

REGIMENTAL DOCUMENTS

10205

10205

NAME

*Belanger*

REGT. NO.

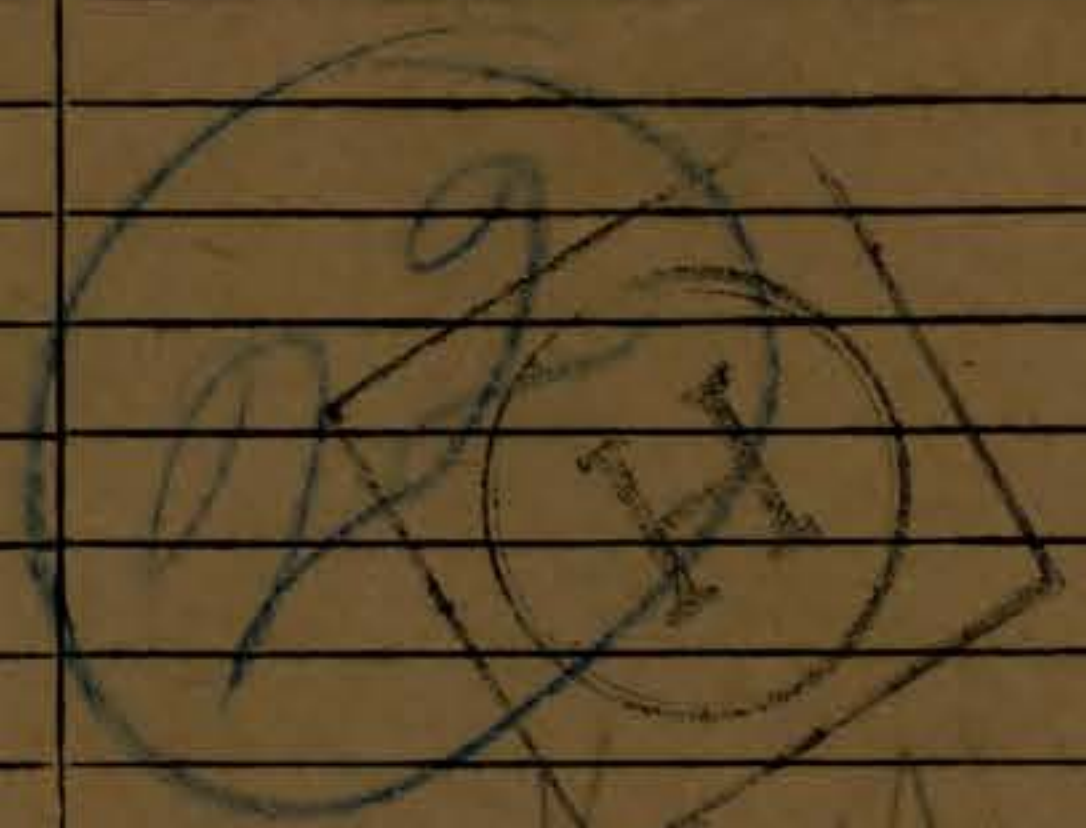
*889564*

UNIT

H. Q. FILE NO.



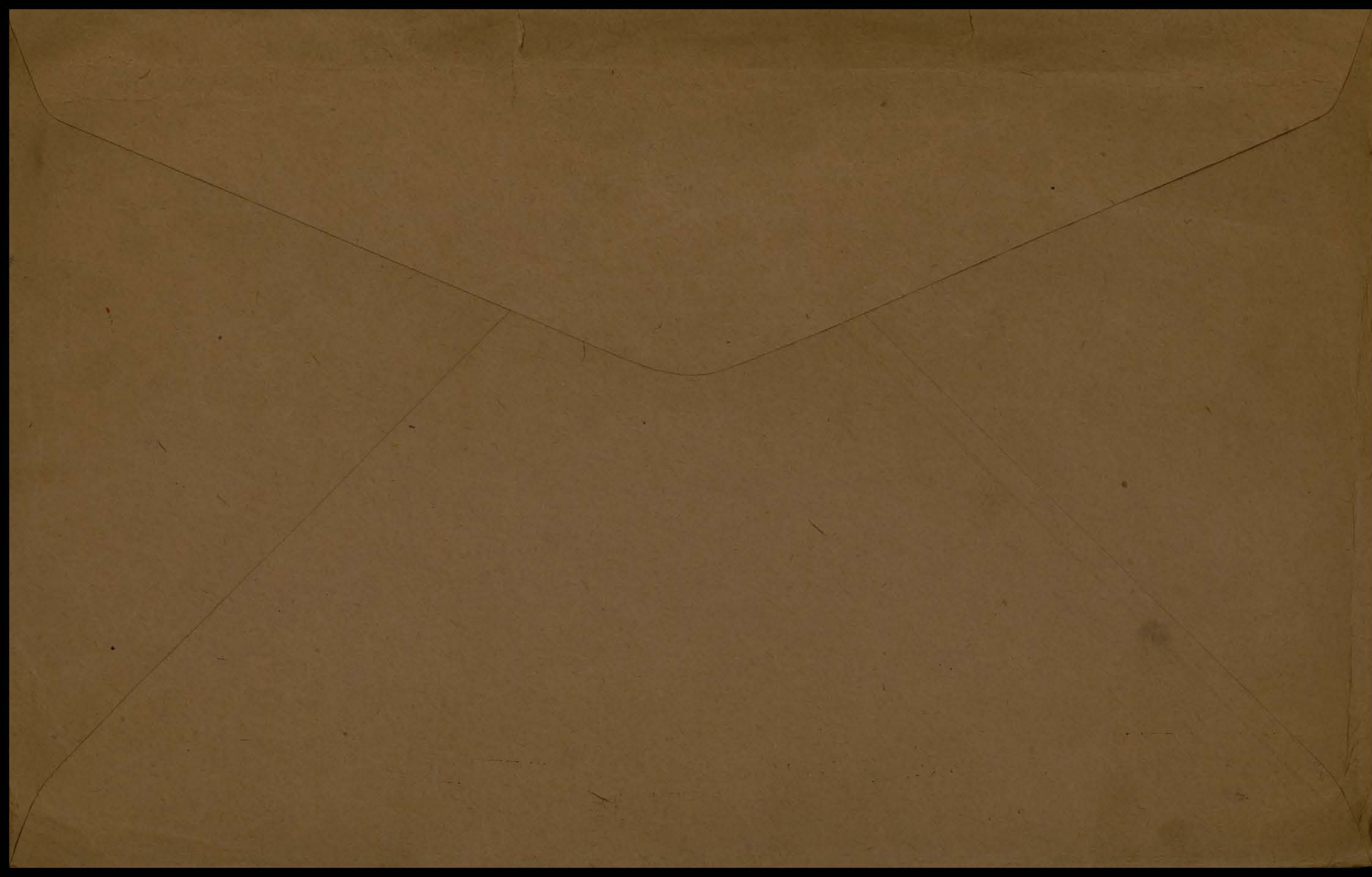
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
12 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>K.A.</i>
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Key</i>					
<i>Handwritten notes</i>					
<i>Handwritten notes</i>					
<i>Handwritten notes</i>					
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<i>Handwritten notes</i>					



