C116018
LALONDE
ROGER FERNA

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

C.B.

4-3-45

AWARDS—CANADIAN ARMY (ACTIVE) 1906

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-L-23,798

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LALONDE Roger Fernand	C-116018	Sol.	Les.Fus.Mont-Royal

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal C.V.S.M. & Clasp	3016

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Cecile Lalonde (Widow)

ADDRESS: 6660 Drolet, Montreal 10,Que. Nov-45

(1) 7-5-49

(2) MEMORIAL CROSS

WIDOW Mme. Cecile Lalonde, (FRENCH)

1906

ADDRESS: 6660, rue Drolet, MONTREAL, 10, Que.

DESP. APR 9 1945
REGN No. 17410

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Dorine Lalonde, (MFM5) (FRENCH)

1906

ADDRESS: 1265 St. Joseph Blvd., MONTREAL, Que.

(3)

DESP: APR 9 1945
REGN No. 17411

MEMORIAL BR

DATE DESP

REGN. NO 1825

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C-116018

Surname (in capitals) LALONDE

Christian Names (in full) ROGER FERNAND

Date of Birth 10-SEP-1918

Place of Birth ALFRED ONT.

Trade on Enlistment MAIL CLERK

Nationality of Father at birth CANADIEN

Nationality of Mother at birth CANADIENNE

Religion CATHOLIQUE ROMAINE

Enlisted at KINGSTON

Date 27 JUL 43

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier R P Lalonde

Signature of Officer J D Sheridan Lt

Place in the field Date 25 Jan 46

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	CECILE LALONDE	
	Children	Melle SUZANNE LALONDE	
2nd	Father		
	Mother	Mme DORINE LALONDE	
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a Will (see pages 20 to 23)

Latest known Address in full
6660 Droler St. Montreal, Quebec
6660 Droler St. Montreal Canada
1365 Blvd St Joseph Est 2 apt 1 Montreal

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
15-2-44	PTE	1.50	19	Crockett

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:*—*

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Qualified in addition as under :—

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Date.....

* If no further training required, strike out words in italics and initial.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Qualified as Regtl Signaller	29-4-44	M.R. Jogard Lt.
Completed 3 weeks comb. Inf course at # 4 C.I.T.R.	17/2/45	Lucien a. Dumais Lt.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
8/2/45	2nd class	Rifle	Lucien a. Dumais Lt.
15/2/45	Qual.	L.M.G.	
15/2/45	Qual.	P.I.A.T	
13/2/45	Qual.	2" Mortar	Lucien a. Dumais Lt.
16/2/45	1st class	Rifle	
17/2/45	1st Class	L.M.G	Lucien a. Dumais Lt.
12/2/45	Qual.	Grenade	Lucien a. Dumais Lt.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
27-7-43		RIFLEMAN	

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT ½ cc	6-2-45	[illegible] Capt.
Typhus 1 cc	6-2-45	
Schick Neg.	13-2-45	[illegible] Capt.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
6-2-45	[illegible] Capt.

(XVI) 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
FINGER PRINTS	27-7-43	[illegible] Lt
N.V. TEST FAIR B.	29-1-45	[illegible] Lt.
C.A.P. Gas chamber test	28/1/45	Lucien A. Dumais Lt.
Rifle zeroed		
M B M Part 3 issued	27 Feb 45	[illegible] Capt
Mines & Booby traps trg.	17/2/45	Lucien A. Dumais Lt
One red chevron	27/7/44	[illegible] Lt
Awarded C.V.S.M	21/2/45	[illegible] Lt.
[illegible] — 27/1/45		

A soldier who has made a Will 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

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their 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. 10 received and forwarded to the Officer i/c Records at

C.M.H.Q. H Charbonneau Lt
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Solely for use on Active Service. The Will, on page 24, 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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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 remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

MILITIA BOOK M. 1

PART III
40/P&S/1894(3620)

CANADIAN ARMY

Clothing and Equipment Statement

Regt No. C-116018

Rank PTE

Name LALONDE. R.F.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.

2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.

3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.

4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.

5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.

6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.

7. See instructions re kit inspections on inside of back cover.

ARTICLE	QUANTITY					
Anklets, web, prs	1	—				
Blouses, Battle-dress	2	—				
Bonnet, tam-o'shanter	1					
Boots, ankle, prs	2	—				
Boots, rubber, high, prs	1					
Boots, leather, high, prs	1					
Bonnet, drab, Irish	1					
Cap, field service	1					
~~Cap, mechanic~~ Beret	1	—				
Cap, tank battalion	1					
Drawers, Cellular short, prs	2	—				
Drawers, Woollen, prs	2					
Gloves, knitted, drab, prs	1					
Greatcoat, drab	1					
Initials of Soldier	RL					
Initials of QM or Rep	CL					

ARTICLE	QUANTITY
Jacket sweater, or jersey pullover	1
Overalls, combination	1
Overalls, blouses, denim	
Overalls, trousers, denim	
Shirts, Angola, drab	3
Shoes, canvas, prs	1
Socks, prs	4
Trousers, battle-dress, prs	2
Vests, woollen	2
Badges, cap	1
Badges, arm, drab, crowns	
Badges, arm, drab, crown in wreath	
Badges, arm, Tank Bn	
Badges, shoulder, "CANADA", prs	3
Initials of Soldier	RH
Initials of QM or Rep	QB

ARTICLE	QUANTITY
Badges, arm, drab, Royal Arms	
Badges, arm, drab, Royal Arms in Wreath	
Bags, kit, universal	1
Braces	1
Brass, cleaning	1
Brush, button, brass	1
Brush, clothes	1
Brush, hair	1
Brush, shaving	1
Brush, shoe, blacking	
Brush, shoe, polishing	1
Brush, tooth	1
Cap, comforter	1
Chevrons	
Initials of Soldier	RH
Initials of QM or Rep	QB

ARTICLE	QUANTITY					
Combs, hair	1					
Discs, identity, sets, with cord	1					
Dressing, field	1					
Fork, NS Table	1					
Holdall	1					
Housewife, complete	1					
Knife, clasp	1					
Knife, table	1					
Lanyard, knife	1					
Razor, safety, with blade	1					
Patches, distinguishing, prs	1					
Shorts, gymnasium	1					
Spoon, NS dessert	1					
Vest, cotton, gym	1					
Initials of Soldier	RH					
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs	1					
	1					
Attachments, brace	1					
Bag, ration	1					
Belts, waist	1					
Bottles, water	1					
Braces, WE Right	1					
Left	1					
Carriers, cartridge	1					
Carriers, waterbottle	1					
Cases, binoculars	1					
Cases, pistol	1					
Covers, breech, rifle	2					
Initials of Soldier	RH					
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Cover, mess tin	1					
Frogs, web, bayonet	1					
Haversack	1					
Helmet, steel	1					
Net camouflage helmet	1					
Packs	1					
Pockets Compass	1					
Pouches, amm, pistol	2					
Pouches, basic	1					
Pouches, utility {Front / Rear}	1					
Slings, rifle, web	1					
Straps, shoulder, haversack {Left / Right}	1					
Straps, web, supporting	2					
Tins, mess, TP	1					
Initials of Soldier	RH					
Initials of QM or Rep	CB					

