C11510
MARCHAND
JOHN PAUL

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OCCUPATIONAL HISTORY FORM

RN 305

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE 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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full MARCHAND J-PAUL (b) Reg'l. No. C11510
2. (a) Arm of service RCASC (b) Unit PETROL PARK No #9 DET (c) Rank PTE
3. (a) Date of birth SEP. 25/00 (b) Have you any dependents? WIFE (c) Place of residence at time of enlistment OTTAWA
4. (a) Place of enlistment OTTAWA (b) Date of enlistment SEP. 11/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) TECH. 2 YRS.
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? — (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENG. FR. (b) What languages do you read well? ENG. FR.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member?

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?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this 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 when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 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

18. Name of employer CITIES SERVICE OIL CO. Address TORONTO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PETROLEUM DIST.
20. (a) Your specific occupation POWER PROVER (b) Number of years' experience at this occupation with any employer 6
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) WOULD WELCOME POST-GRAD. COURSE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form MACHINE DRAFTING
29. Are you at present employed or unemployed?

DATE JAN 13 1941 SIGNATURE J Marchand

Dept. of Veterans Affairs
War Service Records
Referred To.....
JAN 17 1950

DEPARTMENT OF VETERANS AFFAIRS
(War Service Records)

Service Number C-11510 (Pte.) File No. C-11510 R.3D/D.V.A.

~~Name~~ John Paul Marchand Ottawa 13 January 1950.

For the purpose of record and in the event of there being any Medals or Memorials available for distribution on account of the ex-serviceman above-noted, it is necessary that the following information regarding the deceased and his relatives be furnished.

It is essential that the ages of any surviving children brothers, or sisters be shown.

Relatives required to account for	Name in full of relatives	Address in Full	(If deceased give date of death
Widow of Serviceman	BARBARA MARCHAND	145 G. CONNOR ST OTTAWA ONTARIO	MARCH 9th. 1941.
Children of Serviceman and ages	NONE.		
Father of deceased			DEAD.
Mother of deceased	ANTOINE MARCHAND	NOT KNOWN.	
Brothers of deceased and ages	GASTON MARCHAND	NOT KNOWN	
Sisters of deceased and ages	2. SISTERS NAMES NOT KNOWN.	NOT KNOWN	

If the serviceman was married, please state exact place and date of marriage. REV. H. GLUDSTON. 655 GILMOUR ST. OTTAWA. ONT. DECEMBER 5th 1939.

If he left a Will, it is essential that the same or a Certified true copy be forwarded for examination and return. NO WILL.

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete statement of all the relatives that the deceased ever had in the degrees enquired for, and that I am the # WIDOW of the deceased.

Insert degree of relationship: for example:-"Widow", "Father", "Mother", "Brother", etc..

DATE 16/1/50. Barbara Marchand
(Signature of Applicant)

145 G. Connor St
(ADDRESS) Ottawa Ontario

Please complete and return as soon as possible to: Director, War Service Records, (R.3d) No.8 Temporary Bldg., OTTAWA, Ont.

R.3D.161

(No Detachment Release)

CORPS PETROL PARK

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit R.C.A.S.C. Regimental Number C11510

Canadian Active Service Force

CANADIAN FIELD FORCE

ATTESTATION PAPER

1. Surname Marchand
2. Christian Names John Paul
3. Present address 145 O'Connor, Ottawa, Ontario.
4. Date of birth Sept. 25, 1900
5. Place of birth Vallayfield (Country) Que. (County or Province) Grenville (Town or Township)
6. Religion (state denomination) R. C.
7. Trade or Calling Mechanic
8. Married, Widower or Single Single
9. Name of next of kin Antoine Marchand
10. Relationship Father
11. Address of next of kin Hemingford, Quebec.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars N.A.
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Paul Marchand do solemnly declare that the above particulars are true and I hereby engage to serve in the Canadian Field Force as required for the duration of the war now existing between ..... and ..... and for the period of demobilization thereafter and in any event for a period of not less than one year provided His Majesty shall so long require my services.

Date Sept. 11th, 1939. X J. Marchand (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, John Paul Marchand do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

X J. Marchand (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

The above questions and answers 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 Ottawa this 11th day of Sept. 19 39.

J. A. Slothers — Signature of Magistrate, Justice or Attesting Officer.

Major. — Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of Marchand (Surname) John Paul (Christian Names) Regimental Number C 11510

Qualifications

Military: No

Business or Professional: No

Trade or Civil: Mechanic

Technical: No

Languages: French & English

Educational Qualifications

High School or Collegiate: 2 yrs (years completed)

Graduation or Matriculation: No (specify)

*College: No

*University:

*(Name of institution, courses or years completed, and degrees obtained to be shown).

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment R.C.A.S.C.	Pte.	11-9-39	1st Corps Petrol Park	Otawa	16	21-9-39
		Married with Permission	"	5-12-39	"	"	97	11-12-39
28-12-39		I have no objection to transfer of Dr. Marchand to #9 Det. R.C.A.S.C.					J. M. Major, Major, O.C. 1st. Corps Petrol Park R.C.A.S.C., (C.A.S.F.)	
28-12-39.		I have no objection to the above transfer.		1-1-40.	Major. Commanding No. 9 Detachment R.C.A.S.C. C.A.S.F.			
1/1/40		Transferred to #9 Det Rcasc	S	1/1/40	#9 Det Rcasc	Ottawa	~~#9~~ 2	2/1/40
2/1/40		T.O.S. No. 9 Det R.C.A.S.C 1st Corps Petrol Park Corps	Pte	2/1/40	"	"	# 2	2/1/40
31-3-40		Struck off strength of No. 9 Detachment R.C.A.S.C. C.A.S.F. on Discharge ✓	Private	2-4-40	9 Det. RCASC	Ottawa	# 83 Routine Order #37, Para. 10.	2-4-40 ~~31-3-40~~

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... John Paul Marchand ..... Date Sept. 11th, 1939.

Part 1. Information obtained from the recruit.

1. Age ..... 38 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism ..... No
b. Tuberculosis ..... No
c. Bronchitis or asthma ..... No
d. Heart disease ..... No
e. Kidney or bladder disease ..... No
f. Gastro-intestinal ..... No
g. Rupture ..... No
h. Varicose veins ..... No
i. Flat or deformed feet ..... No
j. Nasal trouble ..... No
k. Ear disease ..... No
l. Eye disease ..... No
m. Epilepsy ..... No
n. Nervous or mental disease ..... No
o. Syphilis ..... No
p. Gonorrhoea ..... ~~No~~ Yes
q. Have you ever worn glasses? ..... No

Pension No

J. Marchand
(Signature of Recruit)

Examiner's remarks *re* above ..... No childrens diseases no remains from Gon ten years ago No piles vax. mark left arm

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar on left leg Vax. on left arm

2. Height ..... 5 ..... feet ..... 5 ..... inches.
3. Weight ..... 126 ..... pounds.
4. Complexion ..... Dark ..... Eyes ..... Brown ..... Hair ..... Black
5. Development ..... Fair ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 37½ ..... inches
Range of expansion ..... 4 ..... inches
7. Vision, right ..... 20/20 ..... left 20/20
8. Hearing, right ..... WV20 ..... left WV20
9. Condition of mouth and teeth ..... Double dentures
10. The abnormalities (congenital and pathological) found on examination are as follows ..... Underweight, Muscles firm

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category ..... ~~B~~ A

Special remarks when category lower than A ..... ~~Underweight~~

President ..... Member ..... Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
24/11/39	T.A.B 0.25 cc		
1/12/39	T.A.B .5 cc		
	A.T.T 1.cc		
9/12/39	TAB 1.cc		
9/12/39	V.Acc.		
13-3-40	X-Ray chest Doubtful		
21-3-40	X Ray chest Positive		
	This man was boarded Dec, 39		
	WFB 227 approved		
	category "E" 25-12-39.		

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit 1st CORPS PETROL PARK, R.C.A.S.C.(C.A.S.F.) Regimental Number C/11510

1. Surname Marchand
2. Christian Names John Paul
3. *Substantive Rank and Appointment Private
   *Acting Temporary or Local Rank Private
   giving date 11-9-39
   *To be entered in pencil to facilitate alteration.
4. Place of birth Valleyfield, Quebec, Canada
5. Date of birth as declared on attestation 25-9-1900
   (A)
6. Date of enlistment 11-9-1939
7. Place of enlistment Ottawa, Ontario, Canada
8. Residence at time of enlistment 145 O'Connor St., Ottawa
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Mechanic
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.A.S.C.(C.A.S.F.)

