

M. D. Depot Battalion Regiment

Regtl. No. 3320091

*E. O. 11/4/18*

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Lalonde
2. Christian name Hector
3. Present address 119 Wellington St Hull P.C.
4. Military Service Act letter and number (not available. s.c.) A.C. 985781
5. Date of birth 22nd June 1893
6. Place of birth Alexandria Ont.  
(town, township or county and country)
7. Married, widower or single Single
8. Religion R.C.
9. Trade or calling Fireman
10. Name of next-of-kin Mrs. H. Lalonde
11. Relationship of next-of-kin Brother
12. Address of next-of-kin Newbury Ont.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—  
(a) Place Hull Que. (b) Date 6.11.17. (c) Category All.

**DECLARATION OF RECRUIT**

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

*no mark.*  
Hector Lalonde (Signature of Recruit)  
Witnessed by S. G. G.

**DESCRIPTION ON CALLING UP**

Apparent age 34 yrs. 4 mths.  
 Height 5 ft. 7 1/2 ins.  
 Chest measurement } fully expanded 39 ins.  
                           } range of expansion 5 ins.  
 Complexion Brown.  
 Eyes Brown.  
 Hair Brown.

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

**Nil.**

*W. M. Scott*  
O. C. 2nd. DEPOT BATTALION,  
Eastern Ontario Regiment.  
Depot Btln.  
Regt.

Place OTTAWA Date MAR 18 1918

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name	
2. Military service number	
3. Date of birth	
4. Marital status	
5. Religion	
6. Date of enlistment	
7. Rank or position	
8. Address	
9. Address of next of kin	
10. Name of next of kin	
11. Relationship of next of kin	
12. Address of parent or guardian	
13. Address of previous military or naval service	
14. Medical examination under Military Service Act	
15. Name of doctor	

DECLARATION OF RECRUIT

I hereby declare that the particulars stated above are true and correct to the best of my knowledge and belief.

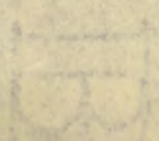
Signature of Recruit

DESCRIPTION ON CALLING UP

Appearance	
Height	
Complexion	
Build	
Other	
Remarks	

MAR 18 1918

OTTAWA



M. D.

Regiment

Regtl. No. 3320091

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname **Lalonde**

2. Christian name **Hector**

3. Present address **119 Wellington St Hull P.Q.**

4. Military Service Act letter and number

5. Date of birth **22nd June 1897**

6. Place of birth **Alexandria Ont.**  
(town, township or county and country)

7. Married, widower or single **Single**

8. Religion **R.O.**

9. Trade or calling **Fireman**

10. Name of next-of-kin **Mr Phur Lalonde**

11. Relationship of next-of-kin **Brother**

12. Address of next-of-kin **Hawksbury Ont.**

13. Whether at present a member of the Active Militia **No.**

14. Particulars of previous military or naval service, if any **Nil**

15. Medical Examination under Military Service Act:—  
(a) Place **Hull Que.** (b) Date **6.11.17.** (c) Category **All.**

DECLARATION OF RECRUIT

I, **Hector Lalonde.**, do solemnly declare that the above particulars refer to me, and are true.

*Hector Lalonde* (Signature of Recruit)  
*his mark.*

DESCRIPTION ON CALLING UP

Apparent age **34** yrs. **4** mths. Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height **5** ft. **7 1/2** ins.

Chest measurement } fully expanded **39** ins.  
range of expansion **5** ins.

Complexion **Doown.** **Nil.**

Eyes **Brown**

Hair **Brown.**

*W. H. Scott Major*  
O. C. 2nd. DEPOT BATTALION Depot Btln.  
Eastern Ontario Regiment.  
Regt.

Place **OTTAWA** Date **MAR 18 1918**

TRIPPLICATE

2nd DEPOT BATTALION  
Eastern Ontario Regiment  
D-Dep. Battalion

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name of recruit

2. Name of father

3. Name of mother

4. Name of birth

5. Place of birth

6. Date of birth

7. Address of recruit

8. Address of father

9. Address of mother

10. Name of next of kin

11. Relationship of next of kin

12. Whether present a member of the Active Militia

13. Particulars of previous military or naval service

14. Military or naval rank

15. Date of discharge

DECLARATION OF RECRUIT

I, the undersigned, being the father of the above described recruit, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	in	years	months	days
Height	in	inches		
Weight	in	pounds		
Complexion				
Build				
Complexion				
Build				
Complexion				
Build				

O.C. 2nd DEPOT BATTALION  
Eastern Ontario Regiment

MAR 18 1918

OTTAWA

100-100  
M. M. W. G.  
100-100

REGIMENTAL DOCUMENTS

NAME

*Lalonde, Hector*

REGT. NO.