ARTICLE	QUANTITY					
Veil, face, camouflage	1					
Yoke TIES BLACK	1					
DUBBIN	1					
BLANCO	1					
Capes, A/G	1					
Respirators, A/G, complete with haversack	1					
Outfits, A/D	1					
Ointment, A/G	2					
Eyeshields, A/G, pk of 6	1					
Detectors, Individual, prs	2					
Wallet, A/G	1					
Blanket	2					
Mug, drinking	1					
Sheet, ground	1					
Initials of Soldier	RH					
Initials of QM or Rep	CB					

ARTICLE	QUANTITY					
Rifle No. 78E-4078 Regt'd No. (.....)	1					
Bayonet No. ..... w/scabbard	1					
Bottles, oil	1					
Pullthroughs, single	1					
Rods, cleaning, pistol						
Carbine, Mach. Regt'd No. (.....)						
Magazines, Carbine						
Pistol Revolver No. Regt'd No. (.....)						
Ctges, SA, revolver .380 in						
Ctges, SA, .303 in Mk VII	50					
Shell Dressing		1				
Water Sterilizer		1				
Initials of Soldier	RH					
Initials of QM or Rep	(B)					

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

Signature	Date	Signature	Date
L. Chapdelaine	30-7-45		
[illegible]	25/2/45		

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets	2
Battle Dress, blouse	6
Battle Dress, trousers	5
Cap or bonnet	7¼
Boots, ankle	9
Gloves	7
Facepiece, respirator	
Greatcoat	1
Helmet steel, lining	7¼
Overalls, combination	
Jersey, pullover	
Shirts, Angola, drab	15
Vest, woollen	
Drawers, cellular	34
Drawers, woollen	

Occupational history forms completed

M.F.M. 103
125M—4-42 (4203)
H.Q. 1772-39-1828

(To be completed in triplicate)

INFANTRY (MACHINE GUN) R/T

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

Duplicate

N.R.M.A. PERSONNEL

FINGERPRINTED
PHOTOGRAPHED

ENROLMENT FORM

26-7-43

SP

N.R.M.A. Serial Number of Notice of Call C-76958 Regimental Number C-612589

1. Taken on Strength of No. 3 N.R.M.A. Clearing Depot Kingston, Ont.
2. Surname (Block Letters) LALONDE
3. Christian Names (in full) Roger Fernand
4. Present Address 178 Rochester St., OTTAWA, Ont.
5. Place of Birth CANADA (Country) ONTARIO (County or Province) ALFRED (Town or Township)
6. Date of Birth 10-Sept-18
7. Religion—Denomination R.C.
8. Physical Description: Height 5-9 Weight 160 Eyes Brown Hair Black
   Complexion Fair Identification marks Nil
9. Married, Single, Widower? Married
10. Next-of-Kin Mrs. Cecile LALONDE (Name) Relationship Wife
    178 Rochester St., OTTAWA, Ont. (Address)
11. Trade or Occupation Bell Boy
12. Previous Naval, Military or Air Service Nil (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? Nil Army? Nil (Arm of Service) R.C.A.F.? Nil
14. Employment in War Industry, if any Nil

26 AUG 1944 Observed
Records
M. D. XI

Roger Fernand Lalonde
(Signature of Man)

R. C. A.
O. C. DOCUMENTS & RECORDS
No. 3-A DISTRICT DEPOT
KINGSTON, ONTARIO.
(Signature and Rank of Enrolment Officer)

28-7-43 194
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 31 at Cornwall, Ont. Date 6-8-43

Completed eighty-one Days Basic Training.

5-10-43 J M Bohaman 2Lt a/adjt
(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. A 3 at Valcartier Date 6 Oct 43

Completed 60 Days Advanced Training.

Qualities of Leadership, Positive Becoming Evident? Dormant?

Transferred to Date
(R.C.N. formation or unit of the C.A., R.C.A.F.)

T Macdonald Lt
(Date, Signature, and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre A-1

M.B.M. 1 issued date
M.F.M. 182 issued date

No. 3 "A" DISTRICT DEPOT

RECORD OF SERVICE of LALONDE, Roger (Surname) (Christian Names) Regimental Number C-612589

QUALIFICATIONS

1. Naval, Military, or Air Nil
2. Business or Professional Nil
3. Trade or Civil Bell Boy
4. Technical Nil
5. Languages, etc. English & French (mother tongue) Can speak? English & French Can read and write? English French Can drive a car? Yes Repair a motor? Yes Cooking experience? No Hobby? Baseball swimming

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate 1 yr. H.S. (years completed) & 1 yr. Night School Graduation or Matriculation Nil (specify)
7. *College Nil
8. *University Nil

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

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force.	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. TOS No.3 NRMA Clearing Depot, att'd 3-A DD RCA(PF)Wing for Inf.(M) (Reinf.)	Pte.	26-7-43	3-A DD	K'ton	D.O. 205	29-7-43
	Ceases to	be attached on proceeding to No. 31 CA(B)TC CORNWALL, ontario		5-8-43.	"	"	" 211	5-8-43.
		Attached to CA(B)TC #31 from DD # 3A						
		Kingston, Ont. for all purposes. Inf.(R)	"	6-8-43	CA(B)TC	31 Cornwall	D.O. 124	9-8-43
		Ceases to be attached to C.A.(B)T.C.#31						
		on transfer to A-13 C.I.T.C. Valcartier,						
		P.Q. for all purposes.	do	5-10-43	do	do	D.O. 253	5-10-43
		Attached for all purposes to A(I)TC A-13	"	6-10-43	A-13	Valcartier	~~241~~ 239	6-10-43
Authorized to draw		increase of pay under Art 144 $0.10	"	26-11-43	"	"	" 1227	1 DEC 43.
		S.O.S. A-13 on transfer to Nanaimo, B.C.	"	23 Jan 1944	A-13	Valcartier	" 20	24 Jan 1944
		TOS from A 13 C I TC	"	24-1-44	FSL 2 Ech	Field	" 13	8-2-44
		To receive $1.50 per diem	Fus.	15 Feb 44	FSL 2 Ech	"	" 19	21 Feb 44
Pt II	# 32	Att. to 1 Bn R R C F.A.P. except duty	Fus	8 Mar 44	FSL 2 Ech	Field	# 29	13 Mar 44
		Att. to HQ 15 Con Inf Bde for duty	Fus	8 Mar 44	FSL 2 Ech	Field	# 29	13 Mar 44