*Handwritten notes and scribbles*

*Handwritten notes: JmX 15-1-21*







889564

*Original*

**PIÈCE D'ATTESTATION.**

No. 889564  
Folio

**CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER**

**QUESTIONNAIRE REQUIS AVANT ATTESTATION**

(RÉPONSES)

1. Quel est votre nom de famille?..... *Belanger*
- 1a. Quels sont vos noms de baptême?..... *Alfred*
- 1b. Quelle est votre présente adresse?..... *St-Douat, Co. Rim.*
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... *St-Douat Co. Rim.*
3. Quel est le nom de votre plus proche parent?.. *George Belanger*
4. Quelle est l'adresse de votre plus proche parent? *St-Douat*
- 4a. Quel est votre degré de parenté avec icelui?.... *Grand-Père*
5. Quelle est la date de votre naissance?..... *22 Juin 1896*
6. Quel est votre métier ou profession?..... *Journalier*
7. Êtes-vous marié?..... *non*
8. Consentez-vous à être vacciné ou revacciné et inoculé?..... *oui*
9. Faites-vous déjà partie de la Milice active?..... *non*
10. Avez-vous déjà fait du service militaire?..... *non*  
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement?..... *oui*
12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... *oui*

**DÉCLARATION REQUISE DU SUJET**

Je, *Alfred Belanger* déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Date *15 avril* 1916. *Alfred Belanger* (Signature de la Recrue)  
*J. P. Plouffe* (Signature du Témoin)

**SERMENT REQUIS DU SUJET**

Je, *Alfred Belanger* prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Date *15 avril* 1916. *Alfred Belanger* (Signature de la Recrue)  
*J. P. Plouffe* (Signature du Témoin)

**CERTIFICAT DU MAGISTRAT**

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma

présence, à *Journalier* ce *15* jour de *avril* 1916  
*J. P. Plouffe* (Signature du Juge)



**Signalement de Alfred Belanger à l'Enrolement**

Age apparent.....19 ans.....10 mois.  
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille.....5 pieds.....5 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion.....37 pouces  
 Marge d'expansion.....3 pouces

Teint.....brun

Yeux.....bruns

Chevelure.....brun

Confession religieuse { Anglican.....  
 Presbytérien.....  
 Méthodiste.....  
 Baptiste ou Congregationaliste.....  
 Catholique Romain.....Catholique  
 Juif.....  
 Autres dénominations.....  
(Indiquer laquelle)

**CERTIFICAT D'EXAMEN MÉDICAL**

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère\*.....valide.....pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date.....Avril 10.....1916.....

Lieu.....Quebec.....

*[Signature]*  
 Médecin-Officier.

\* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

.....  
 .....  
 .....

**CERTIFICAT DE L'OFFICIER COMMANDANT**

.....Alfred Belanger.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

.....*[Signature]*.....(Signature de l'officier.)

Date.....MAY 1 1916.....1916.....

**MALCARTIER**

Colonel,  
 C. F. C. E. C.



*Belanger*

30944

1918

# FORM OF WILL.

115412

I, Pte Alfred Belanger (Name in full)  
 Regimental Number 889564 serving in 10th Can Reserve Battalion  
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
 made and declare this to be my last Will.