*332009*

UNIT

*Co Reg 257*

H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

**C4241**

*15-11  
18-11  
29-11*

**H**

*51*

*M*

*28*

*M*

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

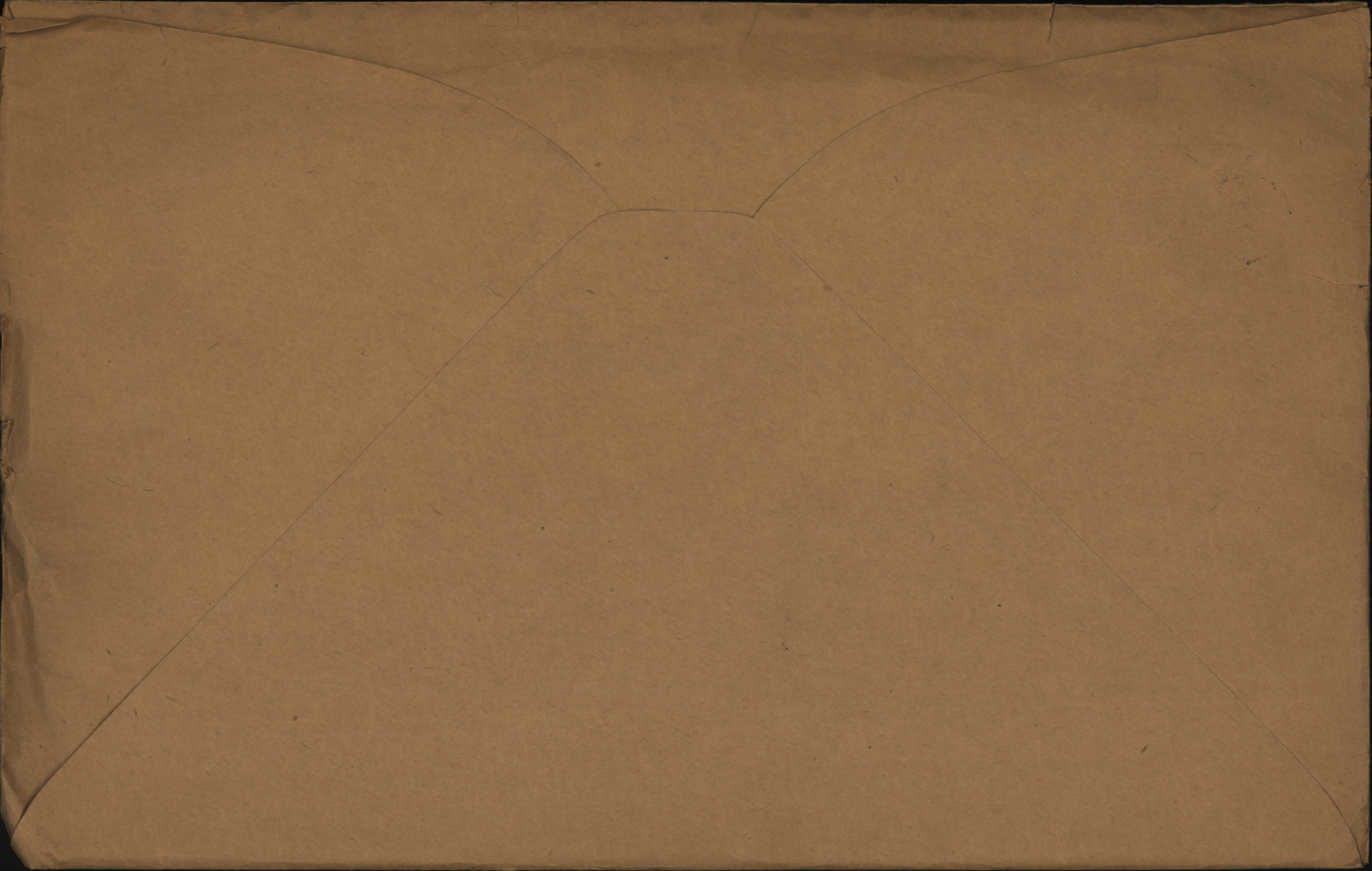
*R140*

*copy with*

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*Index card*



Surname

Christian Name or Names

Reg. No.