Page 2

d/ 22 Mar 44

		Att to 1 Bn RRC f.a.p. ex pay	Fus	8 Mar 44	FS[illegible]L	2 ech Fd		#32	22 Mar 44
		Att f.a.p. ex duty from 1 Bn Fus St.L	"	8 Mar 44	RRC	" " "		#35	17 Mar 44
		Ceases att to R.R.C. FAP except Pay	"	31 Mar 44	FSL	"		71	31 Ma[illegible] 44
		On 11 Jun 44 awarded 7 days C.B. for an offence under Sec. 15 (1) A.A. A.W.L. from 2230 hrs. 10 Jun 44 to 1600 hrs. 11 Jun 44 (absent 17 hrs. 30 min) Forf. 1 day's pay under F.R.'I. 149 (1)(a)	Fus.	11 Jun 44	"	" "	"	#84	234 Jun 44.
		Adm. to Nanaimo Mil. Hosp.	"	3 Jul 44	"	" "	"	#93	10 Jul 44
Rem'd from Nanaimo Mil. Hosp. to Shaughnessy Mil.Hosp.			"	17 Jul 44	"	" "	"	#100	24 Jul 44
		att to XI DD f.a.p.	"	5 Aug 44	"	"	"	107	5 Aug 44
		Attached to #11 D.D. (Appraisal Wing)							
		for A/P from Fus du St. Laurent. (SMH)	"	5 Aug 44	No.XI DD	Vancr.		#185	9 Aug 44.
		Discharged fr Shaugh Hosp	"	11 aug 44	"	"		190	15 aug 44
	Ceases att f.a.p. on return to Les.Fus de St Laurent		"	28 Aug 44	"	"		201	28 Aug 44.
	Disch. from Shaughnessy Mil Hosp.		"	11 Aug 44	F.S.L.	Field	2 Ech	114	18 Aug 44.
Am'd	Ceases Att. to No. Xi D.D.	AM'D TO READ "C/ATT TO No XI DD. F.A.P.	"	28 Aug 44	"	"	"	121	6 Sep 44.
	Urethritis	gr. neg dip. 27 June 44. Records NDHQ 18 Aug 44.							W.G. Sumner Major

Page 3

Regtl. No. ..... Rank ..... Surname ..... Christian Names .....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
	#2151 K.M.H.				
	CHEST X-RAY NEG	AUG 6 - 1943	Y.O.B. P U L H E M S 18 1 1 1 1 1 1 1 R.F. Mdw	5/12/43	Y.O.B. P U L H E M S 18 1 1 1 1 1 1 1 J Sorlie Capt
28-7-43	VACCINATION	AUG 6 - 1943	Capt		
	T. A. B. T. 1 W.H.C. Davies Lieut		Categ A1 Conf. R.F. Mn.		
28-8-43	T. A. B. T. 2	1-10-43	Categ A1 Conf H.W. Eppsbyes		
SEP 25 1943	T. A. B. T. 3 H.W.E.				

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of Days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

M.F.M. 2 (Fr.)
(Conjugué avec M.F.M. 103)
200M-3-44 (4073)
Q.G. 1772-39-1645
A. P. 4518

M. F. M. 10 E Completed
Received ..... Checked Sept 44 ..... Card .....

A L'USAGE DU Q.G.D.N. SEULEMENT	Observations
Reçu le	
Vérifiée le	
Consignée sur fiche le	
Hollerith	

ORIGINAL
DUPLICATA
TRIPLICATA
} Indiquer l'exemplaire en rayant les deux mots inutiles.

Corps INFANTERIE

ARMEE CANADIENNE

FORMULE D'ENRÔLEMENT ET D'ENGAGEMENT

N° matricule C-116018

WSG COMPLETED DATE

1. LALONDE (Nom) ROGER-FERNAND (Prénoms)
2. Adresse actuelle 6660 rue DROLET, MONTREAL, P. Q.
3. (a) Date de naissance 10 septembre 1918
   (b) Lieu de naissance CANADA (Pays) ONTARIO (Comté ou province) ALFRED (Ville ou canton)
4. (a) Lieu de naissance du père CANADA ONTARIO ALFRED
   (b) " " " de la mère CANADA (Pays) ONTARIO (Comté ou province) ALFRED (Ville ou canton)
5. Nationalité Canadienne française
   (A quel pays devez-vous maintenant allégeance.) Si vous êtes naturalisé, donnez le numéro du certificat, ainsi que la date et le lieu de son émission. Si vous n'êtes pas naturalisé, indiquez-le.
6. Religion (indiquez la confession) CATHOLIQUE ROMAINE
7. Métier ou profession COMMIS DE MALLE (BELL BOY) CHASSEUR
8. (a) Nom et adresse du dernier employeur Albert CUTHBERT, Château Laurier, Ottawa.
   (b) Durée de l'emploi de 1939 à 1943
9. Marié, veuf ou célibataire marié Si marié, combien d'enfants ? 1
10. Nom du plus proche parent Cécile Lalonde 11. Degré de parenté femme
12. Adresse du plus proche parent 6660 rue DROLET, MONTREAL, P. Q.
13. Service antérieur (marine, armée ou aviation) unités et dates du 28 juillet 1943 au 10 décembre 1944. (NRMA) (C 6125 89)
14. (a) Campagnes antérieures NIL
    (b) Dans les forces armées de quel pays ? NIL
    (c) Indiquez les dates de ces campagnes NIL
15. Décorations et médailles, le cas échéant NIL
16. Je déclare solennellement que les renseignements ci-dessus mentionnés sont vrais

Signature de la recrue, ou dans le cas d'un militaire appelé sous l'empire de la L.M.R.N. qui refuse de signer, signature de l'officier, en vertu de l'art. 8 (d) (I), R.S.A.R. 1941. ☞ Roger Fernand Lalonde (Signature de la recrue)

16a. CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER ENRÔLEUR OU CERTIFICATEUR.

J'ai averti le susnommé que s'il répondait faussement à quelqu'une des questions précédentes, il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment consignée telle qu'il l'a donnée,

à Valcartier, Québec ce 11ième jour de décembre 1944

J.R. Boulanger, Maj.
(Major J.R. BOULANGER) A.D.C.
1er Bn. Fusiliers du St-Laurent A. C.

Signature du magistrat, du juge de paix ou de l'officier certificateur ou enrôleur.
Titre ou grade et unité ou emploi.

Les articles 17, 18 et 19 ne seront remplis que si le militaire s'engage pour le service général en tout lieu.

17. DÉCLARATION FAITE PAR L'ENGAGÉ À SON ASSERMENTATION

Je, soussigné, ROGER-FERNAND LALONDE m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 11 décembre 1944 Roger Fernand Lalonde (Signature de la recrue)

18. SERMENT PRÊTÉ PAR L'ENGAGÉ À SON ASSERMENTATION

Je, soussigné, ROGER-FERNAND LALONDE promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin (Nom) (L.A. PELLERIN) (Grade) Lieut. Roger Fernand Lalonde (Signature de la recrue)

19. La recrue susnommée a fait et signé cette déclaration et a prêté le serment devant moi,

à VALCARTIER, Québec ce 11 ième jour de décembre 1944

J.R. Boulanger Maj.
(J.R. BOULANGER) Major (Signature du magistrat, du juge de paix ou de l'officier certificateur.)
1er BN. Fusiliers du St-Laurent CA (Titre ou grade et unité ou emploi.)

N.B.—ON DÉSIRE SIGNALER QUE QUICONQUE RÉPOND FAUSSEMENT, DE PROPOS DÉLIBÉRÉ, À L'UNE QUELCONQUE DES QUESTIONS PRÉCITÉES EST PASSIBLE D'UN EMPRISONNEMENT DE SIX MOIS.

