

PARTICULARS OF RECRUIT

D-

Drafted under Military Service Act 1917

3173073

Class... One...

D 3173073 -

Surname **FORGET**
 Christian Name **Maxime**
 Present address **Ste. Elizabeth Co. Joliette P.Q. Can.**
 Military Service Act Letter and number **27045 DC**
 If a man is defaulter i.e. has not register under Proclamation this fact should be stated together with date of apprehension or surrender.
 Date of birth **Oct. 30th 1896.**
 Place of birth **Ste Elizabeth Co Joliette P.Q. Can**
 Married-widower or single **Single**
 Religion **Roman Catholic**
 Trade or calling **Not Working**
 Name of next of kin **Mr Francis FORGET**
 Relationship of next of kin **Father**
 Address of next of kin **Ste Elizabeth Co Joliette P.Q. Can.**
 Whether at present a member of the Active Militia **Nil**
 Particulars of previous Military or naval Service if any **nil**
 Medical Examination under Military Service Act:-
 (a) Place **Montreal. P.Q. Can.** ... (b) Date **Sept. 10th 1918** ... (c) Category **12**

DECLARATION OF RECRUIT

I **FORGET Maxime** do solemnly declare that the above particulars refer to me and are true.

Maxime Forget Signature of recruit.

Description or calling up.
 Apparent age **22** Yrs **11** Mths.
 Height **5** ft. **3** ins.
 Chest Measurement **33** ins.
 Range of expansion **2** ins.
 Complexion **Brown**
 Eyes **Grwy**
 Hair **Brown**

159

Place **Montreal P.Q. Can.** Commanding 2nd Depot Bn., 2nd Quebec Reg't. Date **Sept. 10th 1918**

A.J.

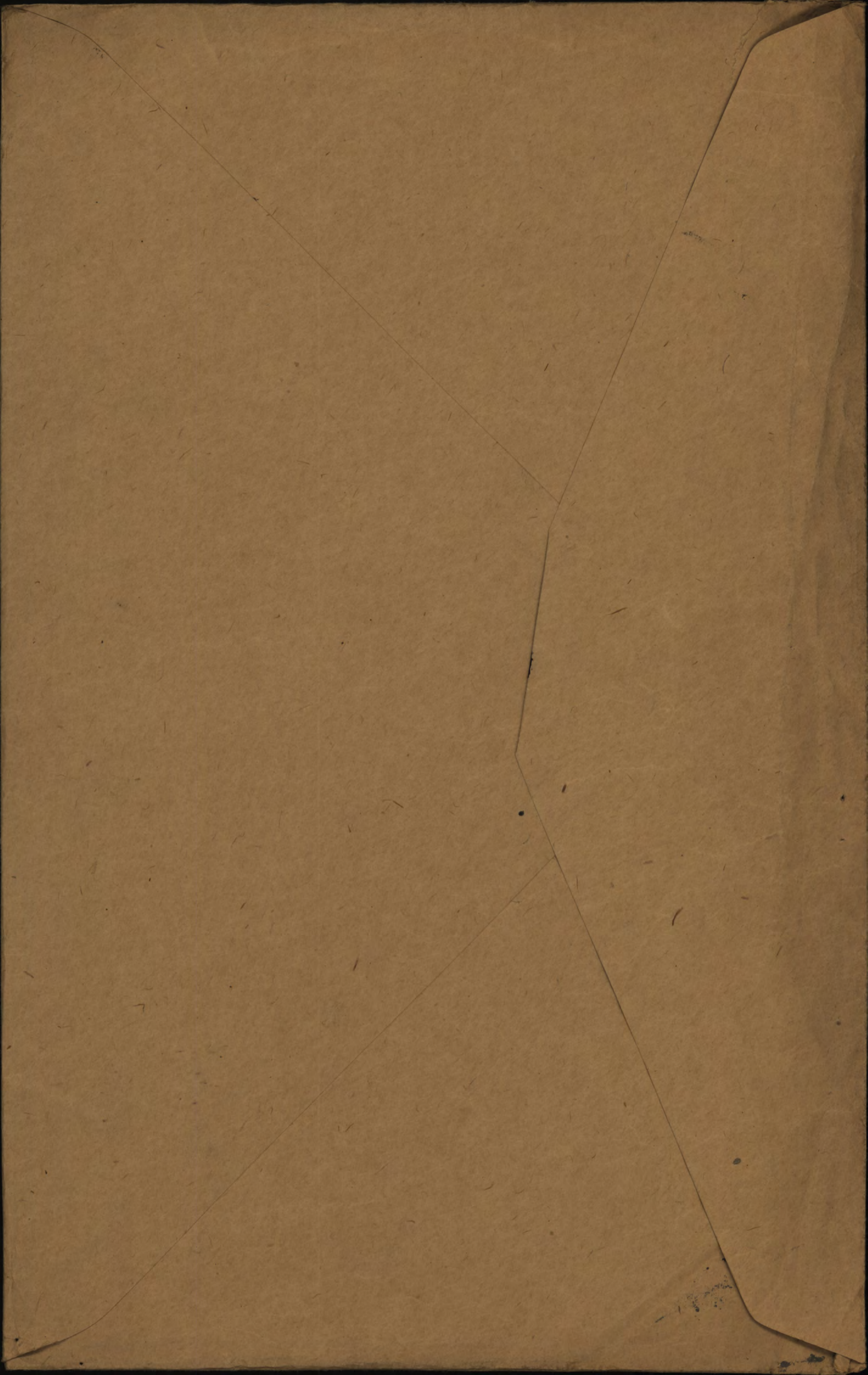
MUNICIPAL

3173023
3173023

Maria Teresa

229

Jose L. Gonzalez
Dr.



Name **FORGET** Rank **FTE**

72369

Reg. No. **3173073**

Unit **159 10th Reg**

MR. FRANCIS FORGET (FATHER)

Next of Kin

**STE. ELIZABETH CO.
JELLETTE PQ
Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-10-18	Died at Sea				1395	3018
	<p>Repts by lumbering Devonport</p> <p>Ref 245 - please publish the following corrections</p> <p>Died of Board HMT. Huntland 9-10-18 Pneumonia</p> <p>Unit 10 Reg. correct name FORGET. M. 0412</p> <p>Date of birth Oct 30th 1896.</p> <p>Religion - Roman Catholic.</p> <p>Age 18 yrs. 15-10-1896</p>					

7

D
12
10
18

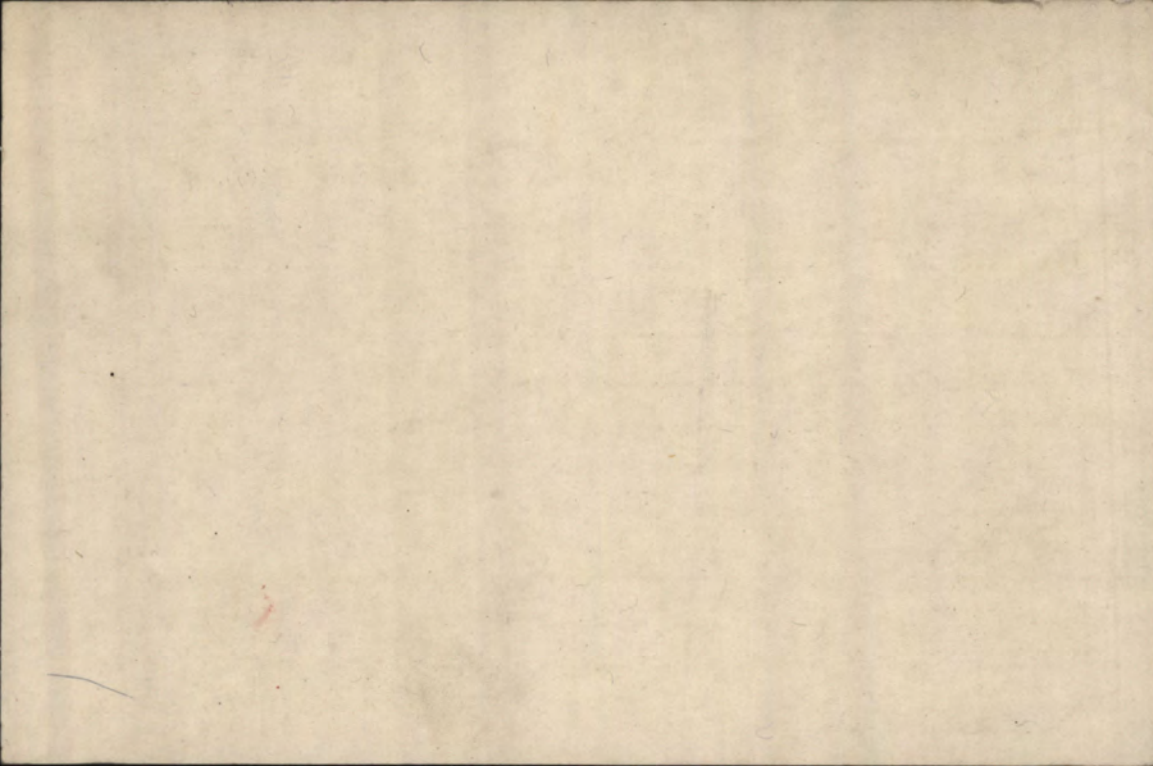
H. Q. 649-7-11334M
M. D. No. 4
T. O. S. Sept 10th 1918
D. O. Pt. II 252 of 10-9-18
S. O. S. 9-10-1918
Reason died at sea
Auth. 12-9-18 H.M. J. Dumont
H.Q.C.S. 2010