Lalonde E. E.

3320091

Rank

Unit

P1-

38 Eo.

Cas. List.

R. F. B.

14.10.18 R344

Killed in action 29.9.18

h

A.M.D. 2 DEPT.

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

Cas. List.



REGT'L. No. 3320091

H. Q. FILE NO 649

NAME

Lalonde Hector

RANK AND CORPS

Pte 38<sup>th</sup> Bn form 8 OR 2<sup>nd</sup> Dep Bn

FOLLOWS

No.

CABLE

NO. 24  
24

DATE

NATURE OF CASUALTY

FOLLOWS

NO.	DATE	NATURE OF CASUALTY
<u>Q 632</u>	<u>16-10-18</u>	<u>Ill in A. Sept 29<sup>th</sup>/18</u>
<u>Wof 12</u>		<u>Paul Lalonde, (Brother) Hawkesbury Ont</u>

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

G. B. R.

1344<sup>1</sup>

Ref from Base.

29-9-18

R. in A.

SURNAME.

*Lalonde.*

3. CARD NO. 4

CHRISTIAN NAMES

*Nector.*

FOLL.

REGL. NO.

*3320091.*

RANK

*Pte*

*J.O.S. 3-1-18*

UNIT

*East. Ont. Regt. 2nd Depo. Bn.*

*D.O. Pt II 3-3-1-18*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Lalonde, Paul.*

RELATIONSHIP TO SOLDIER

*Brother.*

ADDRESS

*Hawkesbury, Ont.*

COUNTRY OF BIRTH

*Canada. Alexandria, Ont.*

DATE

*June 22<sup>nd</sup> 1883.*

PLACE OF ATTESTATION

*Ottawa, Ont.*

DATE

*May 18<sup>th</sup> 1918.*

*o/p. 25-3-18 1129*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE





FRENCH.

649-L-16587<sup>4</sup>

LALONDE.

H.

Pte.

332<sup>00</sup>91.

38th Bn.

*Not elig. for 14-15 Star. 15705*

Medals  
& Decs. (Sister).

Madam J. Seguin,  
25 Lees Ave.,  
Ottawa, Ont.

P. & S.

(Brother).

Paul Lalonde, Esq.,  
Hawkesbury, Ont.