À ÊTRE REMPLI AU DÉPÔT DE DISTRICT	
Empreintes digitales prises le 28 juillet 43	
Photographié le 28 juillet 43	
Formule d'antécédents professionnels remplie le 28-7-43	

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19-1-5
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1
1-5
111111

Etat de service de LALONDE (Nom) ROGER-FERNAND (Prénoms) Numéro matricule C-116018

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: COMMIS DE MALLE (BELL BOY) CHASSEUR

Techniques: NIL

Langues: ANGLAIS & FRANCAIS

DEGRÉ D'INSTRUCTION

Ecole secondaire ou Académie: 1 an H. S. / 1 an école du soir (Années achevées)

Diplôme ou Immatriculation: NIL (spécifiez)

*Collège: NIL

*Université: NIL

* (Mentionner le nom de l'institution, les années ou cours achevés et les diplômes obtenus.)

Tous les militaires, qu'ils soient dans le S.G. (Service général) ou enrôlés en vertu de la L. M. R. N. seront pris à l'effectif comme simples soldats. Les affectations, nominations et promotions devant être indiquées dans les espaces ci-dessous.

Cette colonne pour fins de contrôle seulement.	Etat des affectations, promotions, abaissements de grade, changements de corps, mutations, rapports, etc., à compter de et y compris la date de la prise à l'effectif.	Grade indiqué	Prenant date le	Unité	Endroit	AUTORISATION	
						No. Partie II, Ordres du jour, Liste de mutations, etc.	Daté le
	TOS FROM N.R.M.A. TO G.S. (C-612589)	Fus	11 Dec 44	F.S.L.	Valcartier	D.O. 8	13 dec 44

Pour les inscriptions supplémentaires, se servir des modèles M.F.M. 1 et 2 (a)

CERTIFICAT DE VISITE MÉDICALE

20. Nom ..... Prénoms .....

Centre de réception ..... District militaire ..... Date .....

La visite médicale se divise en trois parties. Les antécédents dans la partie 1, article 24, (a) à (z), sont consignés par un médecin militaire. La partie II, comprenant les articles 25, 26, 27 et 28 est remplie par le spécialiste approprié. La partie III est remplie par le président de la commission médicale.

21. Age ..... Yeux (couleur) ..... Cheveux ..... Taille .....

Poids ..... Marques particulières et cicatrices .....

22. ANALYSE D'URINE

(a) Albumine ..... (b) Microscopique (en cas d'albumine) ..... (c) Sucre .....

Contre-analyse (a) ..... (b) ..... (c) Sucre (sang) .....

23. Radiographie N° 2151 Laboratoire K.M.H. Rapport Irreg.

Partie I. Antécédents

24. Avez-vous déjà souffert ou souffrez-vous actuellement de quelqu'une des maladies suivantes ?

(a) Affection des yeux nil

.....

(b) Affection du nez, de la gorge, des sinus ou des oreilles nil

.....

Partie II. Examen médical

25. Les médecins militaires rempliront cette partie et inscriront "négatif" ou décriront leurs constatations positives.

Vue (sans verres rectificateurs)
droite 20/ 20 gauche 20/ 20

(avec verres rectificateurs)
droite 20/ 20 gauche 20/ 20

Ouïe (V.P.) droite OK gauche OK

Tympan droit OK gauche OK

Nez OK Gorge OK

Sinus OK

Remarques et diagnostic

Cote PULHEMS H / E /

Blanchet Capt (S.S.A.R.C.)
(Signature du spécialiste pour les yeux, oreilles, nez et gorge.)

24. (suite)

(c) Fractures ou autres blessures nil

Blessures à la tête nil

(d) Affection de l'épine dorsale nil

(e) Mal aux pieds nil

(f) Opérations nil

(g) Hernies nil

(h) Affection des reins ou de la vessie nil

.....

(i) Gonorrhée nil

(j) Varices nil

(k) Hémorroïdes nil

(l) Rhumatisme ou affection articulaire nil

.....

26. Crâne nil

Epine dorsale nil

Membres nil

Hernie nil

Organes génito-urinaires nil

Rectum nil

Varices nil

Pieds nil

Abdomen nil

Remarques et diagnostic

Cote PULHEMS P / U / L /

Blanchet Capt (S.S.A.R.C.)
(Signature du chirurgien)

CERTIFICAT DE VISITE MÉDICALE (suite)

24. (suite)
(m) Tuberculose .....
(n) Bronchite ou autre affection pulmonaire .....
(o) Asthme ou fièvre des foins .....
(p) Affection cardiaque .....
(q) Fièvre rhumatismale .....
(r) Maladie du rein .....
(s) Affection stomacale, intestinale ou rectale .....
(t) Diabète .....
(u) Goitre .....
(v) Syphilis .....
(w) Convulsions ou évanouissements .....
(x) Troubles nerveux .....
(y) Avez-vous servi dans l'armée active durant la présente guerre ? .....
(z) Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité ? .....

(Signature de la recrue)

..... Médecin,
(En présence de) (S.S.A.R.C.)

27. Le physique :
bon ✓ passable ..... médiocre
Poitrine :
Pleine expansion ✓
Degré d'expansion .....
Poumons .....
Cœur : Pression artérielle
Systolique .....
Diastolique .....
Abdomen : .....
Peau .....
Systèmes glandulaires .....
Remarques et diagnostic :

Cote PULHEMS P.....

..... (S.S.A.R.C.)
(Signature du médecin)

28. Rapport du psychiâtre : **Remarques et diagnostic :**

Cote PULHEMS M..... S.....

..... (S.S.A.R.C.)
(Signature du psychiâtre)

Partie III

29. Catégorie (ou cote médicale) à attribuer.

Y.O.B.	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

6 Aug 43

Cette catégorie (ou cote médicale) ne doit pas être changée. Voir la note (c).

..... (S.S.A.R.C.)
(Président de la Commission)

30. (a) Vaccination — Inoculations — Epreuves sérodiagnostiques à être parafées par le médecin.

30. (b) Le changement ou la confirmation de la présente catégorie (ou cote médicale) doit être signé par le médecin militaire ou par le président de la Commission médicale.

Date	Ecrire sur une seule ligne et lisiblement.	Date	P	U	L	H	E	M	S	Signature du médecin militaire
28 Jul 43	Vacc.	5 Dec 44	1	1	1	1	1	1	1	
28 Jul 43	TABT- 1									
28 Aug 43	TABT- 2									
28 Sept. 43	TABT- 3									

NOTE : (a) Toute correction d'inscription doit être parafée par l'officier qui la fait.
(b) (i) La catégorie (ou cote médicale) dans la partie III (29) ne doit pas être changée une fois attribuée.
(ii) Tout changement subséquent de catégorie (ou cote médicale) doit être inscrit dans la Partie III (30) (b).
(c) L'officier qui fait un changement doit indiquer son grade. Les corrections NE DOIVENT PAS être SUPERPOSÉES à l'inscription originale.

Regimental No. C-116018 Rank Fus

Sheet No.