I bequeath all my real estate unto

Mr. Alfred Belanger Sr.  
St Donat.  
Co Rimouski P. L. Canada

Name and Address  
 of person or  
 persons to whom  
 it is to go.

absolutely, and my personal estate I bequeath to

Mr. Alfred Belanger Sr.  
St, Donat  
Co Rimouski P. L. Canada

Name and Address  
 of person or  
 persons to receive  
 personal estate\*  
 (See note).

**IMPORTANT  
 NOTE**  
 This must be Signed  
 and Dated by  
 THE SOLDIER  
 HIMSELF.

this fourteenth day of April A. D. 191 8

Belanger Alfred Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

ESTATES BRANCH  
 NOV 9 1918  
 MILITIA DEPT.

THE TWO  
 WITNESSES  
 MUST  
 SIGN HERE

Signature of First Witness Paulin Brisbois  
 Address of Witness 10th Can Reserve Battalion  
 Occupation of Witness Soldier  
 Signature of Second Witness Cpl. Robert Desbi  
 Address of Witness 10th-Can. Res. Batta.  
 Occupation of Witness soldier



TO THE CHIEF OF BUREAU

Reference is made to the report of the...

The following information is being furnished...

It is requested that you advise the Bureau...

Very respectfully,  
[Signature]

Enclosed for the Bureau are...

IMPORTANT  
NOTE  
The Bureau is  
not to be  
used for  
any other  
purpose.

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]











# ORIGINAL MEDICAL HISTORY SHEET

Surname BELANGER Christian Name ALFRED

Examined { on 9th day of April 1917  
at Shoreham Camp

Approved by [Signature]  
Rank Capt M.O.

Birthplace { City or Town St. Donat  
County Rimouski P.Q.

Apparent age 20

Trade or occupation Laborer

Height 5 feet 6 Inches

Weight 125 lbs.

Chest measurement { Minimum 35½ inches  
Maximum expansion 3½ inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left  
Number X

When Vaccinated last August 1916

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>4/8/16</u>	<u>Good</u>	M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/2/16</u>	<u>Good</u>	M.O.
<u>7/9/16</u>	<u>same</u>	M.O.
<u>1917</u>	<u>DOB Rh. with Rh. 15</u>	M.O.

Enlisted on 14 day of April 1916 at Vauartiers Camp Rimouski

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>189th Bn</u>	<u>889564</u>		<u>april 14-16.</u>
Transferred to	<u>10th Res.</u>			<u>23-1-17-</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

*[Handwritten initials]*







FORM OF WILL.

I. **Alfred Belonger** (Name in full)

Regimental Number **889564** serving in **10th Reserve Canadian Battn**  
~~the Overseas Military Forces of Canada~~, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

**Mrx Alfred Belonger Sr.**

**St Donat,**

**Co Rimouski P.Q. Canada.**

)  
) Name and Address  
) of person or  
) persons to whom  
) it is to go.  
)

absolutely, and my personal estate I bequeath to

**Mr Alfred Belonger Sr.**

**St Donat**

**Co Rimouski. P.Q. Canada.**

)  
) Name and Address  
) of person or  
) persons to receive  
) personal estate.  
) (See note).  
)

IMPORTANT NOTE

This must be signed  
and dated by the  
Soldier Himself.

this **fourteenth** day of **April**

A. D. 19**17**

**Belonger Alfred.** Signature of Soldier.

N.B Personal estate includes pay, effects, money in bank, insurance  
policy, in fact everything except real estate.

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

Signature of First Witness **Pte Julien Brisibois,**

The Two  
Witnesses  
Must Sign  
Here.

Address of Witness **10th Can, Reserve Battalion.**

Occupation of Witness **Soldier.**

Signature of Second Witness **Cpl Robert Berube**

Address of Witness **10th Can Res Battn.**

Occupation of Witness. **Soldier.**

REGISTRY O.M.F.C.	
GRAND ATTOUR HOUSE	
LONDON, E.C. 4	
FILE NO.	
REF TO <b>R2a1</b>	
1 NOV 1918	
C/O <b>B.</b>	
FILE CHARGED	
TO	
APPROVED	

I hereby certify the above to be a true copy of the original Will now on  
file in Estates Branch, O.M.F.C.

Date **18 Oct 1918.**

**[Signature]**  
Lieut.  
for OFFICER I/C ESTATES, O.M.F.C.

NOTE ~~xxx~~ **Died Killed in Action. 28-8-18. MK.25-B-4689.**

**Transferred 15-10-18.**

**889564. Belanger. A. Pte. 22nd Battn.**

REGISTERED.  
23 OCT 1918

23 OCT 1918

CANADIAN







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

M. F. W. 54. (A. F. B. 103.

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 189th Battalion C.E.F.

