

Original

No. 2696732

Folio.

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... PICARD
- 1a. What are your Christian names?..... William
- 1b. What is your present address?..... 142 Delisle Street, Montreal, Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, Que.
- 3. What is the name of your next-of-kin?..... Mr. Archille Picard,
- 4. What is the address of your next-of-kin?..... 142 Delisle Street, Montreal, Que.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... August 11th 1900.
- 6. What is your Trade or Calling?..... Carter
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No  
or Naval
- 10. Have you ever served in any Military Force?..... No *WB*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... Not Applicable
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 16. If so, what was the reason?..... Not Applicable

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, PICARD William, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

*William Picard* (Signature of Recruit)

Date March 17th 1919 *Geo S. McPherson* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, PICARD William, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

*William Picard* (Signature of Recruit)

Date March 17th 1919 *Geo S. McPherson* (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal, Que. this 17th day of March 1919.

*R. Campbell* (Signature of Justice)

0777  
19 3/19

Description of PICARD William on Enlistment.

Apparent Age 18 years 7 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 33 ins.  
 Range of expansion 2 ins.

Complexion Fair

Eyes Brown

Hair Fair

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic Yes.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* FIT for the Canadian Over-Seas Expeditionary Force.

Date March 17th 1919

Place Montreal, Que.

J. A. Fane  
Capt R.A.M.C.  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

PICARD William having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. Schumeler Lt. Col. (Signature of Officer)  
 O.C. 4th. Bn. Can. Garr. Regt. CEF

Date March 17th 1919

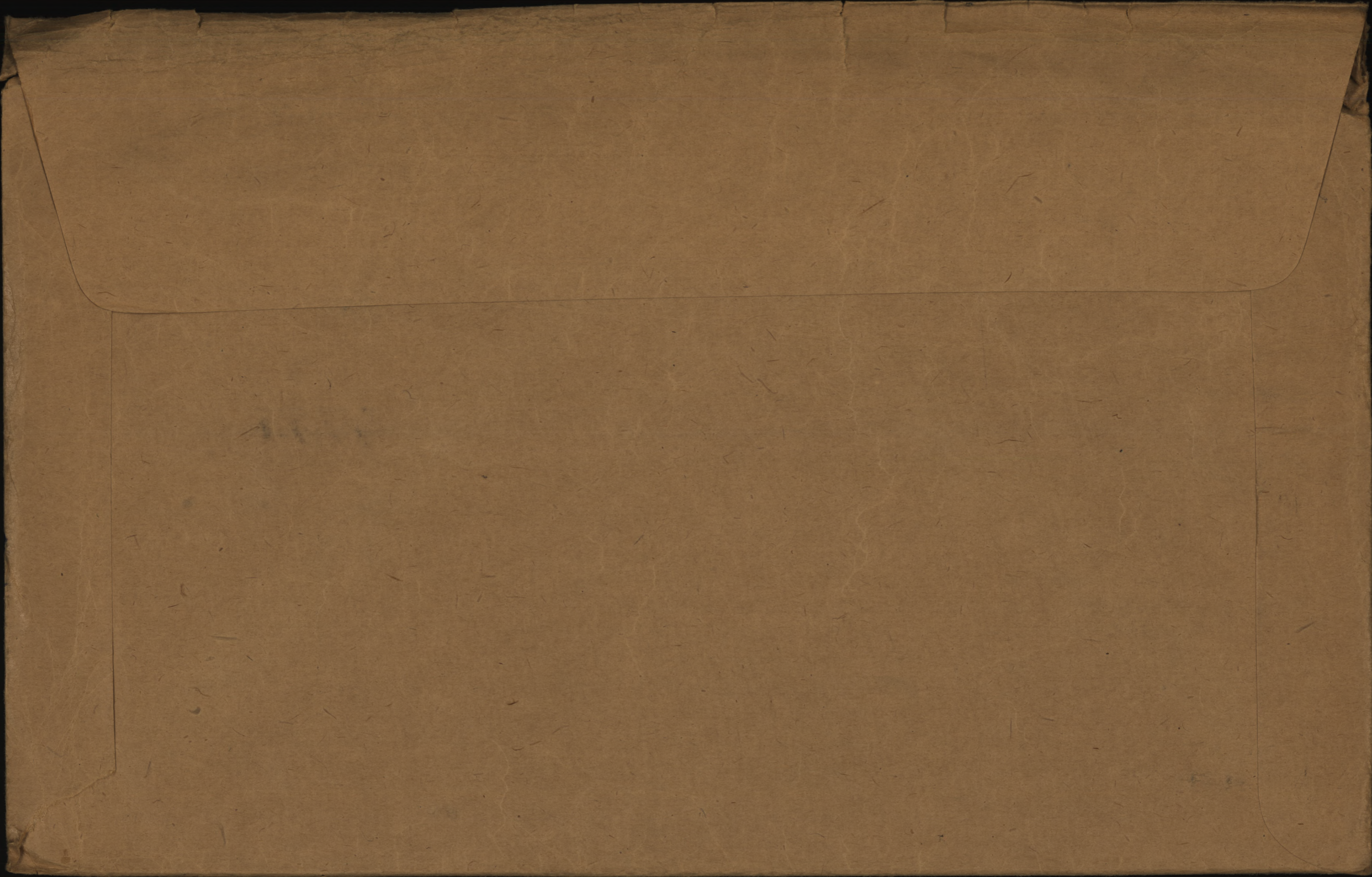
Pte NAME **PICARD, WILLIAM.**

REGT. NO. **2696732** UNIT **4<sup>th</sup> Det. CCAF C.E.F.** H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
9 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
CCOMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
9 1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		(Comp.) S.P.C.	21/2/20	B.P.C. Spec. 1822 m.20	DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)				7534	Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Went to</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Misc					

*2/20*  
*(Comp.) S.P.C.*  
**C**

*Went to*  
**H**



"B"

M. F. W. 71-500M.-6 18.  
1772-39-951.

NAME PICARD William Category "Fit"

REGIMENTAL NO. 2696732 RANK Private

ENLISTED AT Montreal, Que. PROMOTIONS, &c.  
AND DATE

DATE Trade or Occupation Carter

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



auth. S.C.R. 3/2/20

28/1/20

✓

Surname Cicard  
Christian names William  
Regtl. No. 2696 732 Rank Ote  
Unit Can Gar Regt

H. Q. ....  
M. D. No. 4  
T. O. S. 17-3-1919  
D. O. Pt. II 77 of 18-3-19  
S. O. S. 17-7-8-19  
Reason Illness  
Auth. See 199d 17-7-19

*4c.s.R.  
10c See 2030/21/19*

Next of kin Cicard, Archille  
Address ~~142 Delisle St~~  
143.6 Notre Dame St. W., Montreal, C.D.

Relationship Father

Also notify: .....

auth. S.C.R. 3/2/20

BORN—Place Canada, Montreal  
ATTESTED—Place Montreal, C.D.

Date Aug 11<sup>th</sup> 1900  
Date Mar 17<sup>th</sup> 1919  
R/C .....

Complexion Fair.

Eyes Brown Hair Fair



Picard. W., <sup>William</sup> Pte. 2696732 4th Garrison. <sup>Pvt.</sup> 649-P-21183

Med. & Dec. ( Father ) Achille Picard, Esq.,  
1436 Notre Dame St., W.,  
Montreal. Que.

P. & S. ( Father ) Address as above.

Mem. Cross. ( Mother ) Mrs<sup>s</sup> Denise Bougie-Picard.  
Address as above.

*Canada*

55632

Canada only  
M.D.

Mx Deep 15-8-21 C51403

1206

15897

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2696732 Rank Plt Surname Pickard  
 (Give name in full)  
 Unit or Corps 4th CSR Birthplace Montreal

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 5 ft. Color of Eyes Brown  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 20 Left 20  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Fit for discharge

**EXAMINATIONS.**

**THIS SECTION FOR USE OVERSEAS—**

Examined at..... (Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

**THIS SECTION FOR USE IN CANADA—**

**STANDING MEDICAL BOARD**  
MONTREAL  
**JUL 15 1919**

Examined at..... (Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2696732 (Rank) Private

Name (in full) William PICARD enlisted in  
the 4th. Det. Can. Garr. Regt.

CANADIAN EXPEDITIONARY FORCE at Montreal, Que. on the 17th  
day of March 1919.

HE served in Canada

and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 18 Yrs 11 Mos.

Height 5 Feet 5 Ins.

Complexion Fair

Eyes Brown

Hair Fair

Marks or Scars

William Picard

Signature of Soldier

J. J. Perry

Issuing Officer

Major

Rank

Date of Discharge July 16th 1919.

O. C. 4th. Det. Can. Garr. Regt. CEF

Appointment

Signed at Montreal, Que. this 16th day of July 1919.

in Military District No. Four

File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

**Discharge Certificate**

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

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

# Casualty Form—Active Service.

401 Bn, CANADIAN GARRISON REGIMENT, C. E. F.

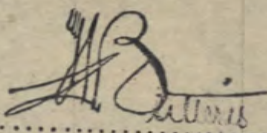
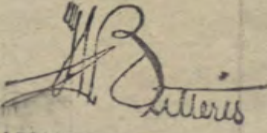
Unit, Regiment or Corps ..... MILITARY DISTRICT No. 4 .....

Regimental No. 2696732 Rank Private Name PICARD William  
C. E. F.

Enlisted (a) 17-3-19 Terms of Service (a) ..... Service reckons from (a) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		TAKEN ON STRENGTH 4TH BN. C. G. E. C. E. F. AUTH, PT. H D. O,	77	17-3-19	 Lieut. Adjutant 4th Det. Canadian Garrison Regiment. C. E. F.
		STRUCK OFF STRENGTH 4TH BN. C. G. E. C. E. F. AUTH, PT. H D. O, 199		16-7-19	 Lieut. Adjutant 4th Det. Canadian Garrison Regiment, C. E. F.

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





MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname PICARD Christian name WILLIAM

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... 142 Deslisle City

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18 day of March 1919 by the undersigned medical board sitting at Montreal

5. Age as stated 18 Years 6 Months. 6. Apparent age 18 Years 6 Months

7. Height 5 Feet 5 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 33 Ins. 10. Complexion Fair { Eyes Fair Hair Brown

11. Physical development Fair { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 1 14. When vaccinated last 1918

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

16. Slight defects but not sufficient to cause rejection.....

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

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

17. (a) Vision R. 20/20 L. 20/20 (b) Hearing. R. OK L. OK

J. A. Gagne Capt. Philippe Chretien President. Member. Member.

R.V. 20/20 L.V. 20/20 Hearing normal

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 17th day of March 1919 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>4th C.I.R.</u>	<u>2696732</u>		<u>17-3-19</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>3-7-19</u>	<u>none</u>	<u>Fit for duty</u>

STANDARD MEDICAL BOARD  
MONTREAL  
JUL 15 1919

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







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Picard* *W.*  
Surname Christian Name

Regimental Number *2696732* Rank *Pvt*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

File No. 14539-W. 75'

**WAR SERVICE GRATUITY.**

Register No. Spec Res

58/1743.

Reg. No. 2696732

Name Edward W.

Address Deceased

Dependent \_\_\_\_\_

Address \_\_\_\_\_

Pay Soldier \$ \_\_\_\_\_

Pay Dependent \$ \_\_\_\_\_

Days \_\_\_\_\_ Rate \_\_\_\_\_ Due \_\_\_\_\_

Less P.D.P. credited \_\_\_\_\_

Clerk \_\_\_\_\_

Less further Dr. Bal. or overpayment. \_\_\_\_\_

Net \_\_\_\_\_

*R 113  
8-10-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1				Not Eligible under P.C. 3164				
2				Less than one year leave only.				
3				W. E. Under P.C. 2419.				
4				Died prior to 11/12/19.				
5				No SA David				
6				W. E. Under P.C. 2419.				

GEN'L AUDITOR  
 Posting checked by  
 .....  
 Date.....

9199  
1822  
27-7-19

1822

This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2696732
Rank	Private
Surname	PICARD
Christian name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	4th. Det. Can. Garr. Regt. CEF
Date of discharge	July 16th 1919.
Place of discharge	Montreal, Que.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....18.....years.....11.....months.	
Height.....5.....feet.....5.....inches.	
Complexion Fair	
Eyes Brown	
Hair Fair	
Trade Carter	
Intended place of residence (To be given as fully as practicable.)	1436 Notre Dame St West Montreal, Que.

2. The above-named man is discharged in consequence of  
 Demobilization CEF RO 1328 D/Nov. 18th 1918.

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.  
*Fair*

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  
*Carter*

M. F. B. 218.  
200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

E. R. J.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... Montreal, Que.....

*Deppuy* Major

(Date)..... July 16th 1919.....

Commanding 4th. Det. Can. Garr. Regt. CEF

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... Montreal, Que. *William Percord* (Signature of Soldier.)

(Date)..... July 16th 1919. *Arthur Lucas* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal, Que.....

(Signature) *Deppuy* Major

(Date)..... July 16th 1919.....

O.C. 4th. Det. Can. Garr. Regt. CEF



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents**

*William Powell*

Attention Paper	W. 207	Key Conduct Sheet	W. 178
Particulars of Record	W. 118	Conduct Sheet	W. 178
Proceedings on Discharge	W. 118	Medical Report for Issuance	W. 178
		Medical History Sheet	W. 178
		Last Pay Certificate	W. 178
		Publican Discharge Certificate	W. 178
		Formal Will	W. 178
		Form of Discharge (Medical)	W. 178
		Form of Discharge (Non-Medical)	W. 178
		Form of Discharge (Medical) and (Non-Medical)	W. 178

I hereby certify that the following documents are maintained:

Office Containing

N.B. In the case of a man discharged for purchase the date and number of Report Receipt with amount of same is to be noted herein.

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }                    or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23                            or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 2696732 RANK Pte. NAME (IN FULL) PICARD, W.

M. OR S. *single*

NEXT OF KIN *Mr. H. Picard* RELATIONSHIP *father*

ADDRESS *1436 North Dixie west - Montreal P.Q.*

ORIGINAL UNIT *1st Can Gunns Regt. C.C.F.* PLACE OF ATTESTATION *Montreal* DATE OF ATTESTATION *17-3-1944*

ASSIGNED PAY \$ *[Signature]* DATE EFFECTIVE *[Signature]*

TO WHOM PAID *[Signature]* RELATIONSHIP *[Signature]*

DISCHARGED *Montreal* PLACE *Montreal* DATE *16/7/1944* REASON *demol* AUTHORITY *R.O. 1320*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES		OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2		COL. NO. 3	DEBIT		CREDIT	DEBIT	CREDIT			
1919																				
April				10.00														10.00		
	30	110	33.00		33.00	13	26		15.00	6.53		10.15	1.32		33.00			10.00		10 <sup>13</sup> Contn'd M.F.C. 512-B.1.32
May	31	110	34.10		34.10	248	15	118	11.56			7.00	15.40		34.10			10.00		5-5-1944 15 <sup>10</sup> NO. 126 V.O. 470-139
June	30	110	33.00		33.00	52	30	95	5.00	7.93		10.00	1.27		33.00			10.00		880 S.O. 1.62 M.F.C. 512-1.57
July	16	110	17.60	35.00	52.60	91	151	21	42.08			9.00	11.00		62.60					Contn'd 10 <sup>00</sup> 11 <sup>00</sup> S.O. 1.50 9 <sup>00</sup> Contn'd 52 M.F.C. 512-1.57