F.M. 1 & 2 (a)
M—12-43 (3301)
H.Q. 1772-39-1646

Name LALONDE ROGER FERNAND

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Enrolled Clearing Depot No. 3	Pte	26-7-43	A-3 DD	Kingston	205	29-7-43
TOS Atst G.S. From N.R.M.A. (C-612589)	Fus	11 dec 44	F.S.L.	Valcartier	8	13 dec 44
8 days Spec Leave with RA to 26 dec 44	"	19 dec 44	" V	"	13	18 dec 44
Granted $1.40 per diem	"	26-11-43	A-13	Valcartier	287	1 dec43
Granted $1.50 per diem	"	15 feb 44	F.S.L.	2nd Echelon	19	21 feb 44
Died of Wounds 3 Mar 45						
SOS to 4CITR.	Pte.	26 Jan 45	9CITR.	UK	9	28 Jan 45
TOS from 9CITR.	Pte.	27 Jan 45	4CITR.	UK.	23	28 Jan 45
ex SOS SOS to X4 hist 1st eie	Pte	22 Feb 45	4CITR	UK	45	22 Feb 45
SOS TOS						
TOS. TOS from X4 hist. 2nd Gen Unalloc.	Pte.	1 Mar 45	FMR.	21 a Gp.	16.	9 Mar 45
✓ Died of Wounds.	Pte	4 Mar 45	F.M.R.	C.L. A552		9 Mar 45
SOS. SOS Died of wounds.	Pte.	4 Mar 45	FMR	21 a Gp.	16	9 Mar 45

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
200M—4-4[illegible]33)
H.Q. 1772-[illegible]49

PART I (For all ranks)

Unit N.R.M.A. Clearing Depot No. 3 Regimental Number ~~C-612589~~ C 116018

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	LALONDE		
2. Christian Names	Roger Fernand	CIC	~~1 Bn Fus du St-L CA~~
3. *Substantive Rank and Appointment	Pte		
*Acting Temporary or Local Rank giving date	26-7-43		

*To be entered in pencil to facilitate alteration.

4. Place of birth ALFRED, Ontario, Canada.
5. Date of birth as declared on attestation 10 Sep 1918
(A)
6. Date of enlistment 26-7-43
7. Place of enlistment No. 3 D.D.
8. Residence at time of enlistment 178 Rochester, OTTAWA,
9. (B) Special conditions (if any) of enlistment or rate of pay Ont.
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date 30 Sep 1939
13. Trade on enlistment Bell boy
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

To draw $1.50 per diem w.e.f. 15-2-44.

(18) Medical

Category	Date	Authority
A-1	26-7-43	M.F.M. 103 page 1
18-1111111	6-8-43	" " " 4
do	1-10-43	" " " "

(19) Next of kin (entries to be made in pencil) WIFE
Mme Cecile Lalonde
178 Rochester
Ottawa, Ontario, 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
		F.S.L.	T.O.S. from A-13 CITC	FIELD	24-1-44	FUS.	D.O. 13 d/8-2-44
		"	To receive $ 1.50 per diem	"	15-2-44	"	D.O. 19 d/21-2-44
		"	Att to RRC F.A.P. except duty	"	8-3-44	"	D.O. 29 d/13-3-44
		"	Att to HQ 15 CIB for duty	"	"	"	D.O. 29 d/13-3-44
		"	D.O. 29 d/13-3-44 is cancelled	"		"	D.O. 32 d/22-3-44
		"	Att. to RRC F.A.P. except pay	"	"	"	D.O. 32 d/22-3-44
		"	Ceases att to RRC FAP exc pay	"	31-3-44	"	D.O. 71 d/31-5-44
		"	Awarded 7 days C.B. for AWL from 2230 hrs. 10 Jun 44 to 1600 hrs. 11 Jun 44(Abs. 17 h. 30 min.) Forf: 1 days pay.	"	11-6-44	"	D.O. 84 d/24-6-44
		"	4 days leave with R.A. to 26 Jun 44.	"	23-6-44	"	D.O. 85 d/27-6-44
		"	Adm to Nanaimo Mil Hosp	"	3-7-44	"	D.O. 93 d/10-7-44
		"	Rem'd from Nanaimo to Shaughnessy Mil Hosp.	"	17-7-44	"	D.O. 100 d/24-7-44
		"	Att. to No XI DD FAP	"	1-8-44	"	D.O. 107 d/5-8-44
		"	Disch from Shaughnessy M H	"	11-8-44	"	D.O. 114 d/18-8-44
		"	Ceases att. to No.XI DD,F.A.P.	"	28-8-44	"	D.O.-121,d/28-8-XX 6-9-44
		"	[illegible]				
O.C.		F.St-L.	Granted 25 days leave with R.A. (T.W. A 74-527) from 8-10-44 to	"	1-11-44	"	D.O.140 d/19-10-44
"		"	A.W.L. from 2200 hrs.	"	2 Nov 44	"	D.O.155 d/10 Nov 44
		"	Ret. from AWL 1930 hrs.	"	10Nov44	"	D.O.158 d/15-11-44
		"	DO 155 & DO 158 are cancelled.	"		"	D.O.160 d/18-11-44
			General Duty				
		F.St.L	S.O.S. Cdn. Army (Can)on Embr	wef	10 Jan 45		D.O. 3 /45
		do	T.O.S. Cdn. Army (Overseas)	wef	11 Jan 45		do 3/45
		do	Disembark in U.K. wef 17 Jan 45.				D.O. 3 /45
		do	Report for duty 9 CITR	wef	18 Jan 45		D.O. 3 /45
		do	S.O.S. to 9 CITR	wef	18 Jan 45		D.O. 3 /45
		9CITR	T.O.S. 9 CITR	wef	19 Jan 45		D.O. 8 /45
			S.O.S. to 4 CITR (Auth CRU (ORG) A-515 of 201600A)	wef	26-1-45		D.O. 9/45
		4 CITR	T.O.S. FROM 9 CITR	U.K.	27 Jan 45	"	23/45
		4 CITR	SOS . TO X-4 LIST CIC ( ) (AUTH:UKAG 30/14 SER C6595/2C)	U.K.	22 Feb 45	"	45/45

SERVICE AND CASUALTY FORM

3/14B MFM 4(a) (Part II) 40/P&S/412 (6548)

(PART II)

Regiment or Corps ..... Regimental Number C 116018

Substantive Rank Pte. Surname LALONDE Christian Names R F.