Regimental No. 889564 Rank Private Name BELANGER Alfred

Enlisted (a) 15 27.4.16 Terms of Service (a) Duration of War Service reckons from (a) 15 27.4.16

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) Laborer

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				
		Embarked	Canada	13.1.17	
		Disembarked	England	23.1.17	
23.1.17	08.10th Res. Bn	Taken on from 189th	Shoreham	23.1.17	D.O. Part. 2-15 ✓ Capt. for Adj. 10th Res. Bn
20-4-17	O.C. 10th Res. Bn	Transferred to 22nd Bn	Shoreham	20-4-17	D.O. Part 2-93 Capt. for Adj. 10th Res. Bn
21.4.17	C.B.D.	TAKEN on STRENGTH 28th Havre		21.4.17	N.R. P.I. is 51. 25.4.17
	»	Left for Unit	FIELD		N.R.
26/17	Unit	Joined Unit	FIELD	30 5/17	B. 213. DCS.
19.11.17	42 C.C.S	Piles		19.11.17	B 7766
19.11.17	4 C.F.A	Piles	To C.C.S. 42	19.11.17	B 6884
22.11.17	22 Bn	Do		22.11.17	B 7537
24-11-17	Unit	Sick	to 4. Arm	10-11-17	B/213
22.11.17	42 C.C.S	Piles	to R.T. 36.	21.11.17	W 3391/139207
1.12.17	Do	To C.C.S.		19.11.17	B 213
15-12-17	22 Bn	Piles	to 6 Con Dep	15-12-17	W 3391 C 2112
15.12.17	6 Con Dep	Do	to 6 Con Dep	15.12.17	W 3391 C 2630

(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, Shoering 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				
17.12.17	6 Con Dep	Piles	Lo	17.12.17	W 3391 - C 3100
18-12-17	13 50	50	Adm.	18-12-17	50 C 2944
13-1-18	2 C. Dep.	arrived class A		13/1/18	N. Roll 203
11-1-18	13 Com. Dep.	Piles	Jo	13-1-18	W 3391 - C 8379
14-2-18	2 C.I.B. D.	Left for C.C. Rein. C. Arrived. 6/6/18	Field	14-2-18	NR/966
Do	C. C. Rein. C.		- Do.	Do	NR/99
19-2-18	50	Left for 22 <sup>nd</sup> Batta.	50	19-2-18	N. Roll/113
23-2-18	22 <sup>nd</sup> Bn.	Rejoined Unit	50	20-2-18	B 213
13-7-18	50	Granted 7 days leave to	Paris	6-7-18	B 213 P. I. O. <del>28</del> of 1918
26-7-18	50	Returned from leave	Field	21-7-18	B 213
7-9-18	22nd Bn.	KILLED IN ACTION	Field	28-8-18	K. I. 17-1182. Pt. II. O. 90/18

Whogau Major for Lt.-Col., A. A. G.  
Canadian Section. G. H. O. 3rd Echelon B. E. F.



JM. Rank **BELANGER, Alfred.** Reg'l No. **889564**  
 Unit **10th. Reserve BATTN.** If in perm. Corps, }  
 What Unit? Married or Single **Single.**  
 Place and Date of Enlistment **Rimouski. 15th April 1916.** Place of Birth **St. Donat.**  
 Name and Address, Next-of-Kin **Alfred Belanger.**  
**St. Donat.** Relationship **Father.**

*Handwritten:*  
 JM  
 15-1-21  
 R

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

*Stamp:*  
 N/E V.I.B.N. 13894  
 File N.L. 25B5832  
 KILLED IN ACTION  
 28 APR 1917

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>6</i>					
23. 1. 17	10 <sup>th</sup> Res	I.O.S. of 10 <sup>th</sup> Res Bn	Shoreham	23. 1. 17	DO # 15-21
20-4-17	do	S.O.S to reinforce 22 <sup>nd</sup> Bn	Overseas	20-4-17	VD. 051d/25-4-17 93 of 22 <sup>nd</sup> Bn
24. 11. 17	2 <sup>nd</sup> Lieut. R	Adm 42 bas Bnq Sta.	He	19. 11. 17	b2A 65. File
1. 12. 17	---	Trans 22 Gen Hospital	Camiers	22. 11. 17	b2A 40. Theoverhold
16. 9. 18	R-16	Killed in Action	He Field	28. 8. 18	b2A 320
13. 9. 18	22 <sup>ND</sup> B <sup>N</sup>	---	---	28. 8. 18	Pe 90

*Handwritten:*  
 122







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Georges Belanger* | By Whom Assigned *Belanger Alfred*  
 Address *St Donat.* | Regtl. No. *889564*  
                   *Co. Rimouski PQ* | Rank *Pte*  
                                   *Canada* | Corps *189th Battr*  
 Rate *15<sup>00</sup> Oct 1 - 17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M 12<sup>10</sup>/<sub>17</sub> JB 16<sup>10</sup>/<sub>17</sub></i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





111



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Georges Belanger*

PAYMENTS.

Name of Soldier

*Belanger Alfred*  
*#889564 Pte 189th Batta*

L. L. Job 4503 - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup> Oct 1-17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>E 48162</i>	<i>15</i>	<i>00 15<sup>00</sup> ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem; Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
300M-1-19  
1772-30-1140

Remarks:

I



CR  
217

Register No. OB 1413

# WAR SERVICE GRATUITY

A.P. File No. 1231-A-54

TO

## DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 889564 Name Alfred Belanger  
(Christian Name) (Surname)  
 Unit 22 Battr Rank Pte Date of enlistment.....  
 Date of casualty 28-8-18 B.P.C. File No. 89805  
 Was service performed overseas? Yes

### DEPENDENT

Name Alfred Belanger Relationship Father  
 Address St Donal  
Brimouski  
Que

Amount of Special Pension Bonus \$ Nil Abstracted by P. Parlow

Eligible for Gratuity ..... \$.....  
 Less amount of Special Pension Bonus paid..... \$.....  
 Less Debit Balance of S. A. or A.P..... \$.....  
 Total deductions \$.....

Balance due \$.....

Cheque No..... Date issued.....

REMARKS : Not eligible under PC 1480  
No SA paid

Clerk W Mitchell

Audited by  
 Date .....

Noted 18/8/21  
26

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-83-1473



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BELANGER

A.

889564.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

PQ. 22.

DATE OF ADMISSION

HOSPITAL

42 C.C.S.

19-11-17.

1. 23. Gen. Camiers

HOS 23. 11. 17.

2. #6 Com. Depot, Etaples

HOSP. 15. 12. 17

3. 13. Com. Depot, Trouville

HOSP. 18-12-17.

4.

HOSP.

DIAGNOSIS

Piles. H.  
sev.

1.

2.

RFB. Killed in Action 28.-8.18.

3.

DISPOSITION

DATE

CL. 24-11-17 A65.

Dis to Rief Etaples.

REMARKS

11.1.18.

1. 12. 17. A70.

31. 12. 17. A92.

2-1-18-@93.

22. 1. 18. A111.

16. 9. 18. 0320 D

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



D

18.

SURNAME.

*Belanger.*

CARD NO.

✓

CHRISTIAN NAMES

*Alfred.*

FOLL.

REGL. NO.

*889564*

RANK

*Pte.*

UNIT

*189th.*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Belanger, Alfred.*

RELATIONSHIP TO SOLDIER

*(father)*

ADDRESS

*St. Donat, P. 2.*

COUNTRY OF BIRTH

*Canada, St. Donat, P. 2.*

DATE

*June 22nd, 1896.*

PLACE OF ATTESTATION

*Rimouski, P. 2.*

DATE

*Apr. 15th, 1916.*

*Sailed from Halifax per S. S. "Lafayette"*

*015.23-9-16 549*

*25-9-16*



MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Laborer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

19

YEARS

10

MONTHS

HEIGHT

5-

FEET

5- $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

brown

EYES

brown

HAIR

brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Rimouski, P. 2.

DATE

Apr. 15<sup>th</sup>, 1916.

Present address:

St. Donat, P. 2.







LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 65	# 42 Co. Olytlat	19-11-17	Piles
A 70-11	# 22 Gen. Camiers	22-11-17	Haemorrhoids, (2 Que Reg <sup>nd</sup> )
A 92	# 16. Com. Dep. Etaples	15-12-17	Piles. Sev. (11 11 11)
A 93	# 13. Com. Dep. Trouville	18-12-17	Piles Sev.
A 111-	Blisk to Rein. Etaples	11-1-18	Piles
A 3201.	Dep. from Base. K. in a.	28-8-18	_____



Alfred

85-B-5832

Name BELANGER Rank Private

Reg. No. 889564

Unit 22<sup>nd</sup> Batt Alfred Belanger,

Next of Kin Canada St Donat, Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19.11.17	42 Co. <u>St Station</u>		<u>Piles</u>	<u>265</u>		
R 257	<u>8441</u>					
22.11.17	<u>Trans 22 for Troop Dannes</u>					
R 223	<u>16629</u>	<u>Camiers</u>	<u>do</u>	<u>270</u>		
15.12.17	<u>6 Co. by Etaples</u>		<u>do</u>	<u>292</u>		<u>17155</u>
18.12.17	<u>13 Co. by Trouville</u>		<u>do</u>	<u>293</u>		<u>17660</u>
11-1-18	<u>Dis. to Reinf.</u>	<u>Etaples</u>	<u>do</u>	<u>A 211</u>		<u>18514</u>
28-8	<u>Killed in Action</u>			<u>A 320</u>	<u>A/B 22</u>	<u>3347</u>







649-B-12560

FRENCH

BELANGER, A. (Pte) No. 889564

22nd Bn.

Medals and Decorations (Father) Alfred Bélanger, Esq.,  
St. Donat,  
Co. Rimouski, P.Q.

M

plaques and Scroll (Father) Alfred Belanger, Esq.,  
address as above.

(Ser. #764695)

Memorial Cros.. (NIL)

Scroll Desp. JUN 1 8-21 Reqn. No 2469B

not elig. 14/15 star  
86 Cig. U.M.  
B.W.M.