Unit (Battn., etc): 1st Corps Petrol Park

(18) Medical

Category	Date	Authority
"A"	4-9-39	Medical Board Maj.Hunter,S.M.B.

(19) Next of kin (entries to be made in pencil)
Antoine Marchand - Father
Hemmingford, Quebec
Canada

(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.

(a) Report		(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
DATE EMBARKED CANADA							
DATE DISEMBARKED ENGLAND.							
21-9-39	1st Corps	RCASC	T.O.S. 1st Corps Petrol Park	Ottawa	11-9-39	Pte.	Part II D.O. #16 d/21/9/39
2-1-40	"	"	S.O.S. 1st Corps Petrol Park	"	1/1/40	"	Part II D.O. #2 d/2/1/40.
3-1-40	9 Det.	RCASC	T.O.S. No. 9 Detachment RCASC	"	1/1/40	"	Part II D.O. #2 d/2/1/40.
31-3-40	9 Det.	RCASC	S.O.S. on discharge from 9 Det.	Ottawa	2-4-40	Pte.	Part II D.O. #83 2/4/40

DECEASED 1941

M

DEPARTMENT OF VETERANS AFFAIRS

AWARDS ARMY

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
MARCHAND	John Paul	C-11510	Pte		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
War Medal 1939-45	1469. 13/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Barbara Marchand (widow)

ADDRESS: 145 O'Connor St, Ottawa, Ont. 15-2-50

(1) MEMORIAL BAR
DATE DESP.
REGN. NO. 1353

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER

ADDRESS:

(3)

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier MARCHAND, JOHN PAUL
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number C 11510

(3) Unit Pet PK R.C.A.S.C.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N.A

(*b*) Present postal address of wife

(6) If married, have you been regularly supporting your wife? If not—state reasons
N.A

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them NA

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name

Postal Address

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address Antoine Marchand

Hemingford, Quebec.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?

No

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. N. A

Also state reason he has no other means of support

N. A.

(14) Is your mother alive? Yes

If so, state name and address Anna Marchand,

Hemingford, Quebec.

(15) If your mother is a widow, are you her sole support? Yes

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. $15.00 per month

Also state reason why she has no other means of support Husband blind and in

receipt of small pension.

(17) Are you insured? Yes

If so, in what Company? Metropolitan Life

Have you made arrangements for payment of your Insurance Premium? Yes

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.

Marchand

(Signature of officer or man)

Date Sept. 11th, 1939.

Officer Commanding
CAPT.
O.C. PET. PARK
R.C.A.S.C. (C.A.S.F.)

Date SEP 20 1939

No C.11510 Rank Private Name MARCHAND, John Paul

Unit R.C.A.S.C. Date of death 9th March, 1941.

Died at Civic Hospital, Ottawa, Ontario.

Cause Osteomyelitis of skull.

Death ~~Not~~ WAS Due, CPC, d ~~5-4-41~~ 30-9-42 HQ 405-M-821 d

N/K Mrs. Barbara Marchand Relationship Widow

Address 145 O'Connor Street, Ottawa, Ontario.

Remains buried in Notre Dame Cemetery

Ottawa, Ontario.

Grave location Grave 29, Soldiers' Plot, Lot 1, Section A.

CHK

P. & N.H. Stone ordered 8-9-41.

Will d/ 11-9-39

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I, Marchand John Paul (Name in full)

Number C11510. of the Canadian Field Force

Corp Troops RCASC (Unit or Corps) Petrol Park. (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of

(Here describe fully personal estate)

unto Marchand Antoine
Father
Hemmingford, Que.
(Name and Address of person or persons to whom it is to go and **relationship.**)

absolutely, and the residue of my personal estate and everything that I can give or dispose of

(Here describe remaining assets)

unto Marchand Antoine
Father
Hemmingford, Que.
(Name and Address of person or persons to whom it is to go and **relationship.**)

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

11 day of September A.D. 1939

Marchand
(*Signature of Soldier*)

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

1st witness to sign here: Samuel E. Lusk.

Address in full: 1 to 4 Arlington ave.

2nd witness to sign here: George Herrington

Address in full: 870 Gladstone

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

CANADIAN ACTIVE SERVICE FORCE
~~CANADIAN FIELD FORCE~~

DISCHARGE CERTIFICATE

This is to Certify that No. C/11510 (Rank) PRIVATE

Name (in full) MARCHAND JOHN PAUL enlisted in

the 1ST CORPS TROOPS PETROL PARK. R.C.A.S.C.

CANADIAN ~~FIELD FORCE~~ ACTIVE SERVICE FORCE at OTTAWA, ONTARIO on the 11th

day of SEPTEMBER 19~~2~~ 1939

He served in No. 9 DETACHMENT. R.C.A.S.C. C.A.S.F.

and is now discharged from the service by reason of "Physically unfit for military service under existing standards R.O. #37, PARA. 10. 1939"

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

Age 39 yrs. 5 months

Height 5 ft. 5 inches

Complexion DARK

Eyes BROWN

Hair BLACK

Marks or Scars Large scar left shin below knee. Vacc. scar left arm

Marchand
Signature of Soldier

Date of Discharge

No. 9 DET. R.C.A.S.C. C.A.S.F. APR 2 1940 ORDERLY ROOM

Geo. M. Parker
Issuing Officer

MAJOR
Rank

Date April 2nd, 1940.

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 Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

M. F. D. 930 A
250M—12-39 (3458-9)
H.Q. 1772-39-1548

AMENDED

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

Regtl. No. C.11510 Rank and Name Private Marchand John Paul

of No. 9 Det. Company, etc., Royal Canadian Army Service Corps Regiment, etc., on

(~~Transfer or~~ Discharge) Discharge to on April 2nd 19 40

Reason for discharge Physically unfir for military service under existing standards. Authority: R.O. # 37,1939 Para.10

ON TRANSFER OF OFFICER

Outfit allowance of $ has been paid by the District Treasury Officer, Military District No.

REMARKS:

State (1) Date of appointment or enlistment Enlisted September 11th,1939.

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? yes

(3) Has assignment of pay been made? yes If so, amount $.20.00 effective date October 1st,1939.

The following is a statement of the account of the above named from 1st April 1940 to 2nd April 19 40, the inclusive date of transfer or discharge.

Dr. Particulars	Amount	Cr. Particulars	Amount
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment		Regimental Pay 2 days at $ 1.30	2.60
Casual Payments	~~2.97~~	Technical Pay days at $	
Payment on Transfer or Discharge	2.97	Additional Pay (Give particulars) days at $	
*Assigned Pay (2/30)	1.33	Subsistence Allowances (Give particulars) 2 days at $ 0.85	1.70
Regimental Charges			
Public Stoppages (Give particulars):		Civix	
To Balance Cr. (To be paid by new unit)		By Balance Dr. (To be deducted by new unit)	
Total	$ 4.30	Total	4.30

I certify that the above is a true and correct statement of the account of the above named on transfer or discharge.

Ottawa, Ont.
(Place)

2-4-40.
(Date)

J W Collinge Lieut.,
for Paymaster NDHQ

*Assigned Pay to be charged in paylist of the individual's outgoing unit on transfer.

for Chief Treasury Officer

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John Paul (CHRISTIAN NAMES) MARCHAND (SURNAME)

REGISTER NO. D-9992
FILE NO. 405-M-821
DATE 28-7-45
SERVICE NO. C-11510
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 2-4-40

PAYEE Mrs. Barbara Ellen MARCHAND,
ADDRESS 145 O'Connor St.,
Ottawa, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 205/30 EQUAL TO 6 COMPLETE PERIODS AT $7.50	45.00
B. QUALIFYING OVERSEAS SERVICE No. of Days LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	
	45.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $ ____; TOTAL $ X7 = $; NO. OF DAYS ____/183 X$	
D. WAR SERVICE GRATUITY	45.00
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	45.00

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $____ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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.

PREPARED BY	CHECKED BY
PJ	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE