

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

#### FORM No. 1

Registro			Nominal Roll N	o	
ro: P.M.G.			H.Q. File No		
TO: P.M.G.		CANADIAN ARMY	(ACTIVE)		
		Computation of	Service		
		WAR SERVICE (	GRANT		
Regt. No.	Rank when S.O.S.	Surname		Christian Nam	e in Full
868757	4/004	CHOLET	TE /	IRVIN	
REASON FOR T	ERMINATION OF SER	The state of the s			
1st Enlistm	nent	KILLED IN	1 AC/CON	CARO	(
2nd Enlistment			· · · · · · · · · · · · · · · · · · ·	CARO	(
3rd Enlistr	nent	•••••••••••••••••••••••••••••••••••••••		.CARO	(
	/	Total Servic	e		
1sT	ENLISTMENT	2ND ENLIST	MENT	3RD ENLIS	TMENT
29 6	1 ,0				
	12- 15 M			`.O.S	
.O.S. a.uugu	72	S.O.S.  Total Days			
otal Days		Total Days	1	otal Days	
Total Service					226 DAYS
			Total Service	Less Non-qualifying Service	Net Service
Western F	lemisphere		14	mi	141
	service		585		585
T	otals		726	• • • • • • • • • • • • • • • • • • • •	726
A	dd Non-qualifying S	ervice			w
T	otal Service				7261
CMBARKATION I	DETAILS: //	SEP43			
	O.S. Overseas 23.	Maria Contract Contra	Date S.O.S. Of	erseas	
		0 16		230	La 45
	Signature.	11/2/			
Checker's S		113.1.			
Date Comp	outed	1004 45			
		CERTI	FIED that entitle	ment to benefits	under the Wa

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

500M—11-44 (6012) H.Q. 1772-45-8 C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

#### Details of Non-Qualifying Service

#### Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
••••••••••••			A TOTAL CONTRACTOR OF THE PARTY		
•••••••••••••••••••••••••••••••••••••••					
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	Lou-Jalian Day				
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Overseas: T.O.S			<b>~.</b>	T.O.S	
S.O.S	23 april 3	?S.O.	S	S.O.S	
••••••					
THE REPORT OF THE PARTY OF THE					
				••••••	
				•••••	
				Total	

4005-0-310905-

FIELD SERVICE

In lieu of Army Form B.2090A

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

ENT QOR	of C	Sa	uadron	Troon		
R CORPS		Ba	ttery o	r Compar	ıy	
er's Personal No	(if known)_	B 68757		Rank	L/Cpl.	
cHO	LETTE		Christia	an Names	I.	10
Date 2	3 Apr 45		Place	Holla	nd	7. // 1.
		Killed				-
Nature and Dat	e of Report_	3011C/81	23 Apr	45		
By whom made		QOR of C				
on military du Holland Place	ty.  No. WINSCHOT!	EN, Cem. MR 52	duty, o	r from	injury while	
	ed	Maj. R.M.I	Hickey			
					NO REC D	
forwarded to the Any report as t	o werbal expr	facts received and if any essions by decea	from the will in	e fronts ficer or	or hospital, it should be	
	CORPS  er's Personal No er's Army No  ne  CHO  Date  Cause of Death  Nature and Dat  By whom made  Specially stat action, or from on military dur  Holland  Place  By whom reporte  State whether has Will or  All private doc as A.B. 64, she forwarded to the Any report as the	Pris Personal No (if known)  Pris Army No  The CHOLETTE  Date 23 Apr 45  Couse of Death BC I  Nature and Date of Report  By whom made  Specially state of killed in action, or from exposure who on military duty.  Holland, WINSCHOTT Place Pili Rili (  By whom reported  State whether he leaves a Will or not  All private documents and effect as A.B. 64, should be examinated forwarded to the War Office.  Any report as to verbal expressions as to verbal expressions.	R CORPS  Baser's Personal No (if known) B 68757  Baser's Army No  CHOLETTE  Date CHOLETTE  Date BC Killed  Nature and Date of Report 3011C/81  By whom made QOR of C  Specially state of killed in action, or diaction, or from exposure while on military on military duty.  Holland, WINSCHOTEN, Cem. MR 5  Place P'l' R'l' G'7'  By whom reported Maj. R.M.  State whether he leaves a Will or not  (b) as a second of the War Office.  Any report as to verbal expressions by december of the war office.	R CORPS  Battery of Battery No  Be CHOLETTE  Christian Battery of Battery No  Be CHOLETTE  Christian Battery Access of Death  Be Killed  Nature and Date of Report 3011C/81 23 Apr  By whom made  QOR of C  Specially state of killed in action, or died from action, or from exposure while on military duty, on military duty.  Holland, WINSCHOTEN, Cem. MR 523047  Place  Pili Rili Gi7!  By whom reported  Maj. R.M.Hickey  (a) in Army Book 6  State whether he leaves a Will or not  (b) as a separate  All private documents and effects received from the as A.B. 64, should be examined, and if any will inforwarded to the War Office.	R CORPS  Battery or Comparate in the provided from wounds action, or from exposure while on military duty, or from military duty.  Holland, WINSCHOTEN, Cem. MR 523047  Place Pil' R'l' G'7'  By whom reported Maj. R.M.Hickey, N.S.I  State whether he leaves a Will or not content as A.B. 64, should be examined, and if any will is found of or should be despressions by decreased officer or short of comparate in the provided from the front as A.B. 64, should be examined, and if any will is found of orwarded to the War Office.  Any report as to verbal expressions by decreased officer or short as A.B. 64, should expressions by decreased officer or short as to verbal expressions by decreased officer or short as to verbal expressions by decreased officer or short as A.B. 64, should expressions by decreased officer or short as to verbal expressions by decreased officer or short as the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined, and if any will is found of the provided from the front as A.B. 64, should be examined and if any will is found of the provided from the front as A.B. 64, should be examined as A.B. 64, should be exa	Battery or Company  or's Personal No (if known) B 68757 Rank L/Cpl.  or's Army No  Date CHOLETTE Christian Names I.  Date 23 Apr 45 Place Holland  Couse of Death BC Killed  Nature and Date of Report 3011C/81 23 Apr 45  By whom made QOR of C  Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.  Holland, WINSCHOTEN, Cem. MR 523047  Place Pil' R'l' G'7' Date 23 Apr 45  By whom reported Maj. R.M.Hickey, N.S.R.  (a) in Army Book 64 NO  State whether he leaves a Will or not  (b) as a separate document NOT REC'D  All private documents and effects received from the front or hospital, as A.B. 64, should be examined, and if any will is found it should be offerwarded to the War Office.  Any report as to verbal expressions by deceased officer or soldier.

the Paymaster at the Base, together with the deceased's A.B. 64 (after with

Signature of Offi

in charge of Section

drawal of any will from the latter), for transmission to the Paymaster who

compiles the soldier's account.

Belgium

7 May 45

Station and

Date

NOB.68757 Rank L/Corporal Name CHOLETTE, Irvin
Unit Q. O. R. OF C. Date of death 23rd April, 1945.
Died at Holland
Cause Killed in action.
Death occurred on strength of Forces H.Q. 405-C-31095
N/K Mr. Oliver Cholette, Relationship Father
Address Boxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Remains buried in Holland, WinschotenCem. MR 523047 Cemetery PlR1 G7
Grave Location
OUER

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Holten, Holland.