Surname *Forget*
Christian names *Maxime*
Regtl. No. *317 3073* Rank *Pte*
Unit *2nd Que. Regt 2nd Dep. Bn*

Next of kin *Forget Francois* Relationship *Father*
Address *Ste Elizabeth*
Joliette Co. P.Q.
Also notify:

BORN—Place *Canada Ste Elizabeth P.Q.* Date *Oct. 30th 1896*
ATTESTED—Place *Montreal P.Q.* Date *Sept. 10th 1918*
O/S *28-9-18 1462*
2

R/C



H. Q. 649-11334.

*form 2nd Depot Bn.
2nd Que Regt
10 Rec Bn C.E.F.*

✓
FORGET, Pte. Maxime, #3173075,

3
3173073.

Med & D

(Father)

M

Mr. Francois Forget,
Ste. Elizabeth,
Co. Joliette, P. O.

P & S

(Father)

(Ser. #766593.)

Address as above.

Mem Cross

(Mother)

Mrs. Francois Forget,
Address as above.

Died at Sea

En Route for England.

Scroll Desp.

WIN 1

Reqn. No

247217

21 1921

Reqn. No

P88

P.R.

782

~~M~~ 46446 FEB 25 1921



Number 3173043 Rank Pvt

Surname FORGET.

Christian Name Mapine

Units G. T. Theatre of War England

Date of Service 26-9-18

Remarks II
(7)

Latest Address Mr. Francois Forget
Ste. Elizabeth,

Roll No Page 5148, Co. Joliette, P.Q.

52

DESP. FEB 13 1923
REGN. No. 97137041

REGT'L. No. 3173073

H. Q. FILE NO. 649

NAME

Forget, Maxime

RANK AND CORPS

Pte. 20th Res. Bu. form

FOLLOWS

No.

of P. 2nd Div

CABLE

NO.

DATE

NATURE OF CASUALTY

9th. Auth. Hop. 13/4
FOLLOWS*23-8**H395-**15-10-18**D. at Sea Oct 12-1918**N. of K.**Francois Forget "Father"**H.L. 6346-**17-10-18**Ste. Elizabeth Joliette Co. P. Q.*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6412¹¹¹ Died onboard N.M.Y. 9-10-18
Huntsend pneumonia

Surname

Christian Name or Names

Reg. No.

Forget.

J.A.

3,173,073

Rank

Unit

Pte.

A. (Draft 159 Depot)

Cas. List.

Died at Sea vs. R.