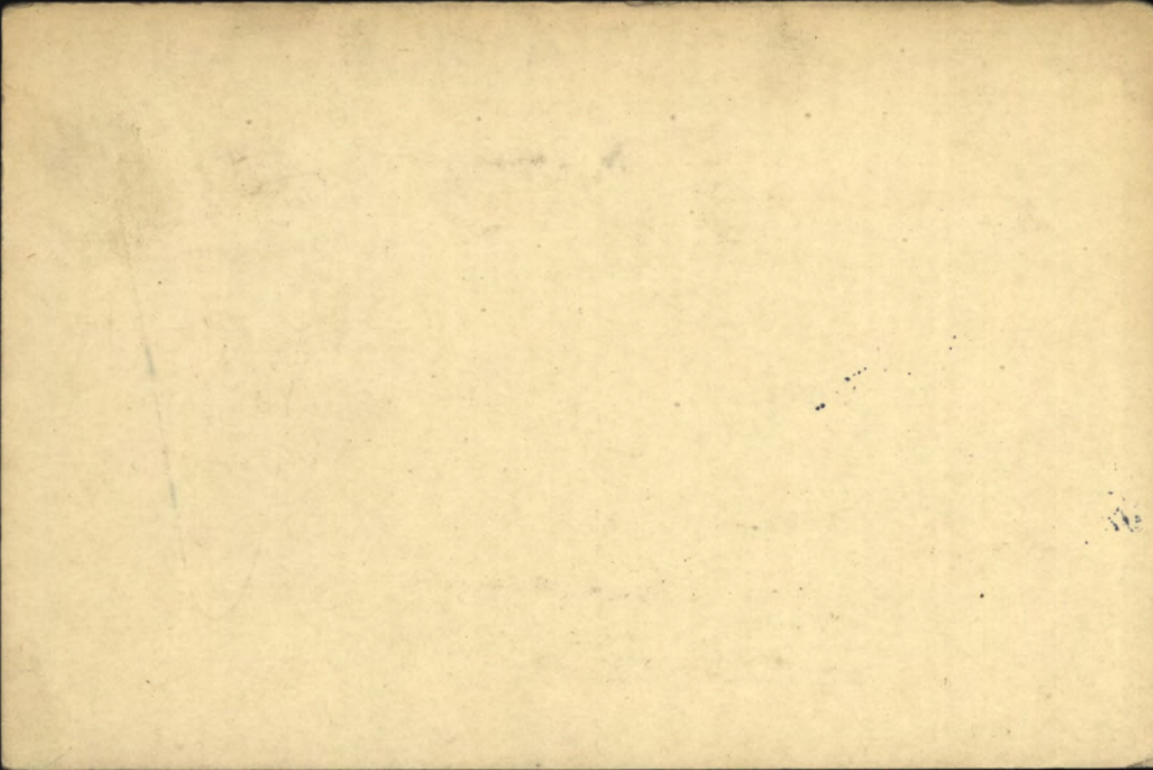
*Serial No 262283*

Memorial Cross.

Nil.

Scroll Desp. DEC 21 1920 Reqn. No. 75859

*N.L.*  
Plaque Desp. JAN 12 1922 Reqn. No. PA3354





No. 3320091 RANK

Pvt.

NAME

Saloude Hector

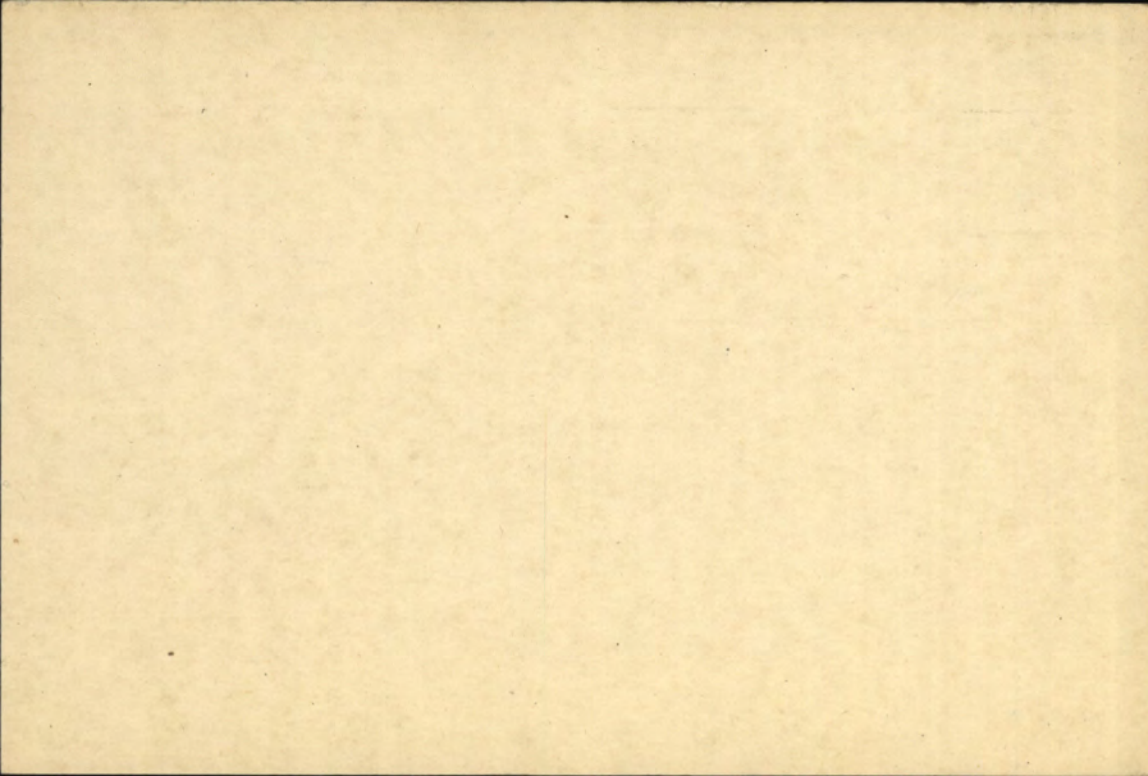
T. O. S. 3-1-18

UNIT 2 rd. Depot Battalion E. O. R.

Oa. 3 of 3-1-18

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan. 31	1918 no account	n	A. W. L. from 3-1-18	O. O. 13 of 13-1-18.
Mar. 14	Mar. 31	n	70 days pay forfeited on R Co. Detention 28 days <sup>74</sup> 20.80 O/S 20-3-18	O. O. 73 of 14-3-18. O. O. 73 of 16-3-18. O. O. 80 of 21-3-18.