Holten Canadian Military Cemetery,

1945 9

1946

00

N.KJUN

BURIAL REPORT TO

RETURN TO BUR. OF

ROYAL MESSAGE DES

CAN. MESSAGE DESP

Temp BR se

row G, plot 11. Grave 9, HI & CR Form Despd. OCT 21 1946 Photographs Despatched JAN 27 1949

10M-1-45 (M-4608)

M.B. 2 NOM. ROLL

540	4
THE PERSON NAMED IN	

Cholette	XXXXX.	Irvin				
Record of Service of (Surname)	(Christian Names)		••••••••••		Regimental Number	
QUALIFICATIONS			EDUC	ATIONAL QUAL	IFICATIONS	
Military			NI 4 3		Graduation )	
Business or Professional N11		}	(years completed)	I	Matriculation	(specify) School
Trade or Civil Miner Bush Work	*College		N11			
Technical N11	*Universi	y		1	C.	
Languages						
				d degrees obtained to		
All enlisted personnel will be taken on as Private soldiers, appointments and promotion	ns to higher rank to b	e shown as pr	ovided 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	Port II D.O. No. Con List of	
Toined on appointment			H WING	Toronto	Part II D.O. No. Cas. List, et	
T.O.S #2 DISTRICT DEPOT (AF) BRANTFORD	GROOD Ste.	9-4-43	7 Coy	Canada	Pt 2 D.O.# 109	8 May 43
SOS ON TRANS TO 20BTC		21 5	43	DU	1915	SUMAY 13
T. 0,5 NO 20 BTC BFD F.A.P.		17 17		+		
ALLOCATED TO INF R	,. 2	2 MAY 4:	NO 20	BTFD	P 11 D0 I14A	21 MAY 43
Ceases to be attached to No. 20 (B)T.C.			•••••••••••••••••••••••••••••••••••••••			
on transfer to No. 2 District Depot, Sta Barracks, Toronto, Ontario F.A.P. / p.p.	anley	~ ~ ~	4 - 40	00	20 246A D	II 30 Jun 43
Barracks, Toronto, Ontario F.A.P.J. b.p.	Jal 43	30 Jun	43 "		D.O. LHOR P.	TT DO GOTT AD
10. Son tran from 10 2013)	7.0					
D. H. Ontin.	//	2-7-42	4200	Tovanto	2015-8	5-7-95
Man Andrew College Col				,		
S.O.S. ON TRANS TO #23 B.T.C	•	24-8-43		"		2BAUG43
Posted to "R" Wing#3 coy as tradesman reinf	orcement"		77		196-96	18AUG. 4-
TOS 23 (B) T C f.a p. incl. pay from No. 2 Dis		25-8	48 73 (B) T	C Nmkt.	D. O. 201	24-8-43

: (a	.)	(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	
	· · · ·	-						
			S.O.S., C.A. Canada 13 Lept /	3				
			Disembarked Overseas // Left /	3				
		4CIRU	T.O.S. 21 Left L	3		21	1 200 1	· ~ 2
			305 Q OR.	elk	9.00 43	19	198 A 800443	70
50 44	O.C.	Q.O.R.	T.O.S. from 4 C.1. R-U.	Field	10 Oct 43	Afn	47-021-43	
Jan 44	M.	4	Increased rates of pay of \$1.50	4	290 LH3		5- Jan 44	
ASUALTY	SECTION	81	Wohn to I light Spec Hospe	40	14 32 44	\$10 \$70.	8- Feb 44	
			Emb. U, K		2 Jun 44		30 - CIHH	
CO 10 ///-			Disemb. FRANCE	•	6 Jun 44	^		
Sterns			Pet Iron 9 days Ph to UK	et.	19 Feb 45	•	14- Ret-45	*1
app 45	A		Sor he blast.	- f	3 apr 45	Had.	23-Apr 45	
						V		
			· · · · · · · · · · · · · · · · · · ·					
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### SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)

A.F.B. 103 (Part I) 200M—8-42 (5892) H.Q. 1772-39-1649

Part I (For all ranks)

Unit.#2.DD(AF).INF.(OTHER)#7..Coy...R.Wing.Btfd.Z Regimental Number...B=68757...

	Surname CHOLETTE CHOLETTE	(17) Regiment or C	orps	Unit (Battn., etc.)
	Christian Names. Irvin		•••••	
			••••••	•••••••••
	*Substantive Rank and Appointment			•••••••••••••••••
	*Acting Temporary or Local Rank			•••••••
	*To be entered in pencil to facilitate alteration.			••••••
1	Place of birthNor.thTemiskaming.,Quebec.,Canada	(18) Medical		
5	Date of birth as declared on attestation 6. Aug. 1924			•••••••••••••••••••••••••••••••••••••••
0.		Category	Date	Authority
6	(A). Date of enlistment. 29 April 1943	0		
	Place of enlistmentNoranda.,Quebac.,anada		The second control of	
	Residence at time of enlistment. Evain, Quebec., Canada			
	(B) Special conditions (if any) of enlistment or rate of pay			
10.	(C) Any subsequent variations of conditions of service			
11.	ReligionRC.			To Af
	If married, state date	(19) Next of kin (en	tries to be m	ade in pencil).
13.	Trade on enlistmentMiner		4	) f f f
14.	Corps, trade and grade	Mr UM	ner 6	now
15.	(D) Qualifications		- 67 - A	
16.	(E) Miscellaneous entries	o vain	Aul lot	
		(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.

Regimental No. 868257

8- ×

Rank.....

Ste

ne CHOLET

Linn

Sheet No.....

M.F.M. 1 & 2 (a) 300M—5-43 (154) H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	D.O. Number	Authority Dated
					D.O. Humber	Dated
SOS 23 (B) T Cf.a,p. mcl. pay to 1 Transit Camp do.	0-9-4	3 23 (B) TC	Nmkt.	D. O. 212	6 - 8	) - 43
ATT'D NC I TRANSIT CYMP	. 7	9 '43 #1	TRANSIT WI	UDSOR N. S	30	8 -213
SOS NO I TRANSIT CAM			VATURE VATURE	100011, 11, 0.	7	
s.o.s., C.A. Canada 13 8 6 43	Mile of C	J. 40 #1	TRANGII WIN	nontribo es	ر عقد	المن المدار
C.A. Overseas L.Y. Selb Y3						
urked				•		
T.O.S.	179		4 CIR W	UK	181	22 2 / 43
SOS. S.G. S. on posting to G.O. K. of. C.	16	9 Oct 43	HCIRY.		199	1000/13-
(89) S. S. Som of C. R. U.	Po	10 der 43.	0212	1115	#7	31 Janux
189 Granted a Reguli Rate of \$1-40	PG	29 Ouze 3	Q0124-B	UK.	5	310.
C.80 adm 16 1 boln Spec 3 horn	P 6-	27eb 43	90ROYC	UK	8/22	197el-44
C.80 adm 16 1 bedn Spec Rosp C.80 Disch from 1 bedn Spec Rosp	P.C.	14 Fel 43	QDR9C	V4	8/1294	19 Fat 44
unden to I Man Mec Idoop.	126	22444	Man do	620	1271	7244
mbarked at NKon. 2 June 44.						
Disembarked at Truce on 6 pmelly	Kfn.		DOROT6	21 Agn.	30	15 July 114
		72011				
To be Hepl	Gr.	3145	OOR	21/401	03	1304 45
		207.7	Q. C.I			
				•		
		•			***************************************	
				~ 0		
KILINEY)	Chy	-25ap	45. 0.0.1	(6.L.F)	572.	3 May 45.
505. Killed in Molion	Mar	doughys	∞.O. R .	821 CA- SIP.	20	6 May 45
,		l		l		4

CANADIAN MILITARY HEADQUARTERS

### ESTATES BRANCH INVENTORY

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

	ECEIVED FROM	sJG DATE	
1 1 1	Pen & Pencil in Case (No Name) Mech Pencil (Ladies). Red "I" Disc. Wallet. Snaps. Receipts 8th V L \$50 to 0 i/c Estates.		