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) 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	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			EMBARKED U.K. 23-2-45 DISEMBARKED	N W.E.	24-2-45		
			T.O.S. X4 LIST Inf G. Bn. (10 BN.)	fd.	23-2-45	Pte.	57/45
X4	(13 Bn)	D.G. Un	S. S. to Fus. M. R.	N.W.E.	28 Feb 45	Pte	60 Mar 45

OCCUPATIONAL HISTORY FORM

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 LALONDE, Roger Fernand (b) Reg'l. No. C-612569
2. (a) Arm of service Army (b) Unit 3A DD (c) Rank Pte.
3. (a) Date of birth 10-Sept-18 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Ottawa, Ont.
4. (a) Place of enlistment Kingston, Ont. (b) Date of enlistment 26-7-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs. (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.) 1 yr. H.S. & 1 yr. Night School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & Fnanhh

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? NO

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 W.H. AYLETT (Chateau Laurier) Address Ottawa, Ont.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) hotel
20. (a) Your specific occupation Bell boy (b) Number of years' experience at this occupation with any employer 4 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? N/A

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.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Store keeper

DATE 28-7-43 194..... SIGNATURE Roger Fernand Lalonde

54 7

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Infantry
Arm or Corps

Trade (if Tradesman or Trade Trainee)

N.T.
Work in Arm (if Non-Tradesman)

C-116018

I. C-612589 | Pte | LALONDE, Roger | R | 24 | A-1
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | English | 3-A D.D. Kingston | 26-7-43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M" C-144383

3-A D.D. | 26-7-43 | Capt. Blair
Place Tested | Date Tested | By Whom

87 | V | Subtests 13 11 2 11 10 9 13 18 | Subtotals 26 21 40 | English
Total | Group | 1 2 3 4 5 6 7 8 | 1-3 4-5 6-8 | English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
18	1	1	1	1	1	2	1

III. Educational Background

Completed Grade 9 at 14 years of age. Separate and High school, montreal, Que. Normal progress and neutral attitude. Left to work for financial reasons.

IV. Occupational Background

Window dresser - Steinbergs - Montreal - years - $20. per week.
Bell Boy - Chateau Laurier - Ottawa - 4 years - $30. per month and tips.

V. Military Background

Reported for enrolment July 26, 1943.

VI. Other Personal History and Appraisal

Ht. 5-9. Wt. 160. Married, one child.

This recruit is the youngest of four children. His brother works in an aircraft factory; his two sisters are married. The father, who is a welder in a war factory, has rheumatism. His mother has heart disease. Lalonde completed Grade 9 in Montreal, where he worked as a window dresser for five years. He came to Ottawa four years ago and was a bell boy in the Chateau Laurier. He is married and has one child.

Lalonde took a limited interest in sports and played hockey and softball He likes bowling and swimming.

Lalonde was categorized by the S.M.B., but has many health complaints which are exaggerated in his own mind. He states he has pains in his feet when he works, wears special shoes and was turned down by the Navy because of flat feet, but was rejected because of colour blindness. He also complains of pains in the right side, which he says, are due to chronic appendicitis.

His "M" score is low for a man of grade 9 education. This is probably due to the fact that he does practically no reading and has no outside interests.

"M" score indicates limited ability.

VII. Recommendations

Infantry (N.T.)

(Signed) for W.R.M. Blair Capt.
(C. Dumont) Lieut.
Army Examiner

M.F.M. 196
200M—1-43 (8312) GD
H.Q. 1772-39-1916

See reverse side for further information and follow-up

C-116018

~~C-612589~~ Pte. LALONDE 30-9-43.

Nervous type but fairly intelligent. Will qualify.

(L.F. Selby) Capt. A.E.
C.A.(B)T.C. #31, Cornwall

SQS OF B.T.C. #31, CornwallOnt. to A13 CITC Valcartier Que 5-10-43.

.-.-.-.-.-.-.-.-.-.-.-.-.

C-116018

~~C-612589~~ Pte. LALONDE. (6th Inf). Valcartier Camp. Nov. 19th, 1943.

RIFLEMAN - Suitable for Operational Unit. H.D.

(L.P.ROUSSEAU) Capt.
for (P.A.FOURNIER) Capt. A.E.

File No 105-L-23798

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No C11608 Name LALONDE Roger FERNAND

Rank on Discharge Pte Date of Discharge 4-5-45

Deceased

Authority for Discharge or Retirement

Served in:

			Non-qualifying service
Canada	from 11-12-41	to 10-1-45	
	from	to	
United Kingdom	from 11-1-45	to 23-2-45	
	from	to	
Italy	from	to	
Northwest Europe	from 21-2-45	to 4-5-45	D/W
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star ... 0K

---------- ...

Italy Star ...

France-Germany Star ... 0K

Defence Medal ... NE

War Medal ... 0K

Canadian Volunteer Service Medal ... 0K

with clasp ...

M

Verified by L. Th. Lacy

Date 30-7-46

Carded JUL 30 1946 AD

IIA 165

AC RIBBON DESPATCH

NO C.116018 Rank Private Name LALONDE, Roger Fernand

Unit Les [redacted]s. Mont-Royal Date of death 4th March, 1945.

Died at Germany

Cause Died of wounds received in action

Death occurred on strength of Forces H.Q. 405-L-23798

N/K Mrs. Cecile Lalonde Relashionship Widow

Address 6660 Drolet, Montreal 10, P.Q.

Remains buried in Germany Cdn Mil Cem 925527 Bedburg Cemetery
Pl.1 Row 24 Gr.7

CHK ✓

Grave location

OVER

BURIAL REPORT TO N.K. JUL 27 1946

RETURN[redacted] BUR. OF STAT. JUN 4 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. MAR 24 1945

Temp B R sent to N K

REBURIAL

Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 15, row E, plot 7.

HI & CR Form Desp'd DEC 3 - 1946

Photographs
Despatched
JAN 2 - 1948

10M-1-45 (M-4608)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER C-116018 RANK Private SERVICE UNIT Les Fusiliers Mont Royal (CA)

NAME LALONDE, Roger Fernand

DATE OF BIRTH DAY 18th MONTH September YEAR 1918 Date enlisted: 11-12-44

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME ADDRESS D.A.B. Mrs. Cecile Lalonde

ADDRESS 6660 Drolet, Montreal 10, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6839A H.Q.405-L-23798

CASUALTY DETAILS Died of wounds DATE 4-3-45

WESTERN EUROPEAN THEATRE OF WAR

S/L 4588
O/S with Fus du St Laurent

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 17-3-45

Mrs Lobbie Lieut.
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

F.T.

22nd March, 1945.

Mrs. Cecile Lalonde,
6660 Drolet,
Montreal 16, Quebec.

Dear Mrs. Lalonde:

18

It was with deep regret that I learned of the death of your husband, C116081 Private Roger Fernand Lalonde, who gave his life in the Service of his Country in the Western European Theatre of War on the 4th day of March, 1945.

From official information we have received, your husband died as the result of wounds received 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.

/EMA

13

405-L-23798
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from theooverseas authorities, No. C.116018, Private Roger Fernand LALONDE, of Les Fusiliers Mont-Royal, Canadian Army, died on the 4th of March, 1945, of wounds received in action.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
March 28th, 1945.

16

485-L-23798

A 552

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 possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

REGIMENT OR CORPS F.M.R. — Squadron, Troop Battery or Company

Officer's Personal No (if known) C 116018 — Rank Pte
Soldier's Army No

Surname LALONDE — Christian Names R.F.

Died — Date 4 Mar 45 — Place Germany

Cause of Death[x] Died of Wounds

Nature and Date of Report C.F.A./ 78 3 Mar 45

By whom made 3 C.C.S.

x Specially state if kill d in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial — Place Germany Cdn Mil Cemetery 925527 Bedburg Plot 1 Row 24 Gr7 Date 5 Mar 45

By whom reported L.G. Daigle C.F. 3 C.C.S.

State whether he leaves a Will or not

(a) in Army Book 64 No

(b) as a separate document Npt Received

All private documents and effects received from the front or hospital, as well as A.B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office,

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A.B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

24

Station and Date — Belgium, 28 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base — Lucie Robert Capt. for Officer i/c

Cdn Sec 2nd Ech H.Q. 21 A Gp.