NOV 2 1921  
B 14490







No. 889564 RANK Pte

NAME Belanger, A

T. O. S.

UNIT

Composite Battalion

M. D.

6

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

1916  
Oct 29

1916  
Nov 30

e

187<sup>th</sup> Bn  
att. for pay 29-10-16

DO 115 of 20-11-16

Dec. 1

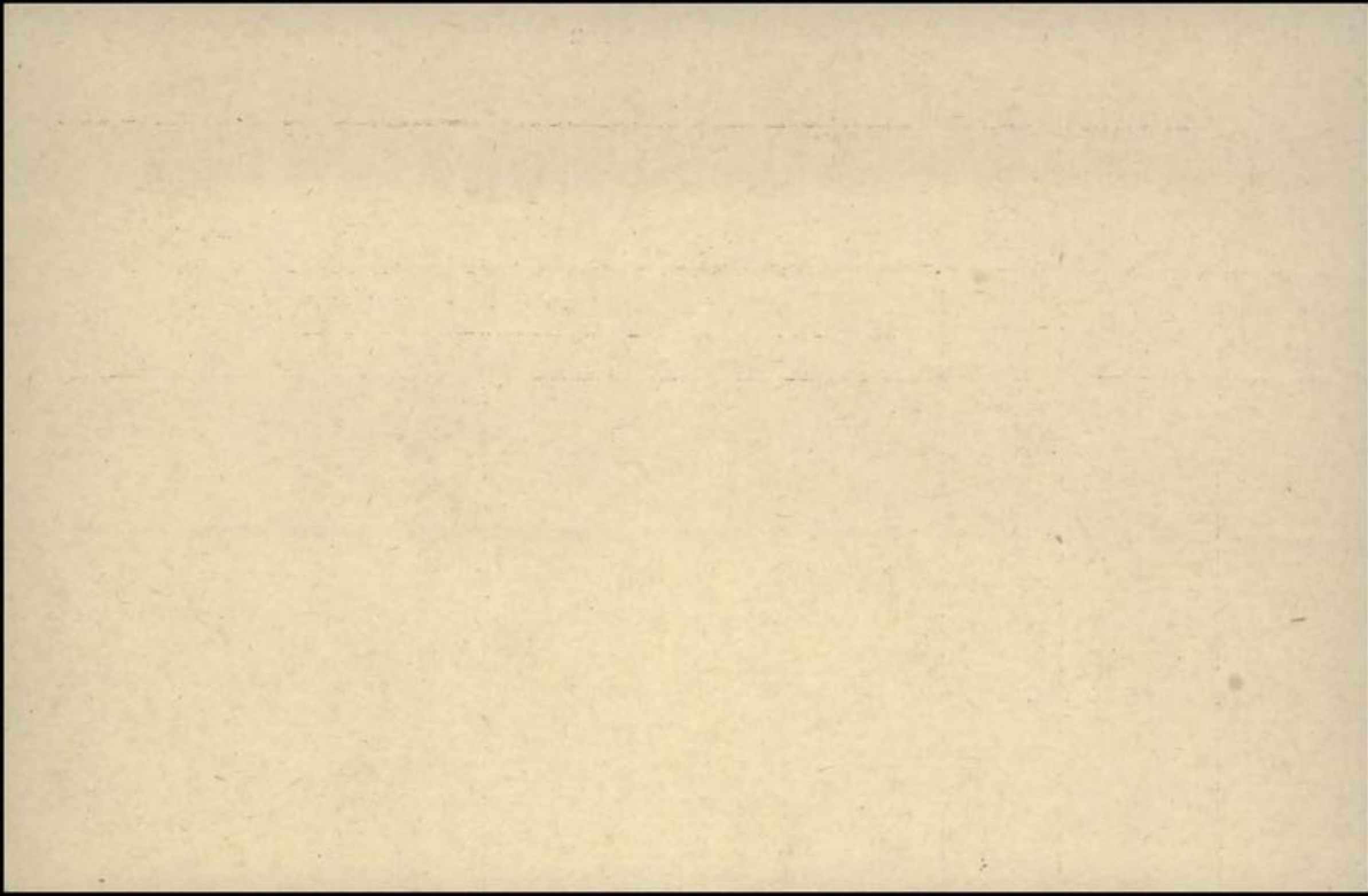
Dec. 15

n

Proceeded 0/515-12-16

DO 144 of 20-12-16







No. 889564 RANK *Plt*

NAME *Belanger Alfred*

T. O. S. *15-4-16*

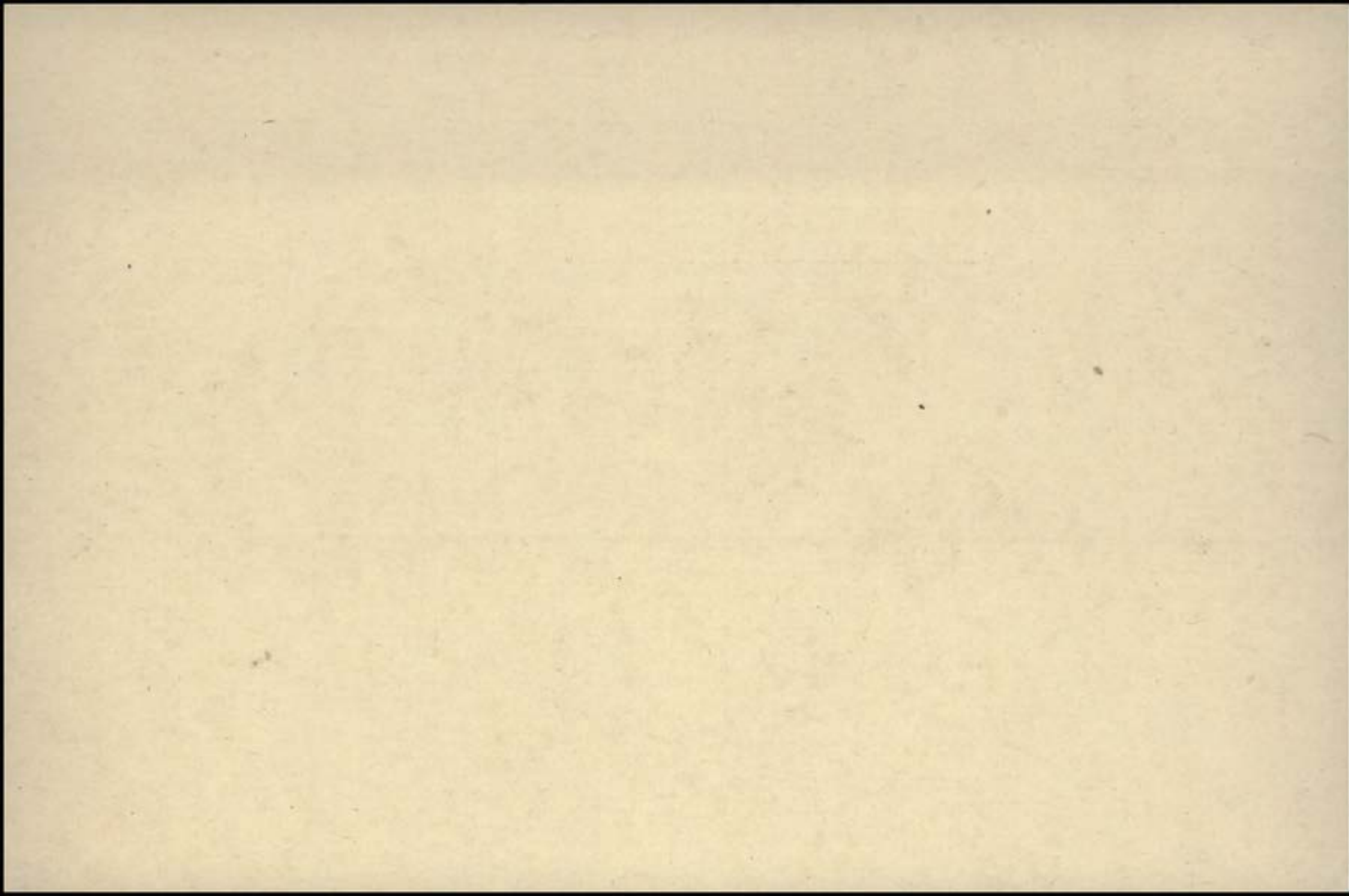
UNIT *189th Battalion*

D.O. *91 of 19-4-16*

M. D. *5-*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>April 15</i>	<i>Apr. 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
			<i>u. w. p from 31-7-16 to 1-8-16</i>	<i>D.O. 179 of 2-8-16</i>
			<i>Forfeits 2 days pay. - - -</i>	
			<i>28 Days Detention</i>	<i>D.O. 211 of 4-9-16</i>
				<b>UNIT SAILED</b>
				<b>SEP 23 1916</b>







Q m m  
LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

B

X

Number. 489564 Rank. Pte.

Surname. BELANGER

Christian Name. Alfred

Unit. 22<sup>nd</sup> Am Con. Theatre of War. France.

Date of Service. 20-4-17

D

Remarks.

Father

Latest Address Mr. Alfred Belanger

B. H. Donat. Co. Rimouski

Roll No. Page 3522

P. J.



NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

Aug 26 1921

Sa 35925. death



LEDGER NO. 256

SERIAL NO.

REG. NUMBER 889564 NAME Belanyer.

RANK pte CORPS C.B.U.

AGE 19 SERVICE 6/12.

NAME OF HOSPITAL Station PLACE Halifax

DATE OF ADMISSION 14/11/16

DISEASE Pediculosis.

TRANSFERRED TO OTHER HOSPITALS.

OPERATION.

DISCHARGED TO Wellington, 16.11.16 IN CATEGORY.



REMARKS:.....

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No. 48384

RANK

pte.

NAME

Belanger, A.

