-39-839.