17.10.18. C.345

8-1-19 C.412^o

Note Ref C.345 correct entry should read; Died on Board H.M.T. Huntseid — 9-10-18
8-10-18
Pneumonia. R.

A.M.D. 2 DEPT.
Emb. of D.G.M.S. O.M.F.C. London.

Cas. List.

K

Register No. 07472

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 6217-11

Regt'l No. 3173073 Name Maxime Gorget
(Christian Name) (Surname)
Unit 20th Res Bn for 2nd Div Rank Otc Date of enlistment.....
2nd Ppp Bn
Date of casualty 12-10-18 B.P.C. File No. 92709
Was service performed overseas? yes

DEPENDENT

Name Francois Gorget Relationship Father
Address St. Elizabeth
Joliette

Amount of Special Pension Bonus \$ nil Abstracted by E. Lapensee

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: Ineligible as no SA
was paid

Clerk JC McWhorter

Audited by
Date.....

M.F.W. 2652
25M-6-30.
H.Q. 1773-89-1473

"Noted" Dg 17
19/8/20

(Handwritten scribble)

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:

FP MEDICAL HISTORY SHEET.

1. Surname **FORGET** Christian name **Maxime**
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule **27045 DG**
 3. Consecutive number on schedule of men reporting for service (if he appears on it) **3173073**
 4. Address (including street and number if any) **Ste Elizabeth Co Joliette P.Q. Can**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **10th** day of **Sept 1918** 19....., by the undersigned medical board sitting at **Peel St Barracks Montreal P.Q. Can**

5. Age as stated **22** Years **111** Months. 6. Apparent age..... Years..... Month
 7. Height **5** Feet **3 1/2** Inches. 8. Weight **111** Pounds.
 9. Chest measurement { Minimum **33** Ins. 10. Complexion **Brown** { Eyes **Grey**
 { Maximum **33** Ins. { Hair **Brown**
 11. Physical development **Good** { Good Fair Poor 12. Smallpox marks.....
 13. Number of vaccination marks { Right arm..... 14. When vaccinated last **1918**
 { Left arm.....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
 16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma. Nervous or Mental disorder. Asthma
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A²**

17. (a) Vision. R. **30** L. **50**
 (b) Hearing. R. **10** L. **10**

J. H. Williams President.
A. G. G. G. Member.

Signature of Man *Maxime Forget*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
11/9/18		Ernest Chabot H M. O.	11/9/18		Ernest Chabot H M. O.
		M. O.	13/9/18		Ernest Chabot H M. O.
		M. O.	16/9/18		Ernest Chabot H M. O.

Joined **10th** day of **Sept** 19 **18** **Montreal P.Q. Can**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment			D- m	10-9-18
Transferred to.....		3173073		
	2nd DEPOT BN. 2nd QUEBEC REG'T.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

If raised in category, record category in a square The M. O. will initial and date.

M

Rank _____ Name **FORGET. Maxime.** Reg'l No. **3173073.**
 Unit **159th. Dft. 2nd Dep. Bn** If in perm. Corps. }
 2nd Que. Regt. to 10th. Res Bn. What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **Montreal Sep 10th. 1918** Place of Birth **Ste. Elizabeth.**
Co. Joliette. P.Q. Canada.
 Name and Address, Next-of-Kin **Mr. Francois Forget.**
Ste. Elizabeth Co. Joliette P.Q. Canada. Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E R.B. No 14913
 File R.L. F-2369
 Category *Died O.B.*

*M.X.
18-2-23
R.R.*

H

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.				
		Arrived in England	12.10.18	for ss City of Que.	
23. 10. 18	10 Res	I.C. from date of sailing	Bshott	26.9.18	DO 4 251
23. 10. 18	10 Res	Having died at Sea			C.L.C # 345
		from influenza in S.C.S.	DO.	9.10.18	DO + 251
8.1.19	Q.R.	Lt. L 345 / 25 / 10 / 18 should read H.M.J. Huntson		9.10.18	p L 6415

EP

3173073

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

M. F. W. 54. (A. F. D. 10a.

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps.

2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. ^{D*} Rank ^{PTE} Name ^{FORGET Maxime}
 Enlisted (a) ¹⁰⁻⁹⁻¹⁸ Terms of Service (a) ^{C.E.F.} Service reckons from (a) ¹⁰⁻⁹⁻¹⁸
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) ^{Not Working}

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				
		O. S. Drafting		SEP 24 1918	<p><i>Handwritten:</i> No documents to</p> <p><i>Printed:</i> Adjutant 2nd Depot Bn., 2nd Quebec Reg't</p>

1) 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.]

Casualty Form—Active Service

SND DEPT BN 3RD QUEBEC

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				

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, etc. I, **FORGET, Maxime,**

Regimental number **D-3173073** Rank **Pte.** serving in the

2nd Depot Bn. 2nd Quebec Reg't. Canadian Expeditionary Force,

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

Executor I appoint **Nil.**

whose address is **Nil.**

to be the executor of this my last will.

General gift I give to **My Father, Mr. Francois FORGET.**

whose address is **Ste. Elizabeth Co. Heliette P.A. Can.**

all my property not disposed of above.

Date Dated at **Montreal, P.Q. Can.** this **Sept. 10th. 1918.** 191.....

Signature **Maxime Forget.**
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.

	1ST WITNESS	2ND WITNESS
Witnesses	Signature Emile Ferras	Signature D.E. Desmarais.
	Address Peel St. Bks.	Address Peel St. Barracks.
	Occupation Soldier.	Occupation Soldier.

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.

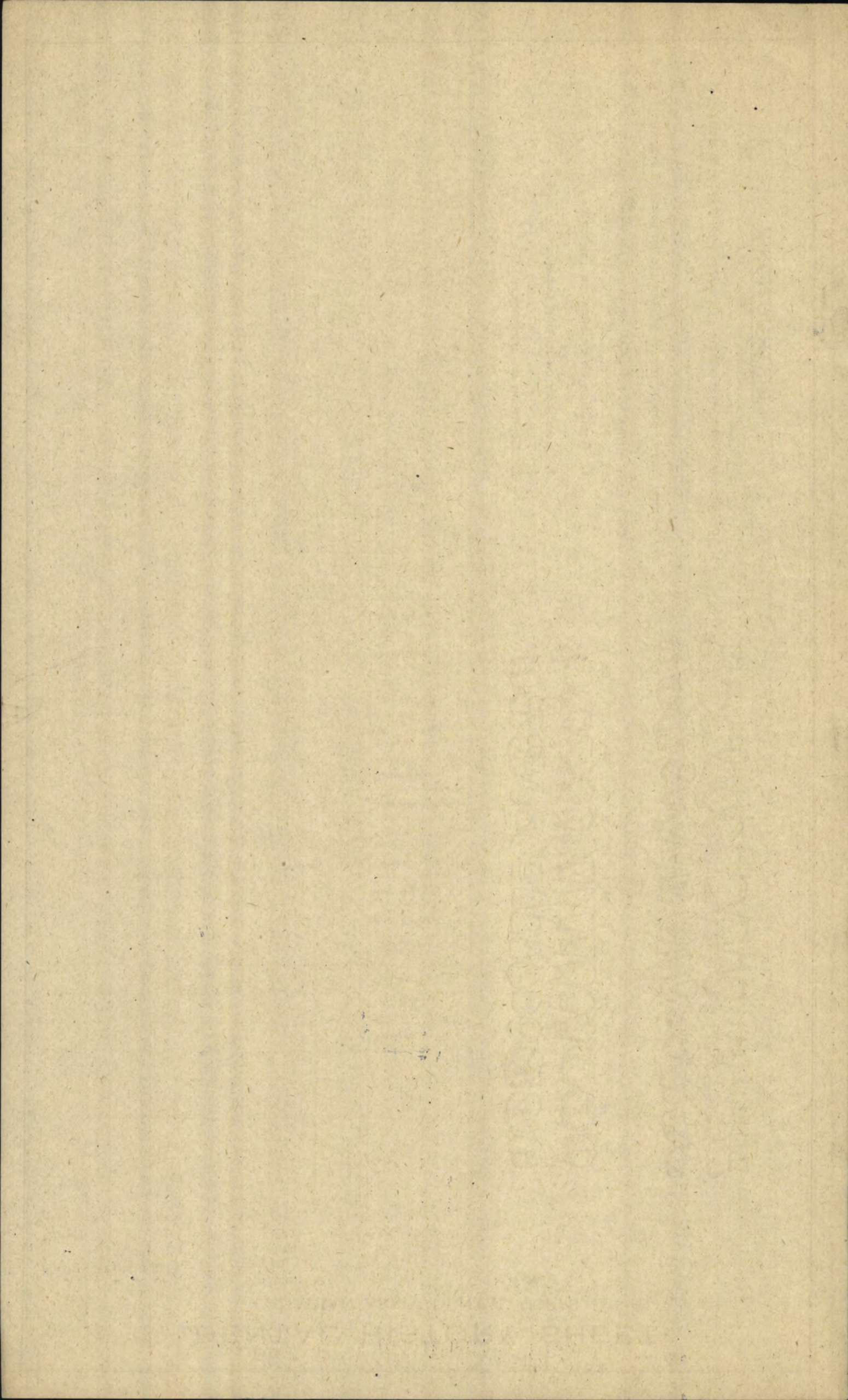
I give to.....my mother, Mrs. Eliz. Smith,.....
whose address is.....250 Yonge Street, Toronto,.....
all my property not above disposed of.