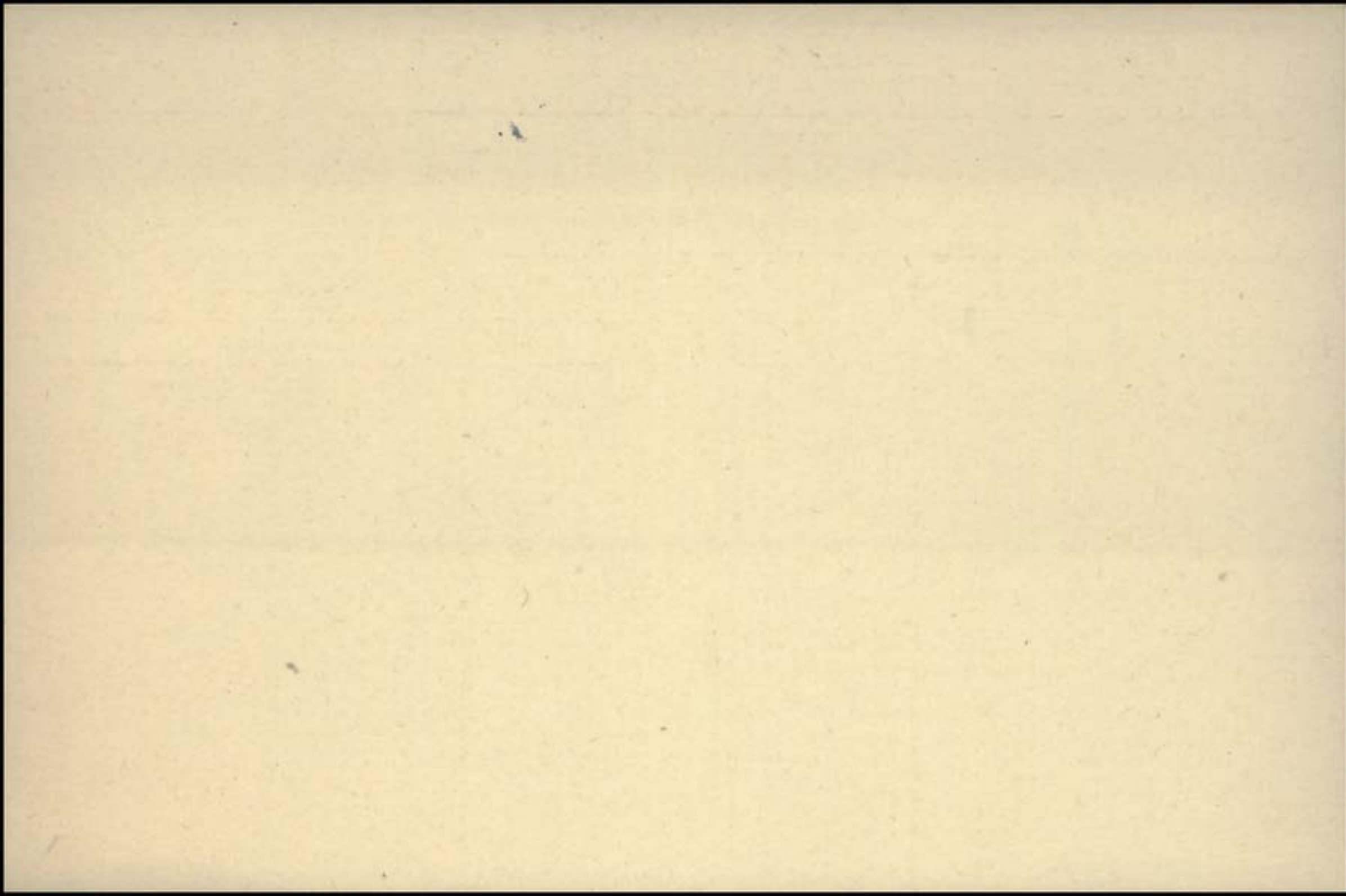
T. O. S.

UNIT 57th Battalion C. E. F.

M. D. 5-Val-

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
June 14	June 26	✓		
June 26	June 30	✓		
July		✓		
Aug.		✓		
Sept.		✓		
			Trans to 41st Bn. 13/10/15	D.O. 83 of 13/10/15







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# B 4577

*Oct 1/17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *889564*

Rank *PT.* Promoted Reverted Discharge

Soldier's Name *Alfred Belanger*

Battalion *189<sup>th</sup> Bn.*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Georges Belanger*

Address *St Donat*

*C. Rimouski* Change of Address *P.Q. Canada.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31-17</i>			<i>15</i>	<i>15 00</i>	<i>27M. 12 <sup>6</sup>/<sub>17</sub></i>
<i>Nov</i>	<i>J 51265</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>D 58874</i>		<i>15</i>	<i>15</i>	<i>00</i>
<i>1918</i>					
<i>Jan</i>	<i>O 65734</i>		<i>15</i>	<i>15</i>	<i>D</i>
<i>Feb</i>	<i>B 99288</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 95604</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>K 8423</i>		<i>15</i>	<i>15</i>	<i>C</i>
<i>May</i>	<i>E 6103</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>D 14317</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>X 28578</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>B 33547</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>SEP</i>	<i>B 38493</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>OCT</i>	<i>B 43462</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>NOV</i>	<i>A 59670</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>DEC</i>	<i>B 68929</i>		<i>210</i>	<i>210</i>	<i>✓</i>
<i>Jan</i>	<i>D 70989</i>		<i>15</i>	<i>15</i>	<i>✓</i>

KILLED IN ACTION } DATE *28-8-18*

DISOR WOUNDS } DATE *19-9-18*

C. L. No. *306* Fol. *23* DATE *19-9-18*

M. R. O. *51851* TO DESTROY RENDERED *29-11-18*

B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE

*1231-A-54 1231-A-27*

CLERK *cw Canfield* DATE *27-12-18*

*E. F. X. 28-3-19 cur.*

*A.P. Overpaid from 1-9-18 to 30-11-18 \$45*

*Refund Request #2933 rend. 26-4-19 cur*

*B 68929 Cancelled (3483) ✓*

*D 70989 " (10201)*



M. F. W. 128.  
FORM 6-17-172-39-1141  
L. L. 23320-M. & D. 1933.

*57661333  
312  
779*

*15-4-16*

*1231-A-54*











NUMBER 889564 RANK

Pte

NAME

BELANGER

a

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance B.Y.					185 74	142	
AUG	P.P.	34	10	Law ap.				15	204 84		
				AK 184 5-6-9A 22/8	3 57				201 27	142	
		34	10		3 57			15			NE STATE 9/1/19
Jan	Set on Def Pay	1074							21201	CBal	212 01
Feb		1074		On Bal to Quana 4/27/19	21201				6m		
					21701						