Dead

CASUALTY WING EXTRACT

"A" "B"427 "C" "PW" DATE 19 MAR 45

NAME LALONDE ROGER FERNAND AUTH 262/74

RANK PTE

RGT.NO. C116018 THEATRE

UNIT FUS MONT ROYAL

HOSPITAL PARTICULARS

ADMITTED DATE

TRANSFERRED DATE

DISCHARGED DATE

DIAGNOSIS SW (HE) MULT BOTH LEGS

FOR THE DAILY UNIT & CONSOLIDATED LIST ADMISSION

FOR THE DAILY LIST ONLY DISCHARGE

CASUALTY CARD MADE(Yes or No) YES PROGRESS REPORT

CLERK'S INITIALS OR NUMBER 31 DEATH

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT-OF-KIN PARTICULARS

RELATIONSHIP

NAME & ADDRESS HOME TOWN

SERIAL NO.

CABLE TO OTTAWA NO. 7304A INLAND TELEGRAM NO.

...-...- v V v...-...-

Director of Estates

Regimental No. C116018 Rank Pte.

LALONDE Roger Fernand
Surname Christian Names

Unit Les Fusiliers Mont Royal (CA)

Date of death 4 Mar 45 Place of Death Overseas Western European Theatre of War.

Casualty Details Died of Wounds

Next-of-kin Mrs. Cecile Lalonde Relationship WIFE

Address 6660 Drolet, Montreal, 10, Que.

Will Wills d/11th Dec 44 and d/28th Jul 43 herewith.

Date 4 Apr. 45

ESTATES BRANCH APR 5 1945 H.Q. OTTAWA NATIONAL DEFENCE

EXCERPT OF M.F.M.5 dated 11 Dec 44

(1) Are you married? YES Children? YES 1

Wife's name and address) Cecile Lalonde 6660 Drolet, Montreal, P.Q. Names and Ages) Suzanne 2 years.

(2) Is your father alive? YES If so, state name and address

Eugene LaLonde 1265 St. Joseph Blvd, Montreal, General Contractor.

(3) Is your mother alive? YES If so, state name and address

Dorine LaLonde 1265 St. Joseph Blvd, Montreal, P.Q.

(4) Are you insured? YES If so, in what company?

METROPOLITAN LIFE

JEC/LH

ESTATES LIAISON

File No. 405-L-23788

REBURIAL

NO C 116018

RANK Pte

NAME Lalonde, R. J

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 15 Row E Plot 7

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

CANADA

QUOTE NO. H.Q. 405-L-23798
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T.

25th July, 1946.

Mrs. Cecile Lalonde,
6660 Drolet,
Montreal 10, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, C116018 Private Roger Fernand Lalonde, have been carefully exhumed from the original place of interment and reverently reburied in grave 15, row E, plot 7, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

/EMA

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (Germany)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: LALONDE (Block letters)

Given names: Roger Fernand

4. RESIDENCE

Street: Rue Drolet No. 6660

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M			Married

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Ont.

11. DATE OF BIRTH: Sept. (Month) 10th (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	26			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Bell Boy

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Eugene LaLonde	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of: 2

(c) Municipal county: 7

(d) Date: ....19.... (Month) (Day) (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Mar. (Month) 4th (Day) 1945 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of wounds rec'd in action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?.... Date of....19....

State findings.... Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide.... (State which) Date....19....

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed.... **M.D.**

Address.... **Date**....19....

OVERSEAS CASUALTY

JUN 4 1945

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature] C.S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le francais)

Director of Records, Dept. of Natl. Defence

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Cécile Lalonde,
6660, rue Drolet,
Montréal 10, P.Q.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-L-23,798 FD 95

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

11 avril 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

LALONDE, Roger Fernand, Soldat,

No. C-116018, Armée Canadienne

ESTATES BRANCH
APR 17 19
H.Q.
OTTAWA.
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/TD

Pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Cecile Lalonde	29	6660 Rue Drolet Montreal
2	Enfants du défunt et dates de naissance.....		Suzanne Lalonde 22 oct 1942	2½	6660 Drolet Montreal
3	Père du défunt.....		Eugene Lalonde	53	1265 Bld St Joseph Montreal
4	Mère du défunt.....		Donna Lalonde	49	1265 Bld St Joseph Montreal
5	Frères du défunt	Frères germains	Aurele Lalonde	31	1265 Bld St Joseph Montreal
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Lucille Parenteau Gertrude Jasmin	29 30	1265 Bld St Joseph Montreal 4235 De Lanaudiere Montreal
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) Nicole Carole Parenteau Robert Jasmin	1 an 2 ans 5 ans	Adresse de leurs enfants 1265 Bld St Joseph 4235 De Lanaudiere

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Roger Fernand Lalonde
9	Date de sa naissance.	1er Sept 1918
10	Lieu et date de son mariage.	30 Sept 1939 Montreal
11	Lieu et date du mariage de ses parents.	28 Oct 1912 Alfred Ont

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Alfred. Ont.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Montreal de 1924 a 1940 (b) (c) Ottawa de 1940 à 1943 (d)
14	Nature de son emploi avant son enrôlement.	Chasseur "Bell Boy" au Chateau Laurier Ottawa
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Montreal. Que

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Non
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Non
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Un bon de $50. ~~enregistré~~ à moi même son épouse Cecile Lalonde pris a Wainwright, Alberta
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Emis 2 assurances dans la Metropolitaine une de $1,000 l'autre $500. Cecile Lalonde Bénéficière
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Non -
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	Payé entièrement par moi son épouse Cecile Lalonde la somme de $35.00

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Veuve du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Madame Cécile Lalonde — Signature du déclarant

6660 Rue Drolet Montreal P.Q. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache.....

Madame Cécile Lalonde — Nom du déclarant

*Voir plus haut

est le/la* ~~Epouse~~ La-veuve du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Saint-Edouard de Montreal ce seizième jour de Avril 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Roméo Primeau Titre Prêtre vicaire

Adresse 435 est rue Beaubien, Montreal

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Effets personnels que le defunt R.T. Lalonde C-116018 possedait, sont les suivants:

Set de plumes et crayon — bracelet en argent avec initials — Etui en cuir avec fermoir-eclair servant à contenir l'argent, pantoufles, ect.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Roger Fernand LALONDE (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Ottawa, in the County District of Carleton

Province of Ontario, Bell Boy (Civil Occupation)

Regimental No C-612589, Unit No. 3 "A" DISTRICT DEPOT, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto MY WIFE:

Mrs. Cecile LALONDE

178 Rochester St., Ottawa, Ont.

ALL I OWN

Relationship, names and address of residuary beneficiaries.

(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

(4) I appoint Mrs. Cecile LALONDE (Name), 178 Rochester St., Ottawa, Ont. (Address)

Housewife (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of July 1943

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.

Roger Fernand Lalonde
(Signature of soldier)

First witness sign here.

(5) Signature Shirley Ryan

Civil Address 85 Chatham St. Kingston, Ont.

Civil Occupation Stenographer

Second witness sign here.