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.



KINMEL PARK

AUTHORITY
A.P. NOM. ROLL

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- *FORGET. Marine.*
NUMBER:- *3173073.*

EFFECTIVE DATE:- *1-10-18*
AMOUNT:- *\$15⁰⁰*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P.C. from Canada</i>	<i>1-10-18</i>	<i>1-10-18</i> <i>1/2</i>

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr. Francois. Forget. (Father)
St. Elizabeth. Co Joliette. Que

UNIT AND TRANSFERS
ORIGINAL UNIT:- *Draft No. 159 2/2 Que Reg*
DATE ACCOUNT FIRST OPENED:- *1-10-18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>Die d</i>	<i>1-11-18</i>	<i>26-11-18</i>	<i>10⁴ Reser</i> <i>N.E.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>L.P.C. from Canada</i>	<i>1⁰⁰</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>30-9-18</i>	<i>Bal. from Canada</i>								<i>18/10</i>	<i>26</i>	<i>24/2</i>
<i>Oct</i>	<i>P.P.</i>	<i>34/10</i>		<i>C.A.P.</i>				<i>15</i>	<i>37/20</i>	<i>26</i>	<i>37/20</i>
				<i>NON EFFECTIVE ACT.</i>				<i>15</i>			
				<i>NON EFFECTIVE ACT.</i>							

Date of Enlistment

10-9-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

F. 6984

1 Oct. 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰			
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11 L 1076
S.K.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____ Name _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____ Address _____
 Soldier's Name _____
 Battalion *2nd D.Bn 2nd Quebec Regt. Dft- 159.*
 Beneficiary _____
 Relationship _____
 Address _____

1 FRANCOIS FORGET,
 STE ELIZABETH,
 2 CO. JOLIETTE, QUE. 15 15.00
 3 % 3173073 PTE MAXIME FORGET
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>October</i>	<i>R 53552</i>		<i>15</i>	<i>15</i>	<i>M</i>
<i>Nov</i>			<i>15</i>	<i>15</i>	<i>M</i>

Died at sea
 DEED OF WOUNDS DATE *12-10-18*
 C. L. No. *347 fol 4* DATE *30-10-18*
 M. R. O. *17983* TO DESTROY RENDERED *2-1-18*
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
6217-M-11
 CLERK *J Maher* DATE *2/18*

M. F. W. 128.
400M. 6-17-1772 39-1141
L. L. 23320-M. & D. 7593.

AUTHORITY } *M. D. 4 B8.*
 FOR } *M. Shipley 7/10/18.*
 NEW ACCT. }