ORIGINAL DUPLICATE TRIPLICATE

To Officer i/c Estates with original inventory, if any.

for OC 1 Cdn KSD

QUADRUPLICATE—with effects.



HONDAME BUT ATAK

Called That a state of the same of

" You are herewith informed that 1 have adopted the grave of I.Cholette(Rank) Lance Corporal, No. B-68757, Regt(?): Queen's Own Rifles of Canada. The grave is in the Canadian cemetry at Holten.

"He fell(?) on 23-4-45 and is buried in Plot 11, Row G(?), Grave 9.

"If it were possible I should like to correspond with his next-of-kin.

Respectfully (Sgd) K.W. Pots-Veeningen.

Mrs. K.W. Pots-Veeningen Colmschate bij Deventer, Holland.

869 F- 2680.

"The union of Platteland women have also adopted a gra"ve and they also would like to correspond with the

" next-of-kin.

" Name: T. M. Flatt, Rank: Rifleman; No. L 610682, " Regt(?): Regina Royal Rifles.

" Fell(?) on 30-4-45. Buried in Plot 12, Row A, Grave 16.

" When you receive information in this matter forward

" it also to my address.

(Sgd) K.W. Pots-Veeningen Colmschate bijDeventer, Holland.

MAR 11 48 PM

RECEIVED A. G. REGISTRY

P.C. m. F. Colmschate. 20 Fiebs. 1948 The Director of records, Departement of National Defence (Army) No 8.

Temporary Building to Otherwa
Canada. Canada. Opeachte Directeus. By desen deel ih U mede, dat it het graf van 9. Cholette. (hang) hance Corpl. 1. B. 68 45%. Inderdeel. Aucens Dwn Rifles of Canado.
geadopleerd heb. Thy graf is of het Cumade esche herthof len Hallen. Aly is gerneweld of 23-4-45. en sbegranen op 8 lat: 11 Row. En Grave 9. Myn nahestaanden in Correspondentie Greden Meyr. K. W. Pots-Veeningen I Stop beerings Colmsehate Deventent . Halland Z. 6.Z



MA

The Grechor of records, departement of National Defence Army 1238

Temporary Grundling

to Offace

Canada

K.W. Pots-Veeningen Colmschate Deventer Holland.



# VERIFICATION FORM WAR SERVICE MEDALS 1939-45

No. B68757 Name Cholette grvin.
Rank on Discharge L/Cel Date of Discharge
Authority for Discharge or Retirement Deceased
Served in:  Non-qualifying service
Canada from 29-4-43 to 13-9-43
from to
United from 14-9-43 to 5-6-44
Kingdom from to
Italy from:to
Northwest
Europe from 6-6-44 to 23-4-45 Killed in
action
from to
fromto
Eligible for award of:
1939 - 45 Star OK
Italy Star
France-Germany Star 0 K
Defence Medal
War Medal OK
. Canadian Volunteer Service Medal
with Clasp UK
Verified by Cana farme
Date JUN 25 1946

ARMV

HC

Name:	CHOIRTE	Trwin		No. B. 68757	
	Surname	Christian Names			
I	/cpl.	C.A.O/S		23-4-45	
Rank		Unit '		Date of Death	
			AMOUNT		
				L. P. C\$ 114.51	
		Date: 27-13-45		Other Credits	
				Total	

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Oliver Cholette, ARNTFIELD, Que.	\$114.31
		(Sole beneficiaries under will)	
		P4. TO TREAS. 14-1-46, an	

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT		
9999	731	00	00	001	\$114.31		
CLASSIFIE	BY		EXAMINED BY				
	0			For Ch	ief Treasury Office		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

n. R - 218

	Mr. Oliver Cholette,
	Evain,
••••	Québec.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, ONTARIO.

and the following number quoted:-

H.Q. 405-C-31,095 FD 38

### DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

October 19th

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CHOLETTE, Irwin, L/Cpl.,

DEC 7 1945

ERANCH

No. B-68757, Canadiean Army

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Director of Estates.

M.F.W. 77 6M-4-45 (7053) H.Q. 1772-39-972

Degrees			INFORMANT'S STATEMENT									
Degrees of Rela- tion- ship	RELA	TIVES accounted for	NAME IN FULL  of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative							
1	Widow of the D	eceased	All.									
			1. 1									
2	Children of the dates of their	Deceased and Births	Nel.									
3	Father of the D	eceased	OLIVIER CHOLETITE	62	KRNTFIELD QuiE.							
4	Mother of the I	Deceased	MARY MCBRIDE CHOKETTE	58	APATALELD QUE							
5	Brothers of the Deceased	Full Blood	EdwARD CHOKETTE	34	ARAT ST DSIDORE LAND TEMISCAMINGUE KIRKLANDLAGEONT. ARATAIELD QUE ARATAIELD QUE							
		Half Blood										
6	Sisters of the Deceased	Full Blood	LAURN CHOLETTE LENA CHOLETTE	32 30 24 22	MENNEREER ONT CONNAUGHTONI ARNTAIELD QUE ARNTAIELD QUE							
		Half Blood										
7	Names of brother of the full or to Deceased, who death of each.	s or sisters (whether the half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children							

## ANSWER FULLY

PARTIC
8 Full names of the deceased.
9 Date of his birth.
10 Place and date of his marriage.
Place and date of his parents' marriage.
PART
12 Place where deceased was born.
State, in order, the Province, State and/or Co resided before enlistment and the period of t
14 Nature of employment before enlistment.
State whether he owned the premises in which so, where situated.
Name place where deceased stated he intend permanent home.
PARTI
Did the deceased leave a Will other than a Se your custody, please forward. If not, can you
If married, and domiciled in the Province of Que in the U.S.A. or in a Country under the laws community of property between spouses,—viage contract dealing with property?
<ul> <li>(a) Did he have a Bank, Post Office or other</li> <li>(b) Give name and address of bank, etc., an deposit.</li> <li>(c) Do you wish it administered with the particle (d) If it is a joint account, state the survivor tionship to the deceased.</li> </ul>
20 Amount of War Savings Certificates purchased and registered in his name. State where local
(a) Amount of Victory Loan Bonds left by de (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (e) In whose possession, and address, are the
If deceased had life insurance, name compare payable under each policy and the person name therein.
Describe other assets, if any, and estimated v space on page 4 if necessary.
O7.
Did the deceased often onlictment incur any of

Did the deceased after enlistment incur any de (a) His own separate board and lodging (b) Service clothing and equipment.

An itemized account for each such debt she hereto, and if same is correct you shoul "approved" and sign same. If believed particulars.

relatives that the deceased ever

MEN	r
Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
**	
2	KRNTFIELD GuE.
8	SPATA, ELD QUE
8	ARAT BIELD QUE LAVA
7	TEMISCAMINGOE.  TIRKLANDLAGEONT.
0	ARATAIELD QUE.
0	
6	Cartten Ontano
2	MENNEBER ONT.
0	MENNEREEK ONT. CONNAUGHTONT. ARNTRIELD QUE
4	ARNTAIELD QUE
2	ARNTAIE LN QUE
8	ARNTFIELD QUE.
	Address of their children
2	

## ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	1	PARTICULARS AS T	O IDENTITY
	8	Full names of the deceased.	640 LETTE IRWIN B68757
	9	Date of his birth.	
	10	Place and date of his marriage.	Not Aff.
	11	Place and date of his parents' marriage.	Temuscapungue Anth
		PARTICULARS OF	DOMICILE
	12	Place where deceased was born.	Temiscoming Atth.
	13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Tyrruse of Auelee 17 year.  (b) Gruscamingue 17  (c) Terruse of Refearing 5  (d) Temiscaming. 5
	14	Nature of employment before enlistment.	Journalue Laborer
	15	State whether he owned the premises in which he lived, and, if so, where situated.	10.
	16	Name place where deceased stated he intended to make his permanent home.	Aratfield. Guelen
		PARTICULARS OF	ESTATE
PLOCHER. QUIERE	<b>2</b> 17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Ao-
	18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Aut app.
	19	<ul> <li>(a) Did he have a Bank, Post Office or other deposit account?</li> <li>(b) Give name and address of bank, etc., and the amount on deposit.</li> <li>(c) Do you wish it administered with the pay account?</li> <li>(d) If it is a joint account, state the survivor's name and relationship to the deceased.</li> </ul>	
	20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	NO.
	21	<ul> <li>(a) Amount of Victory Loan Bonds left by deceased.</li> <li>(b) State whether bearer or registered.</li> <li>(c) State in whose name they are registered.</li> <li>(d) During what loan were they purchased? (1st, 2nd, 3rd, etc.)</li> <li>(e) In whose possession, and address, are they?</li> </ul>	Registered Oliver Chrolette Exchanged bey bearer olivilhole
	22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	AO.
	23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Ao.
		OTHER PARTIC	CULARS
	24	Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	AO.

#### DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.  *Insert degree of relationship for example, "Union with the deceased ever had in the degrees specified; and that I am the deceased.  *Insert degree of relationship for example, "I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the deceased.  **Insert degree of relationship for example, "Widow", "Father", "Brother", etc.  **  **Insert degree of relationship for example, "Union the deceased ever had in the degrees specified; and that I am the deceased.  **  **  **  **  **  **  **  **  **
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.  Signature Of Informant  Level Commissioned Officer of any of His Majesty's Forces.  Address
CERTIFICATE  I hereby certify that to the best of my knowledge and belief  *See above.    Name of   is the* father of hereby belief   above described. The above Declaration was made by the Informant and signed in my presence.
Dated at Arufull this H day of december 1945
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.  Address  Address  Address

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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SALVE LEVILLE PRINCIPLE VIEW

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USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

#### INTERIM RECEIPT

	EIGHTH VICTORY LO	DAN BONDS	1.111	
CERTIFIED that	1568757	1/2.	Cholette 1.	
	(Regimental or Official No.)	(Rank)	(Name)	
has purchased \$ 50.00	Eighth Victory Loan Bonds.			
	essed Warrant/Money Order, for \$ 50.0	O has been received	d in full payment.	
(b) By monthly assignment of p	delivered to Mu. M. CholeM.		100	
Bearer/Reg bred Bond(s) are to be	delivered to //// /// Chole//	20all Lue	7. Q Canada	
	ted by the Unit Representative and handed	1.66	uata 21	
to the purchaser.			Unit Representative)	

#### INTERIM RECEIPT

CERTIFIED that

(Regimental or Official No.)

(Regimental or Official No.)

(Rank)

(Name)

(Name)

(Name)

(Name)

(Rank)

(Name)

25M-12-44 (6215) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY ARMY AIR FORCE WAR SERVICE GRATUITY STATEMENT OF DECEASED MEMBER'S REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) FILE NO. DATE Gen. Delivery, ADDRESS SERVICE NO. Arntfield, P.Q. FINAL RANK OR RATING DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE NO. OF DAYS. EQUAL TO B. QUALIFYING OVERSEAS SERVICE 145.50 DAYS @ 25c. PER DAY INELIGIBLE DAYS, EQUAL TO LESS No. OF DAYS SEE PAR. 2 OVERLEAF FOR EXPLANATION C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL NO. OF DAYS 588 D. WAR SERVICE GRATUITY 389.60 E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 389.60 G. YOUR PORTION OF GRATUITY IS-100% OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_ 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. TREASURY DATE CHECKED BY CHECKED BY PREPARED BY SERVICE REPRESENTATIVE

and the second of the second o

# APPLICATION FOR WAR SERVICE GRATUITY BY DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1.	I	hereb	у	make	ar	ppl	icat	ion	fc	r	oaymer	it c	of Wa	ar S	Servi	ce
Gratuity	to	which	I	may	be	en	tit1	Led	in	res	spect	of	the	un	der-	
mentioned	de	ceased	ln	nembe	r	of	the	Can	adi	an	Army.					

(a)	Surname	CHOLETTE
(b)	Christian Name	es <u>Irvin</u>
(c)	Regimental No.	B-68757
(d)	Rank at time o	of decease <u>L/Cpl.</u>
	Please i ependent or othe apply.	ndicate below whether application is made as exwise by striking out the sentence which does
(a)	I am applying named soldier	as a person who was dependent upon the above and to whom pay was assigned by him. Yes
(b)	There/being/no request/that/t soldier/s/esta	che/and/be/giahhibhted/acchdinahi.  The/Mat/aethice/Chahhiphted/acchdinahi.  The/Mat/aethice/Chahhiphted/acchdinahi.
3. of	I hereby my application:-	submit the following particulars in support
(a)	Surnamed	HOLETTE
(b)	Christian Name	S OLIVER
(c)	Relationship to	deceased SON
(d)	Address in ful	1 ARNTFIELD, QUE (Gen. Delivery)
		Vours trully.

Date Jan. 2, 1946

Olives Tholetts

(Signature of Applicant)

## COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Register No. 7. (Christian Names) (Surname) Register No. 7.	-1520	6
PAYEE'S NAME MR. OLIVE THOLETTE, File No. 425	19-4	15
ADDRESS Service No. 3	6875	7
P.OUE. Final Rank $A$	1/001	
DATE OF TERMINATION OF OVERSEAS SERVICE 23-4-45 Date of Discharge	,	45
	AMOUI	NT c
A. TOTAL QUALIFYING SERVICE No. of day  Periods @ \$7.50	180	00
B. QUALIFYING OVERSEAS SERVICE		
No. of days less Ineligible days,		
equal	145	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	325	50
Daily Rate of Pay \$		
Subsistence Allowance \$		
Additional Pay \$		
Dependents' Allowance 1/30 \$		
TOTAL \$ $\frac{2.15}{183} \times 7 = \$ / 9.95$ No. of Days $\frac{586}{183} \times \$ / 9.95$	1	10
D. WAR SERVICE GRATUITY	500	10
Computed By	507	60
E. DEDUCTIONS  Overpayment of  (1) Pay & Allowance  \$		
(2) D.A. & A.P. \$		A STATE OF THE PARTY OF THE PAR
Other Deductions \$	A CONTRACTOR OF THE PARTY OF TH	
Entered By  UM		
F. AMOUNT PAYABLE  (This amount is payable inmonthly  instalments of \$each)	389	60
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)		•
\$× 30 = \$		
REMARKS See. "A" De Jayle should	2	26
100M—9-45 (8069) H.Q. 1764-81-3		



#### DEPARTMENT OF NATIONAL DEFENCE ARMY

In reply quote No. B-68757

WSG 18

Paymaster-General, War Service Gratuity Branch, No. 8 Temporary Building, O T T A W A. Your File Reference:-H.Q. 405/C-31095

Serial No. D-15206

#### Re: B-68757 - CHOLETTE, I.

- 1. Reference your memorandum of October 22nd, 1945.
- The Dependents' Allowance Board has found that Mr. Oliver Cholette was DEPENDENT on the marginally-named at the date of casualty, as required by Section 4 of the War Service Grants Act.

DEPENDENTS' ALLOWANCE BOARD

For R. O. G. Bennett, Chairman.

B44/FB

M.F.A. 1326A 1,000M—1-45 (6496) H.Q. 1772-39-2009

CASUALTIES ONLY	Register No. D.15206
For purpose of W.S.G. Casualties include death	File No.
subsequent to discharge.	
WAR SERVICE	GRANTS ACT 1944
	Ottawa 20th. Aug. 1945
To: Chief Treasury Officer, Dependents' Allowance and Assign	ned Lay Branch
Service No. B-68757	
Name <u>Cholette</u> Christian Name Surname	
Please supply the following information named at the time of his discharge duplicate along with the file to the	or death and return this form in
	Kuther
fo	(K.W. Rice) Lieutenant, r(A.R. Mortimore) Brigadier, Paymaster-General Name Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	\$
If no D.A. in issue, list names and relationship of persons in receipt of A.F. who may be classed as	
dependents under W.S.G. Act, 1944 and amount of monthly assignment.	
Names and relationship of persons to whom assigned pay was continued by	o
supplementary award after death.	
Amount of overpayment of dependents allowance and/or assigned pay deduction the War Service Gratuity and	tible
name of person to whom paid.	
28,81945	For Chief Treasury Officer, D.A. & A.P. Branch
C.T.O., D.A.& A.P.	
Overpayments of D.A. and/or A.P. re	covered from W.S.G. \$
194	

for C.T.O.

## OVERSEAS CDN RECORDS OFFICE

GRAVES REGISTRATION FORM
Name CHOLETTE, Irvin.  Place and North Temiskaming, Que.  Date of Birth 6 Aug 1924.
Rank L/Cpl. Regtl No. B-68757
Unit Queens Own Rifles. Next of Kin Father.
AEF. Address Mr Oliver CHOLETTE.
Evain, Que. Canada.
PARTICULARS OF HOSPITALISATION
Name and Location  Date of Admission
Diagnosis
PARTICULARS OF DEATH
Date of Death 23 Apr 45. Place of Death Holland
Hrs
PARTICULARS OF BURIAL
Date of Burial23. Apr. 45 Cemetery .Holland.Winschoten.Cem.MR 52304
Death Cert No Location of Cemetery
Date of Regn of Death Cert
Religion R.C.
Lucingion
Date 15 Nov 45  M.BLUTEAU. (Capt.)  For Colonel, OIC Records, CANADIAN MILITARY HEADQUARTERS.
Ertnooted from Paris December

OVERSEAS CDN RECORDS OFFICE, ACTON, LONDON, W.3.

# BATTLE CASUALTY CASUALTY SECTION EXTRACT FORM

	Message Received fr	om 21/CAS/8	3839	• • • • • • • • • • • • • • • • • • • •
This Space				
is for the	•••••••••	•••••••		••••••••
RED X	Time Message Rece	ived	1	Theatre
See Below		20 ADD A		
	Date Message Rece	ivedAFIT.		
Regimental No. Re	nk	Vame		Full Christian Names
B.68757 L/C	CPL CF	OLETTE I	RVIN	
	QUEENS OWN F	סים דים דיכ		OTTOTAT
Unit		المامان	•••••••••••••••••••••••••	SERIAL
	CASUALTY PA	ARTICULARS		755
	KILLED 23 A	IPRP 45		"A"572
				572
Hospital Admitted To			Date	
Hospital Transferred To				• • • • • • • • • • • • • • • • • • • •
Hospital Transferred To				
Hospital Discharged From			Date	• • • • • • • • • • • • • • • • • • • •
IMPORTANT—Always Gi	ive Full Address and R	elationship of all Ne	ext of Kin—IN PLAIN	CLEAR PRINTING
Next of Kin	liver C	HOLETTE	Relationship.	Father
THOME OF INTERNATION		in Qu		• • • • • • • • • • • • • • • • • • • •
Note: If the Next of Kin				
sides in the British Isles				
U. S. A. MARK RED in UPPER LEFT HAD	ND	1/3 0	••••••••••	••••••
SQUARE	Home Town	8757 A	••••••••••	
IMPORTANT	Cable No			
	Inland Tel. No	o		
		14166		4 12
4/20A CFA 48 40/P & S/1568 (6847)			Verification Cle	erks Signature
				1

National Gefence Attawa Canada Veur dir Queen bun Rifles
1 20 52 52 53 54 I am informed by my relatives in England that Irving to hollette of Quebec, as been killed in action, we have had no word from him now, for quite a few months, but I an forwarding to you ar ennelipe I necessed from my fister in Law Me Duderson of Flochfort England, their letter was returned to them in this enrulable notifying them, that he had been killed, this must have been fractically at the finish of the west you see bring, and acholy Evan of Inetime river and fred, used to spind their vacations trovelling between Machburn marchester spockfort and dinespool vosting our relatives, and I am oure they will feel bad about it and I was wondering whether it is persible to send them tring's parents address I am oure it will help as I remember when he went overseas he would my be about eighteen your of age. We have not heard from They for a few manith either 6 104997 Pofet Evans TO 8 cby Lucius Bun Pople Guesseas although as yet we have not get any letters returned. Lafing for the best. Naping you could juve us information on the boys I Thank you Thurs Sorton

	MILIAIOIA POMEN	AU OF SIAI	131103	- QUEDEC DEATH IRANSURIFI	
1. PLACE Municipal IN THE county	FIELD (HOLI	Official name	ali-	Place an X over the word which applies to this municipality or this term	ritory
DEATH		ty or towns	nip	City   Town   Village   Parish   Townsh	iip
Street		No.		Institution	
2. LENGTH (a) In hospital Years or institu-		In munici- Years y where	Months	Days   Years   Months   Days   Years   Months	Days
OF STAY tion	The second secon	h occurred		(c) In Province (d) In Canada (if immigrant)	
3. NAME Surname	CHOLETTE		Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH	
Or	(Block letters)	••••••••••	write in		AE
DECEASED Given names	TT. A TIT		this space	22. Date of death	45
E C				(Month) (Day) (Y	Year)
Street		No		23. I HEREBY CERTIFY that I attended deceased from	
4. O Official name of civil municipali-	ain,		100		
ty or township					••••••
Municipal county	D	Gue bec.		and last saw halive on	
	RACIAL ORIGIN 8.	C:I- M		24. CAUSE OF DEATH	
(Citizenship)	W. W.	Single, Married, idowed or Divorced	100	Immediate cause Killed in action.	
M		(Write the word)		Give disease, injury or complied (a)	
				tion which caused death, not the mode of dying, such as heart failure, due to	
9. If married give name of wife or hus-				asphyxia, asthenia, etc.	
band of deceased				Morbid conditions, if any, giving (b)	
	- I - I - I - I - I - I - I - I - I - I			rise to immediate cause (stated in order proceeding backwards from due to	
10. BIRTHPLACE (Province or Country)				immediate cause).	
11. DATE OF	6th.	1094			-
BIRTH		1224.		Other morbid conditions (if important) contributing to death but not	
12. AGE OF   Years   Months	(Day) Days   If less	than one day old		causally related to immediate cause.	
DECEASED 20	Lay b	· · ·			
		.hrs. ormin.	10-12-5	If a communicable disease is (a) Date of appearance	
13. Trade, profession or				mentioned on this certificate,	
kind of work, as spinner, teamster, office clerk, etc	Iner			(b) Duration of diseasedays	-
	•••••••••••••••••••••••••••••••••••••••	•••••••		25. If a woman, was there a puerperal condition?	
business, as cotton-mill,				G C	•••••
lumbering, bank, etc	16. Total year	ra		26. Was there a surgical operation? Date of 19	
15. Date deceased last worked at this occupation	spent in thi			23	••••••
worked at this occupation	occupation	8. BIRTHPLACE		State findings	
17. NAME		(Province or Country)		27. If death was due to external causes (violence) fill in also the following:—	
TARTER AND THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR		Country)		Accident, suicide or homicide	
FATHER CHOLETTE, C	LIVER			Accident, suicide or homicide	
MOTUED	P. A. D. C.			Manner of injury	
MOTHER (Maiden Name)			+	(How sustained)	>
19 Place of buriel are the	A P			Nature of injury	<b>=</b>
19. Place of burial, cre- mation or removal				Specify whether injury occurred in industry, in home, or in public place	7
	The state of the s		Marketin !	madaciy, in nome, or in public place	
20. Date of burial		19	San James	Signed	=
(a) Name of parish					D.
or church	······································			Address Date 190	0
(b) Civil muni-			28. Signa	ature of person who fills in the form ate, coroner, hospital authority, etc.)  29. Name of clergyman in charge of Register Civil Status in which registration of the coroner of the corone	-
cipality of	•••••••••••••••••••••••••••••••••••••••	••••••••••••	(cura	ature of person who fills in the form ate, coroner, hospital authority, etc.)  29. Name of clergyman in charge of Register Civil Status in which registration of the burial was made.	النا
(c) Municipal county			65	Durial was made.	
I G H				alio.	BINE
d) Date		19	This signa	ature authorizes the collector to accept	
(Month)	(Day)	(Year)	Dire	ec this form as authentic ords, Doot, of Voir Lautre côté pour le français).	es es

Mr. Oliver Cholette, Evain, Quebec.

Dear Sir:

Information has now been received from the overseas military authorities that your son, B68757 Lance Corporal Irvin Cholette, was buried with religious rites in grave 7, row 1, plot 1, of a temporary Cemetery located on the Southern outskirts of Winschoten, Holland. Marked map is enclosed.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully

8

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

My / IEMA

1

7th May, 1945. Mr. Oliver Cholette, Evain, Quebec. Dear Mr. Cholette: It was with deep regret that I learned of the death of your son, B68757 Lance Corporal Irvin Cholette, who gave his life in the Service of his Country in the Western European Theatre of War on the 23rd day of April, 1945. From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. Yours sincerely, (A.E. Walford), Major-General, Adjutant-General.

### (DEATH) OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

B-68757 SERVICE UNIT RANK NUMBER Lance Corporal Queen\*s Own Rifles of Cenada NAME CHOLETTE, Irvin 6-8-24 DATE OF ENLISTMENT DATE OF BIRTH 29-4-43 RELIGION MARITAL STATUS single Roman Catholic NEXT OF KIN AS SHOWN ON NAME Father M.F.M. 1, 2 & 5 RELATIONSHIP Oliver Cholette, **ADDRESS** Evain, Quebec. ADDRESS D.A.B. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS / Canrecords - 8752A H. Q. 405-C-31,095 AUTHORITY CAS. SIG. NO. Killed in action CASUALTY DETAILS

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990

YES/NO

NOTIFICATION TO A. OF E.?

YES/NO

DATE

DIRECTOR OF RECORDS

PY FOR C. R. FILE

DISTRIBUTION- 1-CDN. PENSION COMM.

2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

Sheet No.....

M.F.M. 1 & 2 (a) 300M—5-43 (154) H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place		Authority
					D.O. Number	Dated
SOS 23 (B) T C f.a.p. incl. pay to 1Transit Camp do	0-9-48		mkt. D. TRANSIT WIN	0.212	6-9-	<b>13</b>
SOS NOLI TRANSIT JAM	1. 39.4	3 #1 TRA	NSIT WINDSO	, N. S. 237	1. 5.	ر د
S.O.S., C.A. Canada Soft #3  T.O.S., C.A. Overseas # Soft #3  D. Somarked 20 Soft #3						
T.O.S. 21 Sept 43	Ple		4 CIRU	UK	181	22 Dept 43
			•			

Sheet	No
DIICCC	140

# POSTINGS FROM O/S CASUALTY LISTS

Regt'l No. B-68757. Rank Rom Surname Chollette Christian Name Swin

Unit	Hospt.	ADMITTED		DISCHARGED		7.7						
	HOSP1.	Day Mo. Y		Year	Day	Mo.	Year	Hospt. Days	DISEASE OF INJURY	REMARKS	CAS. LIST No.	
Queen's Own Rifler of	de ledn. Spec.	2	2	44	14	2	44	12	hyd Urethritis		6-1275	
42						••••••		••••••	Killed 23-4-45		A572	
***************************************												
				,								

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999)

_	I. D.O.	Nature and particulars	If in Hospital note name
No.	Date		
109	MAY -	· 8 1943 T. O. S. No. 2 D. D. EFF.	APR 29 1943
119	B 20	541 SOS 2.E D EFF.21	5 13 TO-20 B.T C
144 A	21.5.43	TOS. NO. 20 C.A.BASIC T.C.	EFF. MAY 2 2 1943
146A	306.43	5.0.5. No. 20 BASIC T.C. Brantford T. O. S. No. 2 D. D. EFF. *7.7.73.	1 to No.2 D.D. eff. 30-6.43
158	5.7.43	T. O. S. No. 2 D. D. EFF. *:7:43.	2sfe. 20 (B) J. b. Brantford
200	300	8-43 50-5 2 0 0	8- 40 10 23 51
ZOZ_	25/8/4	7 74. No. 23 (BASIC) T. C. NEW	VMARKET, ONT, AUG 25 1945
212	SEP -	6 1943 No. 23 (BASIC) T. C. NEW 6 1943 50 5 No. 23 (Basic) T. C.	SEP-61943 6 20.1.
		Juans cenjo	
230	8-4-4	10 - 11-7-4	3
237	15/9/43	PROCEEDED OVERSEAS/3-	- 9- ¥ 3
181	22.90	ATOCHICON.	1
181	22-9-4	3 7.05 cas well 100	20
196a	8-10-	200 #45 LMU to 4	ORUFCING GOCT43
42	23/11/1	705 Cao miej 14-9-43 205 #46 Lauto G 705 QOR Rom 461 R	250/c7 - 1100 4 43
2	0/1/13		The second secon

\*Appointment \*Enlistment 29-4-43 Noranda, Quebec. VL-2055 OF PAY RATE Effective If liable Date of REMARKS D.O. No. P.F. or A.S. Daily Rate Rank Group D.O. Pen. Ded. Date Pte. No NA 29-8-43 29-10-43 1.50 Oliver Quebec. Evain, ather 1.60 No. DEPENDENTS' ALLCES. ASSIGNMENTS Deps... Effective Effective Date Application Amount Relationship Name and Address of Assignees Amount Date Awarded Forwarded Date Total ..... In Receipt of Pension under Pension \*Clothing | Allce. \$. \*Outfit ...... Paid on..... M. F. M. 14 200M-10-42 (6723) .........Paid on............ Rehabilitation Grant \$. Occupational Form Completed..... H.Q. 1772-39-1662 \*Delete words which are inapplicable.

### CASUALTIES, ETC.

NATURE E. G. Absence, Promotion, Etc.	PART No.	II. D.O.	REMARKS If in Hospital, Note Name, Etc.
Granted Payso. L. D. R. A. admitted Com. Spec	3 8	21JAN-14 19 FEB 44 31JAN-1-1	14-21JAN. 44. Hosp. wy 2 Feb17. Wel. 29 AUG 43 wy 19 OCT H3 Spor. Hosp. 14 FEB. 44
Discharged from 1 Can.  FRANTED & ALL YRA TO U/K.  TO BE LED IN ACTION	12 23	18 FEB. 45. 4	EFF 23 APR. 45. EFF 23 APR. 45.

# OCCUPATIONAL HISTORY FORM

11 A A

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

	Section A—GENERAL INFORMATION	PLE LEA BLA
	(a) Print name in full	, DEA
	(a) Arm of service	
	The state of the s	
4.	(a) Place of enlistment (b) Date of enlistment (c) (a) Place of enlistment (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	
5	Section B—EDUCATION AND TRAINING  (a) State age on  (b) Were you attending school	
6	finally leaving schoolor college up to the time of enlistment?	
0.	State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior	
7.	Matriculation", or "4 years technical course in printing", etc.)	
8.	university and standing or degree secured	
	(a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	(a) What languages (b) What languages do you speak fluently?	
_	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were	
	WORKING or NOTWORK- ING at time of enlistment.  (b) At time of en-  listment of what	
	(Enter here only "Work- ing" or "Not Working",	
	as case may be; particu-	
_	lars are asked for below)	
	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?	
	(a) If answer to 11 be "Yes", (b) State how long you	
	state exact trade or occupation had worked at this at which you actually worked 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	
15.	when you last worked fairly regularly before enlistment	
16.	employer, if any: Name	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	in a business of your own, state  nature and address of business  continuing it	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Q	DUESTIONS 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	- No
18.	Name of employer	10
	Nature of employer's business (for instance, "farmer", or "building	1
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	specific occupation this occupation with any employer this occupation with a superior wi	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you to return to your	
	employment on discharge?employment on discharge?former employment?	*
	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	
	(a) State nature of business, (b) Where was	
23.	or professional practice	
_	engaged in this business	
04	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?	
	Section G—MISCELLANEOUS	5
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27.	If so, state nature of your plans (for example, do you plan	
28.	to return to school, or have you been assured of a job, etc.)	**
	may have, other than indicated elsewhere in this form	*
•••••		<u> </u>
De	TE MAGA CHARLETT	
DA	TE SIGNATURE SIGNATURE SIGNATURE	

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

THE RESERVE OF THE PERSON OF T

### 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.

as a direct the permitted of the property of t

	Name of Officer or Other Rank CHONLETTE
	(Surname first—Christian names in full—Block capitals)
	Irvin
)	Regimental or Official Number and Rank B-68757 PTEr
)	Unit # 2 D.D. (AF) INF (others) # 7 COY R WING (Brantford Grou
)	Are you married?
)	If married, state,  THIS MAN  (a) Full name of your wife.
	BEING SINGLE
	QUESTIONS  (b) Present postal address of wife
)	If married, have you been regularly supporting your wife? If not—state reasons
)	Are you a widower?
)	Have you any children?
	Names and ages
	ARE NOT
)	If Dependents' Allowance is claimed in respect of children—state whether you have been APPLICABLE
16	regularly supporting them
V	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address

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continue as requirement of an at least 2 mores immediately prior to appointment or enlictment?
senting as your wife for at least 2 years immediately prior to appointment or enlistment?NO
If so, state her full name and Postal Address
YES
Is your father alive?
No number, Evain, Quebec, Canada.
If your father is a widower and is totally incapacitated from earning a living—are you his sole  NA
or partial support?
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
Is your mother alive?YES
If so, state name and address
No number, Evain, Quebec, Canada.
If your mother is a widow, are you her sole or partial support?NA
If sole or partial support of widowed mother—state what amount per month you have given her
$N \Delta$
prior to appointment or enlistment
NA NA
is your reason for not providing full support?
Are you contributing to the support of any dependents, other than those shown above?
11 50, otate the rollowing particular.
Full Name
Postal Address
Amount contributed monthly during the past six months. NA
Are you insured? no
If so, in what Company?
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.  * Vivien Chorlette
Date 29th April, 1943 (Signature of officer or man)
1/10/1600 // 12
FOR Officer Commanding # 2 D.D. (AF)
Date 29th April, 1943

E.E.H.

### PSYCHIATRIC CONSULTATION

JUN 19 1943

No. 20 Basic Training Centre
Brantford Ontario.
16th June 1943.

Re: No. B 68757 Pte. CHOLETTE, I.L. No. 2 Platoon

This man was examined at No. 20 Basic Training Centre, Brantford Ontario on 16th June 1943 at the request of the District Psychiatric Office.

The Company Commander states that this man is slow in grasping training, which may be due to some extent, to his limited education. The Army Examiner states he has a total M score of 85. While this man's intelligence is not very high, he appears to have grasped the rudiments of Basic Training fairly well. He reads with difficulty and is slow an arithmetic. However, he is very anxious to obtain further educational training and if he proves stable enough he might deserve this chance. His general knowledge is now very limited.

This man is quiet, pleasant and relaxed. States he likes the army, has made friends here and has no complaints. He is anxious to have further education and appears to be suitable

FECOMMENDATION: He should be referred to the Army Examiner for consideration for the Educational Basic Training Centre at North Bay.

JJ. G. Sheps, Capt., R.C.A.M.C.)
Consultant Psychiatrist.

JGS: GR

### CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Vame in full.  Part 1.	Information obtained from the recruit.	Plac	e Norabda	27 April 1943
1. Age	2. Have you ever suffered from an	y of the foll	owing diseases?	
a. Rheumat	ism	k. Ear dis	ease	
b. Tubercul	osis or pleurisy	1. Eye dis	ease	7763
c. Bronchit	is or asthma	m. Fits		***************************************
d. Heart dis	sease	n. Nervou	s or mental disease	110
e. Kidney c	or bladder disease	o. Syphilis	3	776
f. Stomach	or bowel trouble	p. Gonorri	hoea	MO
g. Rupture.			ou ever worn glasses?	<b>東洋東海</b>
h. Varicose	veins	r. Are you	now or have you in ived disability pension? If so, give	the past
i. Foot tro	ıble	com	pensation? If so, give	e details
j. Nasal tro	ouble			
Part 2.	I hereby declare that I have not suffered from	2	Signature of App	licant
	cer's Remarks on information as stated in Par			
	de particularly during wars	a weathe		
1. Identifica	ation marks or scars!!!!	ar en	t fanger lf	hand
2. Height	5 feet6inches.	3. Weigh	t	pounds. Good
	ionEyes	5. Develo	pment	pounds. Good Fair Poor
	HairBrown			Poor
6. Chest me	easurement—Girth on full expansion	inches.	Range of expansio	ninches.
7. Vision,	right20/20left20/20			
With Gla			earing, right	left
9. Conditio	n of mouth and teeth		Bar Drirns	Vorma I
	essure:— S.120 D70 (Required if			
1. Urinalys	is.Cloop		Reflexes No.	rant.
2. The abn	ormalities (congenital and pathological) found	d on examin	ation are as follows:-	
	-Ray No82.3 Laborat			The state of the s
eported in t	We, the examiners, find no evidence of the heren remarks. We have examined the Recruit ions for the medical examination of Recruits'	in accordar	ice with the pamphle	t "Physical Standards
	rks when category lower than A			1
0/5	President rank Member	4 4 / 1	rank	Member
Date	VACCINATIONS, INOCULATIONS, BOARDS, RE	CLASSIFICATION	ON OF MEDICAL CATEGO	PY
Date	Brief details and signature	Date	Brief details	and signature
-5-3	S.P. VACCI DI Mercaluil	19/8/43	Y.O.B. P U L 1	FEMS allyning
8.5.43	T.A.B.T. 23/ W.7. Multi-		SEP 2 - 1948	RAINING CENTRE EWMARKET, ONT. WAS CONFIRMED
0-6-43	EXAMINED, CAT. REAFFIRMED		- The	Book Sale

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

APR 3 0 1943

	(1)	I, Irvin CHOIETTE (Name in Full), of the Village (City, Town, Village, Township)
Address in civil life.		of Evain , in the District of TEMISKAMING
		Province of Quebec (Civil Occupation)
		Regimental No B-68757 Unit DD(AF) INF(OTHERS) #87 Covoke all former Wills by me made and declare this to be my LAST WILL.
Relationship,	(2)	I Give, Devise and Bequeath unto "MY FATHER: Oliver CHOLETTE of
address of beneficiaries, and what each is to receive.		Evain, Quebec, Canada, all my ESTATE"
Relationship, names and address of residuary	(3)	I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
beneficiaries.		
	(4)	Tanning Mr. Oliver CHOIFTTF Frain Orighos Canada
	(4)	I appoint Mr.Oliver CHOLETTE, Evain, Quebec, Canada (Name) (Address)
		Blacksmith, to be the Executor of this my Last Will.  (Civil Occupation)  (Civil Occupation)
	•	IN WITNESS WHEREOF I have hereunto set my hand this
	ta th hi	ted and acknowledged by the Testor, in the presence of us present at a sesame time who in his presence, at a sequest, and in the presence of ach other have hereunto subscribed ar names as witnesses.  (Signature of soldier)
First witness sign here.	(5)	Signature & Hull Civil Address
		Civil Occupation — Clerk  Civil Occupation — Clerk
Second witness		C.L.C.L.
sign here.		Civil Address 26 Tennis Crescent, Toronto, Ontario, Canada
		Civil Occupation Cler k  (Witnesses are not to be beneficiaries.)
		, , ,

### NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$......00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.......................00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

  When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10

RECEIVED

DOF RECORDS

APR 29 1046

WILL SEC.

N. D. H. Q.

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COLUMN CO

### THE CANADIAN PENSION COMMISSION



ToPension Medical Examiner,OTTAWA	Ottawa, MAY 16th, 1945.
FromHead Office	

B.68757 L/CPL. CHOLETTE, Invin.

PUZZINXHX D.V.A. 316-I

The Department of National Defence, Army, officially reports that the marginally named was reported - Killed in action,

on the 23rd April 1945 on service Overseas.

His next of kin is reported as - Father Mr. Oliver Cholette,
Evain, Que.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to - Mr. Oliver Cholette,

Evain,
P.Q.

As no D.A. was payable the Commission will not take any action unless a claim is filed.

for Canadian Pension Commission.

/AS

ah.

51-7325 B 6 8 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	Number B 68257 A.F.W3084
Number DOO TITO	Number 00 00 1
Name Walks DC	Name Religion Religion
Rank	Arm
Branch if R.A.; Regt. if Foot Guards or Infantry	Branch if R.A.; Regt. if Foot Guards or Infantry
NOT to be filled in by Officer or Soldier.	NOT to be filled in by Officer or Soldier.
Diagnosis	Diagnosis
Disposal	Disposal
Number B 6 87 5 2	Number 368752 A.F.W3084
-000-11-01	Name Clolla A
Name DO DE RC	Rank Religion R.C.
Rank Religion Religion	Arm
Arm	Branch if R.A.; Regt. if Foot Guards or Infantry
NOT to be filled in by Officer or Soldier.	NOT to be filled in by Officer or Soldier.
Diagnosis	Diagnosis
Disposal	Disposal
Nationality of Father at Birth  Religion  Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period.  Signature of Soldier  Signature of Officer  Place  Tourier  Place  Tourier  Date  Date  Signature of Officer  Place  Tourier  Signature of Officer  Place  Tourier  Tour	(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION  Regtl. No.  B 68757  Regtl. No.  CHOLE TTE  Surname (in capitals).  CHOLE TTE  Christian Names (in full).  Date of Birth.  Date of Birth.  No.  Citizenship.  Choose  Citizenship.  Choose  Carried on Enlistment.

Near	est degree of elationship	Names	Date
	Wife		
1st	Children		
	Father	m. Oliver Cholette	
2nd	Mother	Mrs. Mary Chole	tte
3rd	*Brothers and Sisters	Miss. Evelyn Cholett	2
4th	Other Relations (stating relationship)		

<sup>\*</sup>State whether brothers are older or younger.

NOW LIVING	7.	1	Mary.		100	10	100
such change and	reported by	O.C.	Unit to	the C	fficer	i/c	Records
effect as a WIL	L (see page	8 20 to	0 23)			-, -,	

Latest known Address in full							
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PAINED (paged Bagic Training and A	dyanced Train	ing as laid down fo
RAINED (passed Basic Training, and A his arm of the Service) except that he	requires further	training in:
mo arm or the service, except that he		
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	March 1971 March 1971	and the same of the same of
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ate		

<sup>\*</sup>If no further training required, strike out words in italics and initial

### (VII) PARTICULARS OF TRAINING

Courses and Schools.  Specialist Qualifications.  Swimming, etc., showing result,  Certificate number or authority.  (Two lines may be used for each entry)	Date	Signature of Officer
First Class Shoot awarded Rifle Badge	PIDO46 Man 44	Willewart L
	•	

# III) SMALL ARMS RANGE COURSES

	13	 ,	9			-		
Signature of Officer	Us Stewar							
If Table not completed, state parts fired	Pan 18/42 1-5							
Type of Weapon	Pille							
Classification	fo/							
Year	1944							

### (IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date_	Signature of Officer
Pulelis School	Zimskaming	1935	ephilison
1-7			
***************************************			
			5
			***************************************
***************************************			
***************************************			••••••
•••••••••••••••••••••••••••••••••••••••			••••••
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	••••••		
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### (X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
				*	
			. 14:	•	
			The state of the s		
•					

### (XI) EMPLOYMENT WHILST SERVING

Per	riod	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	То		O.C. Coy., etc.
27/4/43		Leverel Duty	coliler
-		•	
***************************************			
			· · · · · · · · · · · · · · · · · · ·
	To include	e.g., Signaller or M. Gunner.	en, (3) as Specialist,

### (XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
27.4.43	A	MFMZ	a.	Merediel
19-8-43	EXAMINED.	CAT. REAFFI	RMED	Var my
	-			
				εω 
			y-	
4				

### (XIII) PRESCRIPTION FOR GLASSES

t	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L			•				
Sig	nature of 1	M.O		(43)4)			
Sig	Vision without	M.O	CYL	Axis	Vision	Ophth., Centre:	Date of Exam.:
	Vision		CYL			Ophth., Centre:  Frame No. (or measurements):	Date of Exam.:  Date of Issue:
Sig	Vision without		CYL	Standard	with	Frame No. (or	

Signature of M.O.....

		2 rfgles c	Date   Re-   Com-   Use aut
		3 6	SPECIFICATION horized Abbreviations and Symbols
		Che Che	Signature of Dental Officer

Particulars	Date	Signature of Medical Officer
TABI 1/2 CC.	15/11/40	Rosamay
TIPHUS ICC	4-2-45	Killoatman
		Cup

### (XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABTI	0	Deredit
		al corpor
S.P. VACC. T.A.B.T. 1		
T.A.B.T. 2	28.1:43	115/M/On
T.A.B.T. 3	25-6-4/3	VV-
74 Phus T 1/4 CC / (XVII) VAC	CCINATION 20 - 12 - 43	a Kush Gy
Date Vaccinated	Signature	of Medical Officer
*		

### (XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray clest Neg	22-1-4	Mugneral
O'CARD COMPLEYE	77513	w. Freen &
C4P. 1-0-43	10-6-43 22 mg	Beusson
1 Ph LEAVE 1943	25 Oct-439	Minhon Min
FINGERPRIN	JED-	-CAIB
On Egyper Ches	2 gur 44	Jacan Cap
	***************************************	
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7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was

under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name states that he has executed a Will and that the same has been deposited with

at

Date

Signature of Officer. Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody

The Officer receiving such Will shall complete the

following certificate:--

Certificate M.F.M..... received and followerded to the Officer i/c Records at Signature of Officer of

Rank or Appointment

Solely for use on Active Service. The Will, on page 2, must NOT be used until you have been placed under orders for Active Service.

### SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to

one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,

Date 5th August, 1936. Private No. 30000, Cameron Highlanders.

The following is a specimen of a Will leaving legacies

to more than one person:-

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,

Date 5th August, 1936. Private No. 30000, Cameron Highlanders.

HQ000)

e Will extrac