Number 3320091 Rank Pte

Surname LALONDE

Christian Name Hector

Unit 38th Bn Can Inf Theatre of War France

Date of Service 9-8-18

Remarks

Latest address Madam J. Seguin (sister)

25 Lees Ave

Ottawa, Ont

Roll No. B Page 4461

42338 Disp

MAY 18 1921

M.S.A. 15 F.

**ORIGINAL**

**ORIGINAL**

**FEUILLE MÉDICALE**

607 X

**IMPORTANT.**—Si le nom de l'homme n'apparaît 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.

- Nom de famille..... **Lalonde** ..... Nom de baptême..... **Hee tor**
- Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître }  
de poste ou la liste..... }
- Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- Adresse (y compris la rue et }  
le numéro s'il en existe)..... } **119 Wellington, Hull, Que.**

*Lalonde his man*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le.....  
 jour de..... **6 novembre** ..... 1917, par le bureau médical soussigné siégeant  
 à..... **Hull, Que.**.....

- Âge affirmé..... **34** ans..... **4** mois.....
- Âge apparent..... ans..... mois.....
- Hauteur..... **5**..... Pieds..... **7 1/2**..... pouces.....
- Poids..... **142**..... livres.....
- Mesure de poitrine { Minimum..... **34**..... pouces  
Maximum..... **39**..... pouces
- Couleur..... **Brune**..... { Yeux..... **Bruns**  
Cheveux..... **Bruns**
- Développement physique..... **Bon**..... { Bon  
Moyen 12. Marques de vérole.....  
Pauvre
- Nombre de vaccinations { Bras droit..... **Non**  
Bras gauche..... **Non**
- Dernière vaccination.....
- Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

*Spector*  
Signature de l'homme

16. Défauts légers insuffisants pour l'exemption.....  
 Le sujet nie avoir souffert de { Rhumatisme  
Tuberculose Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme  
Syphilis 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

**All**

R. D. 6 { Noak's }  
 L. D. 12 { ark }  
 R. E. normal { Test }  
 L. E. normal

*E. S. Aubrey* Membre *E. B. Bennett* Président *W. S. ...* Membre

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOIDES, ETC.
6-3-18		<i>W. S. ...</i> O.M.	6-3-18		<i>W. S. ...</i> O.M.
		O.M.	13-4-18	<i>W. S. ...</i>	<i>W. S. ...</i> O.M.
		O.M.			O.M.

Enrôlé le..... **3rd** jour de..... **January** ..... 1918 à..... **Ottawa**.....

CORPS	No. dans le régiment	HABITUDES	DATE
<b>2nd Depot Bn. 3320 091</b>			<b>3-1-18</b>
<b>6th Can. Res.</b>			<b>3-4-18.</b>
<b>38 Bn</b>			

**EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.**

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.

Signature de l'homme  
 No. 6





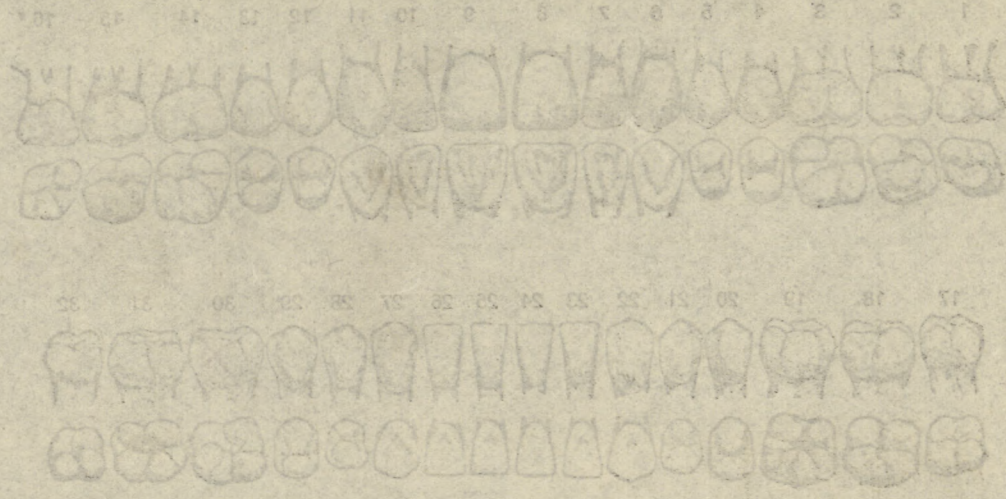
INSTRUCTIONS

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.



1903-5-20-24

1903-5-20-24

1903-5-20-24

REMARKS

OPERATOR

OPERATOR

DATE

DATE

OPERATOR

OPERATOR

OPERATOR

OPERATOR

OPERATOR

OPERATOR

OPERATOR

OPERATOR

OPERATOR

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OPERATOR

OPERATOR

САНДИИ ВЪЛЛА ДЕМУР СОБЪ ДИАБЕЛ

DENTAL HISTORICAL SHEET

STP LEIDGHEIR

BEHALFA

MADE IN CANADA

MADE IN CANADA



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.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps. Eastern Ontario Regiment.

Regimental No. 3320091. Rank Plt. Name Lalonde Hector

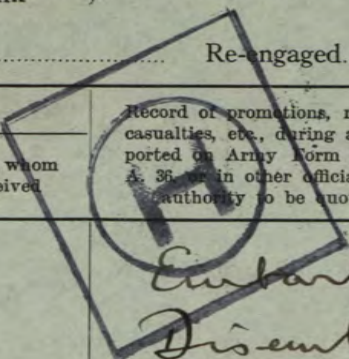
Enlisted (a) 18.3.18 Terms of Service (a) 6.87 Service reckons from (a) 18.3.18

Date of promotion to present rank 18.3.18 Date of appointment to lance rank 18.3.18 Numerical position on roll of N. C. Os. 18.3.18

Extended          Re-engaged          Qualification (b) Fireman

Date	Report From whom received	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
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CERTIFIED CORRECT, 1 AUG 1918, MILITARY RECORDS, LONDON.



		Embarked Canada		24-3-18	
		Disembarked England		3.4.18	
5/4/18	O.C. 6th. Res.	T.O.S. 6th. Res. Batt.	Seaford.	3/4/18.	Pt-11 B.O. 81.
AUG 9 1918	O.C. 6th CAN. Res. Bn.	DRAFTED TRANSFERRED TO 38th Bn	SEAFORD.	AUG 9 1918	PART II No. 187 WSO

*R.W. [Signature]*

10 AOU 18	C.B.D.	TAKEN on STRENGHT 38th		10 AOU 18	OFFICER 1/6 RECORDS 6th CAN. RES. 2072-17. 8.18
14 AOU 18	»	Left for Unit	FIELD	14 AOU 18	2723
15 AOU 18	ccrc	Joined Unit	FIELD	15 AOU 18	N.R. 21755
17 AOU 18	»	Left for Unit	FIELD	17 AOU 18	N.R. 21391
24 AOU 18	Unit	Joined Unit	FIELD	18 AOU 18	B. 213.

(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.



FORM OF WILL

447

I, Hector Lalonde (Name in full)  
Regimental Number 3320091 serving in 2nd. DEPOT BATTALION,  
Eastern Ontario Regiment.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mr Paul Lalonde (Brother) Name and Address  
Hawksbury Ont. of person or  
persons to receive  
personal estate\*  
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF. this 13<sup>th</sup> day of March A.D. 1918.  
Hector Lalonde Signature of Soldier.  
Witnessed by P. Cole

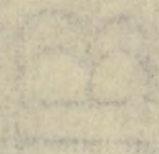
\*N.B. Personal estate includes p.y. effects, money in bank, insurance policy, in fact everything except real estate.

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 P. Cole  
Address of Witness 2nd. DEPOT BATTALION, OTTAWA  
Eastern Ontario Regiment.  
Occupation of Witness Soldier C. E. F.  
Signature of Second Witness Alv. J. McInnes  
Address of Witness 2nd. DEPOT BATTALION, OTTAWA  
Eastern Ontario Regiment.  
Occupation of Witness Soldier C. E. F.

FORM OF WILL

2nd DEPT BATTALION  
Eastern Ontario Regiment



2nd DEPT BATTALION  
Eastern Ontario Regiment

2nd DEPT BATTALION  
Eastern Ontario Regiment  
OTTAWA

2nd DEPT BATTALION  
Eastern Ontario Regiment  
OTTAWA

LTR

Rank Name LALONDE, Hector  
 Dr. 2nd Depot BN *E.O.A.* If in perm. Corps, }  
 Unit What Unit? }

Reg'l No. 3320091

Married or Single Single.

Place and Date of Enlistment Ottawa, Mar. 18th, 1918. Place of Birth Alexandria Ont.

Name and Address, Next-of-Kin Mr Paul Lalonde  
 Hawksbury Ont.

Relationship Brother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

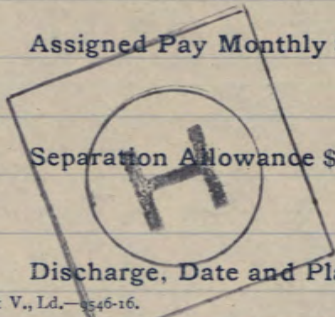
Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—546-16.



N/E. R.B. No 8102.  
 File R.L. 25-L-2979  
 Category K/A.

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>C</i>	Arrived in England		18	S/S GRAMPAN
5-4-18	6th <i>h</i> <i>h</i> <i>h</i>	T.O.S. from Canada	Seaford	3-4-18	Pt II D/O 81.
9-8-18	"	Posted to 38th <i>h</i> <i>h</i> <i>h</i>	"	9-8-18	187
14-10-18	EOR	Killed in Action	" Field	29-9-18	CHA344.
9-10-18	38th <i>h</i> <i>h</i> <i>h</i>	Killed in Action	" "	"	Pt D/O 102.

A.F.B. 103 CHECKED  
 15 AUG 1918

*28th *h* *h* *h* 9  
 D/O 722/17.18*



MARRIED OR SINGLE

*Single*

PLACE OF BIRTH

*Alexandria Ont.*

NAME OF NEXT OF KIN

*Paul Blonde* RELATIONSHIP *Brother*

ADDRESS

*New Ksbury Ont.*

NAME OF NEXT OF KIN

RELATIONSHIP

ADDRESS

APPOINTMENTS.  
PROMOTIONS AND REVERSIONS

PARTICULARS

EFFECTIVE DATE

AUTHORITY

REG'L No.

*3320091*

RANK

*Pte.*

NAME

*LALONDE*

*Hector*

PLACE OF ATTESTATION

*Ontario*

DATE OF ATTESTATION

*3/1/18*

ORIGINAL UNIT

*2nd Depot Bn C.P.R.*

ASSIGNED PAY

PER MONTH \$

*Nil*

DATE EFFECTIVE

AUTHY.

STOPPED EFFECTIVE

PAYABLE TO

CAUSE

PER MONTH \$

DATE EFFECTIVE

AUTHY.

STOPPED EFFECTIVE

PAYABLE TO

CAUSE

PER MONTH \$

DATE EFFECTIVE

AUTHY.

STOPPED EFFECTIVE

PAYABLE TO

CAUSE

PER MONTH \$

DATE EFFECTIVE

AUTHY.

STOPPED EFFECTIVE

PAYABLE TO

CAUSE

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

NEW PAYBOOK ISSUED

NEW PAYBOOK ISSUED

PERIOD		PAY AND FIELD ALLOWANCE		WORKING PAY		SEPARATION ALLOWANCE		ASSIGNED PAY CREDITS		ANY OTHER CREDITS		TOTAL CREDITS		SEPARATION ALLOWANCE		CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY		OTHER CHARGES		TOTAL DEBITS		BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE		REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	NO. OF DAYS	RATE \$ C.	NO. OF DAYS	RATE \$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	1	2	3	4	\$ C.	\$ C.	\$ C.	\$ C.	CREDIT \$ C.	DEBIT \$ C.	1	2	1	2						
MONTH		PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. RED. ALLCE. PAY ENG.																			
		<i>Due from Canada a per Pte 31/3/18</i>																														

*Debit \$11.00*





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>LALONDE Hector</b>				
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: <b>3320091.</b>				
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
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.				
				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				<i>Can L.P.C.</i>	<i>Ota</i>			
				UNIT AND TRANSFERS				
				ORIGINAL UNIT: <i>2nd Draft 2nd Depot Bn 806</i>				
				DATE ACCOUNT FIRST OPENED: -				
				AUTHORITY	DATE EFFECTIVE			
					<i>60 Res Bn</i>			
				<i>72</i>	<i>17/8/18</i>			
				<i>1/9/18</i>	<i>20/9/18</i>			
					<i>38 Bn</i>			
					<i>1-10-18. 22-10-18</i>			
					<i>B. S. E.</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>Can L.P.C.</i>	<i>1</i>	<i>-</i>	<i>10</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Killed in Action 29-9-18 60a. 344 14-10-18 as per Verif. 10/1/19*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar	<i>Bal forward</i>								<i>11 00</i>		
Apr	<i>P.D.P.</i>	<i>33</i>		<i>AR 211. 6 Res. 19/4/18.</i>	<i>487</i>						
				<i>" 279 " 26/4/18</i>	<i>243</i>				<i>14/0 15</i>		
		<i>33</i>			<i>7 30</i>						
May		<i>34 10</i>		<i>" 462 " 5. 5 18</i>	<i>1977</i>				<i>21 90</i>	<i>20</i>	
				<i>" 956 " 29 5 18</i>	<i>212</i>						
		<i>24 10</i>			<i>21 90</i>						
June		<i>33</i>		<i>" 1294 " 13. 6 18.</i>	<i>487</i>						
				<i>" 1663 " 26 6 18</i>	<i>730</i>				<i>47 75</i>	<i>45</i>	
		<i>33</i>		<i>" 2253 " 16 7 18</i>	<i>730</i>						
July		<i>34 10</i>		<i>" 2379 " 23. 7 18</i>	<i>1217</i>				<i>62 36</i>	<i>60</i>	
					<i>19 47</i>						
Aug		<i>34 10</i>		<i>" 2867 " 8. 8. 18</i>	<i>973</i>						
				<i>" 1207 12 6 5 19 8. 18</i>	<i>357</i>				<i>83 16</i>	<i>75</i>	
		<i>33</i>			<i>13 30</i>						
Sept		<i>33</i>		<i>" 1255, 9. 9. 18, 38 Bn.</i>	<i>357</i>						
				<i>" 1330 16. 9. 18 "</i>	<i>357</i>				<i>109 02</i>	<i>90</i>	
		<i>33</i>			<i>7 14</i>						
1919											
Mar	<i>Int an Def Pay 63/3/19</i>	<i>356</i>							<i>112 58</i>		
		<i>356</i>									
June				<i>Compiled L.P.C. 7/3/19. 67 Bal. 112 58.</i>							
				<i>Dr 81011 - br Can 112 58.</i>							
					<i>112 58</i>						



1141

32490

326

197066

20

Perforated sheet for Will from Pay Book of Reg.

No. 3320091  
Name Lalonde Hector  
Unit 6 Canadian Reserve

**Military Will**

in the event of my death  
I give the whole of my  
property and effects to  
my sister Mrs. Julia Seguin  
25 Lasave  
Ottawa Ont.  
Canada

Signature Lalonde Hector  
Rank and Regt. Private 6 Can. Reserve  
Date April 17

NUMBER 3320091  
RANK Pte  
NAME Lalonde Hector  
UNIT 6th. Canadian Reserve Battalion.

CANADIAN. 20 NOV 1918

ESTATES BRANCH

DEC 6 1918

MILITIA DEPT.

DUPLICATE.

Overseas Military Forces of Canada.

**REMITTANCE ROLL.**

**W.O.'s, N.C.O.'s & MEN.**

DUPLICATE.

No. \_\_\_\_\_

Corps \_\_\_\_\_ Squadron Battery or Company \_\_\_\_\_

618  
 MILLS ROAD  
 26 APR 1918  
 STATES, O.M.F.C., LONDON

REMITTER.		Name and Address in full of person to whom payment is to be made.	AMOUNT.				Signature of Remitter.	Cashier's Voucher No.
Regtl. No.	Rank and Name.		\$	c.	£	s.		

THESE FORMS TO BE MADE IN TRIPPLICATE.

ORIGINAL (Blue) } to be forwarded to the Chief Paymaster,  
 DUPLICATE (Pink) } O.M.F.C.  
 Westminster House, 7 Millbank St.,  
 London, S.W.

TRIPPLICATE (White) to be retained by Paymaster Unit.

To CASHIER.

PAYMENTS TO BE MADE ON ORIGINAL ONLY.

CERTIFIED that the above Remittances have been recorded in the Active Service Pay Books of the men concerned, and that these Remittances are in accordance with the intention of the Regulations.

Place.....

Date.....

.....  
 Reg'l. Paymaster or O.C. Unit.

To THE CASHIER.

I HEREBY CERTIFY that the amounts shown above have been charged against the Accounts of the W.O.'s, N.C.O.'s and Men concerned on the Pay Sheets for the month of.....  
 LONDON, S.W.

Date.....

.....  
 Captain.  
 For Paymaster II.