Signature Helen Davis

Civil Address 84 Sydenham St, Kingston, Ont.

Civil Occupation Stenographer

(Witnesses are not to be beneficiaries.)

[OVER]

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,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....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.

ESTATES BRANCH
APR 5 1945
H.Q. OTTAWA
NATIONAL DEFENCE

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S F or R.C.A.F. (ON ACTIVE SERVICE).

(*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 other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank LALONDE, Roger Fernand
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank C-612589 Pte.

(3) Unit No. 3 "A" DISTRICT DEPOT

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Cecile LALONDE

(*b*) Present postal address of wife 178 Rochester St., Ottawa, Ont.

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

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys Girls 1

Names and ages Susan LALONDE: 9 mos.

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

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name

N/A

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?....NO.....

If so, state her full name and Postal Address.....N/A.....

.....

.....

(11) Is your father alive?Yes.....

If so, state name and address, occupation.....Mr. Eugene LALONDE
Gatineau, Mills, Ontario: Welder

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....No.....

(13) 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.....

.....N/A.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....N/A.....

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Dorine LALONDE
Gatineau Mills, Ontario

(15) If your mother is a widow, are you her sole or partial support?.....No.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....N/A.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....N/A.....

(17) Are you contributing to the support of any dependents, other than those shown above?....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....N/A.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....N/A.....

.....

(18) Are you insured?.....Yes.....

If so, in what Company?.....Metero polit an Life Number not known.....
(Give number of policy)

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.

Roger Fernand Lalonde
.....
(Signature of officer or man)

Date 28-7-43

.....

Officer Commanding.....

Date 28-7-43

R. C. A.

O.A. DOCUMENTS & RECORDS
No. 3 A District Depot
KINGSTON, ONT.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Roger Fernand (CHRISTIAN NAMES) LALONDE (SURNAME)

REGISTER NO. D-10384
FILE NO. 405-L-23798
DATE 26-6-45
SERVICE NO. C-116018
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 4-3-45

PAYEE Mme. Cecile LALONDE,
ADDRESS 6660 Rue Drolet,
Montreal - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 4-3-45

	$ ¢
A. TOTAL QUALIFYING SERVICE	
NO. OF DAYS 84 (30) EQUAL TO 2 COMPLETE PERIODS AT $7.50	15.00
B. QUALIFYING OVERSEAS SERVICE	
NO. OF DAYS 53 LESS 24 INELIGIBLE DAYS, EQUAL TO 29 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	7.25
	22.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70	
TOTAL $ 4.45 X7 = $31.15	
NO. OF DAYS 53 (183) X$ 31.15	9.02
D. WAR SERVICE GRATUITY	31.27
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	31.27

RECEIVED
JUN 29 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
[illegible]	

TREASURY	
CHECKED BY	DATE
N. McClelland T.L.S.	21/7/45

[signature]
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name LALONDE. Roger. F. No. C.116018
Surname Christian Names

Pte. C.A. C/S 4-3-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 62.62

Date 15 Nov 45

Other Credits.....

Total..... 62.62

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Cecile Lalonde, 6660 Drolet St., Montreal, P.Q. (Sole beneficiary under will)	62.62 R

P4. TO TREAS. 1-12-45, pm.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	62.62

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

L.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

3/45A MFM 510
40/P&S/254 (8550)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. C116018 Rank and Name LOLANDE R.F. Pte.

of (Unit).....on.....

(~~Transfer~~ or Discharge).....~~to~~ on 4th Mar: 19 45.

Reason Death Authority C.C.L."A" 552 d/9th Mar.45.

The following is a statement of the account of the above-named from 1st Mar: to 31st Mar: 19 45. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	32	22
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay.....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars).....days at.....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars).....days at.....$		
Public Stoppages (give particulars) :					
			Cash Eff SOCR 704		34
			" " " "	1	40
			" " " "	2	92
			" " " "	2	24
To Balance Cr Free	62	62		6	66
To Balance Cr Deferred			By Balance Dr		
Total	85	62	Total	85	62

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

A.P. $23.00 (W) Stopped eff Apl. 45.

Compiled by F. Trenouth.

Checked by L. Broughton

Date 20 Sep. 45. 19

Certified correct for Chief Treasury Officer, Overseas

MW

N. R. M. A.

FORM No. 1

Register No. ..... Nominal Roll No. .....

To: P.M.G. H.Q. File No. 405-L-23798

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C 612589	Pte	LALONDE	ROGER FERNAND

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Enlisted Active (C.A.) ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 26 JUL 43	T.O.S.	T.O.S.
S.O.S. 10 DEC 44 MD XV	S.O.S. MD	S.O.S. MD
Total Days 504	Total Days	Total Days

Total Service 504 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	504	1	503
Overseas Service	nil	—	—
Totals	504	1	
Add Non-qualifying Service			1
Total Service			504

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... Pete North (clk)

Checker's Signature ..... [signature]

Date Computed ..... 20 July 45

ACTIVE SERVICE

UNDER REGT. No. C.116018

FROM 11 DEC 44 TO 4 MAR 45

SEE ATTACHED FORM No. 1

FOR ACTIVE SERVICE

N.R.M.A.

NO SERVICE IN THE ALUTIAN ISLANDS

OR O/S

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

[signature]

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—H1-A4 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL			11JUN44		1

Total 1

Overseas: T.O.S. .... T.O.S. .... T.O.S. ....

S.O.S. .... S.O.S. .... S.O.S. ....

Total ....

FORM No. 1

Regis[redacted] No..... Nominal Roll No.....

H.Q. File No. 405-L-237981

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C 116018	Pte	LALONDE	ROGER FERNAND

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Died of Wounds ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 11 DEC 44	T.O.S.	T.O.S.
S.O.S. 4 MAR 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 84	Total Days	Total Days

Total Service ..... 84 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	31	Nil	31
Overseas Service	53	Nil	53
Totals	84	—	
Add Non-qualifying Service			—
Total Service			84

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 4 MAR 45 ..... 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... (Pete Mozzolec)

Checker's Signature ..... A Robbox

Date Computed ..... 20 JUL 45

DIED WHILST IN SERVICE 4 MAR 45

N.R.M.A. SEVICE

UNDER REGT. No. C 612589

FROM 26 JUL 43 TO 10 DEC 44

SEE ATTACHED FORM No 1

FOR N.R.M.A. SERVICE

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

K. L. Laurin for

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

Total

Overseas: T.O.S. 11 JAN 45 ✓ T.O.S. T.O.S.

S.O.S. 4 MAR 45 S.O.S. S.O.S.

Total

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

226

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..C-116018..Pte..Lalonde..R.F.....Dec'd.....

RECEIVED FROM .....Cdn..2nd..Fch..21..Army..Group.....

CHECKED BY .....B-81759..Sgt..Graves..J..G..... DATE .....12..Apr...45.....

AND .....A-117006..Gnr..Swartz..M.....

1	Red "I" Disc.		
1	Wallet.		
1	Rosary.		
1	"I" Bracelet.		
7	Coins (Souvenier).		
1	Unemplt Ins Card.		
1	Key.		

ORIGINAL
DUPLICATE
TRIPLICATE
} To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD