



DUPLICATE TRIPLICATE

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

Unit 2nd Field Battery, R. C. A.

and the black and

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1.	Surname Lalonde
2.	Christian Names Ferdinand, 14/1/1/ Herve
	Present address 317 York St., Ottawa, Ontario.
4.	Date of birth 9th Octpher 1918
	Place of birth Canada Quebec Wrightville (Country) (Country or Province) (Town or Township) Religion (state denomination) Roman Catholic
	Trade or Calling Checker in Bakeshop
	Married, Widower or Single Single Married 11.1.40 Name of next of kin Fugure Albert I alonde Trose Albert Labore
9.	Name of next of kin
10. 11.	Relationship Man Father Address of next of kin 317 York St., Ottawa, Ont. (same)
12.	Have you served in any Naval, Military or Air Force?
13.	If previous war service, state arm, force and regimental particulars
14.	Do you now belong to or have you served in the Active Militia of Canada?
	(Give unit and date of attestation)
	DECLARATION TO BE MADE BY MAN ON ATTESTATION Herve
i.e., said sho	I, Ferdinand Marvey Lalonde do solemnly declare that the above ticulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after lemergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty uld so require my services. 14. h. Herve Sept. 8/39
	OATH TO BE TAKEN BY MAN ON ATTESTATION
dee	I, Ferdinand Hary y Lalonde do sincerely promise and swear (or solemnly lare) that I will be faithful and bear true allegiance to His Majesty. (Signature of Recruit)
que	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 estions 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 ered as replied to, and the said recruit has made and signed the declaration and taken the oath before me, Ottawa, Ont. Sept. 19.39 M. 2 M. 2 Signature of Magistrate, Justice
	SEP 17 1940 SEP 17 1940 Office or Rank and Unit or appointment. Office Attention is drawn to the fact that any person making a false answer to any of the

CERTIFICATE OF MEDICAL EXAMINATION

Name in fullLalondeFerdin Part 1. Information obtained from the re	ecruit. Sept. 8/39
1. Age20 2. Have you ever suffered	
a. Rheumatismno	
b. Tuberculosisno	
c. Bronchitis or asthmano	
d. Heart diseaseno	
e. Kidney or bladder diseaseno	
f. Gastro-intestinal	
g. Ruptureno	o. Syphilis
h. Varicose veins	
i. Flat or deformed feet	q. Have you ever worn glasses?
	Havey Lalon de
No Compensation or Pension Examiner's remarks re above	(Signature of Recruit)
Likaminor S Tomanks to above	• • • • • • • • • • • • • • • • • • • •
······································	
Part 2 Information obtained by medical	l oromination. The moment morret be etained
1. Identification marks or scars. (If operative obtain	examination. The recruit must be stripped.
	scar left knee
O TT : 14 E C 4	7.46
2. Height5feet9inches.	Good
4. Complexion Dark Eyes Blue	5. Development Good Fair Poor
HairBlack	
6. Chest measurement—Girth on full expansion	$35\frac{1}{2}$ inches.
Range of expansion	2inches.
7. Vision, right20/30left20/30	8. Hearing, right 20/20 left 20/20
9. Condition of mouth and teeth	
	ound on examination are as followsnil
•••••••••••••••••••••••••••••••••••••••	
Dort 2 Wa the examiners find no exidence of	f the diseases mentioned in Question 2, Part 1, except as
reported in the remarks. We have examined the Rec	eruit in accordance with the pamphlet "Physical standards
and Instructions for the medical examination of recru	its" and he is found fit for CategoryA
Special remarks when category lower than A	
La guita Dentities	
DO Long RIM	un mas I kal whole
President Want	Member Member M.C.
	RDS, RECLESSIFICATION OF MEDICAL CATEGORY
Date Brief details and signature	Date Brief details and signature
28 11 39 1 0.25 05.	24-2-41-0v.7.7,1,0,0
30.11.39 Kenxam Fass, reflexes	2
HID/39 Respan Earsiely	
4/12/39 12 0.5 c.c.	
11.12.39 7103 vac	
4-1-40 411	2/40
43.40 Tilampy Jord A. S. M.	
24-2-41 T.A.B. + C.C.	

Christian Name Ferralization of Hour Regtl. No. 6.19,620 Rank Lenv. DATES OF 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, and whether mercury has been given. 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. Discharge from Hospital Date of Arrival Signature of Medical DISEASE into Hospital STATION Officer Day | Month | Year Day | Month | Year

C. 19/20.

Statement of the Service of No. le. 19,620. Rank Genry.

Name Lealonds, Findinand Hervi

M.F.M.1 & 2A 40/P & S/119

Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received					- 1400	Part II D.O. No. Cas. List, etc.	Dated
••••••••		Lawr, 7 days (3rd priv) now	Jen.	14,00k41	4, Held Rep	+U.K.	56.	7. nov.41
		adm. to 8, Fild amb.	Jenv.	15, fan 42	4, Held Rg	t-U.K.	4.	23, Jan, 42
		Disch from 8, Fild. amb	forv.	19 fan 42	4, HURgt	-U.K	<i>5</i> .	31. Jan. 42
••••••		To be a/L. Bolv. (minus)	att Boly	21/May 42	4, Had Ros	U.K.	35.	6, Jun 42
8.0.8		S. O. S. to X. List fubility of ration	a/L.Bdr	19,aug 42	4. Feld Rgs	t.U.K.	47.	31, aug 42
		Leave, 7 days 4.5. Att. 13, aug 42	all Bala	6aug42	4, Hell Rgs	· U.K.	48.	5, Acht-42
••••••		Leave, 7 days 4.4. Rtd 25 mar 42	alkBolv	18mar 42	4. HildRgs	U.K.	48.	5. dept. 42
1003	3-3/ Neegz	Embarked for Firance Jubiles Oppn				U.K.	48.	5. dept. 42
••••••••	T.O.S.	7.0.8. from 4 Held. Regt. R. La Missing	ak Boh	Daug 42	Xxist	N.K.	<i>/</i> :	5, oct. 42
D.J.	Prenin	aly rep. missing how reported Killed	A/4/13ds.	19au 142	X Liel	w	3	31 Mee 4
B.2. 1	943 Boc							
•••••••		•••••••••••••••••••••••••••••••••••••••						
••••••	•••••••••••••••••••••••••••••••••••••••		•••••••••					
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•••••••						•••••••••••		

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

	(17) Regiment or C	orps	Unit (Battn., etc)
1. Surname Pallonge	RCa	P	4 Fd Reah
2. Christian Names ellaunand selve			X hist
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			•••••••••••••••••••••••••••••••••••••••
4. Place of birth Usightville Quebec	(18) Medical		•••••••••••••••••
5. Date of birth as declared on attestation 91/2 October 1918			
(A)	Category	Date	Authority
6. Date of enlistment. 8 1939			
7. Place of enlistment. Ollawa Colinio	A	89.3	9 Medical Board
8. Residence at time of enlistment		/	
9. (B) Special conditions (if any) of enlistment or rate of pay			
•••••••••••••••••••••••••••••••••••••••	•••••		
10. (C) Any subsequent variations of conditions of service	••••••		
11. Religion	······		
12. If married, state date	(19) Next of kin (er	tries to be	made in pencil)
13. Trade on enlistment. BAKESHOP WORKER.	Cecque albert h	alonde	Now albak halonde
14. Corps, trade and grade			
15. (D) Qualifications	dalher		mother
16. (E) Miscellaneous entries	317.71	OPKS	T. OTTAWA ONT.
•••••••••••••••••••••••••••••••••••••••	MRS FH LA	LONDE	(WIFE)
••••••••••••••••••••••••••••••••	(20) E	19 SP	RING FIELD AVE.
•••••••••••••••••••••••••••••••••••••••	(21) E		OTTAWA.
•••••••••••••••••••••••••••••••••••••••	(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.

	1)	(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
	T. O. S	. CASF	overseas Halifax .0. 70 22-8-40				
ΩΙ				Glasgo	w 4-9-4	O Gnr.	Part 11 D.0.77 6-9-40
Leke HD	AFW 3011	11	Landing Leave to 1 let, 40.	Ewshot	27-9-HD.	н	" H-10-40,
Mar 41.	11 37.	11	1st Priv " 24 Act 41.	alder "		11	" " 12 mas 41.
" 41	11 56	11	Son born at Ottawas ont.		14. Vec 40	//	" " 12 " 41
mm 41.	0.C.		2nd. Priv Leave to 15 Jun 41.	11	6 Jun 41.		" " 30 13 Jun 41.
Oat HI			320 " " 21 Oct 41.	Fr.d.	14. Ont 41		"
Hospi	tal Re	turn	alm 8 Hl amb		15- Jan 42	!!	1 1 H. 23 Janys.
/ 4			Disch 8 7d aut		19 Jan 42		" " 5, 31 Lan 42.
27 Mayy;	e e	472R	Tobe A/4/Bdv		2/ May 42		" 35, 6 Jun 42
SUB 42	2Ech	4	Combarbed in UK for France-Jubilee Operation	4	18 aug 42		48
Laug 42	Ahit 185	4	Failed to seturn from Jubilee Operation				
			France-805 to X List RCA - missing		19aug 42		7 - 47
2 any 42	eR.	1	PL. Tdays 18 Mar 42 Ret. 25 Mar 42 F.4	"	18 Mar 42		
7		44	PL. Tdays. 6 aug 42 Ret 12 aug 42 F.5	4	6aug 42	"	
-augus 2	Adist-185	X hist RCa	TOSX Rint Rea from 4 7d Regt 1200	<u>L</u>			
/			missing		20aug 42	!/	HELMS 1,5 Oct 42
Dec 42	2Ech	47dR	amendraent - SOS to X hist RCa to read wife		18 aug 42	4	n. 2062
7. Dec 42	AList 225	X hist RCA	Amendment - TOSXList RCa to send well	a	19 aug 42		
4	4		Amendment - TOSXList Rea to read welled)		19 aug 42		* No 3.
				the state of the s			
						The second	
						• • • • • • • • • • • • • • • • • • • •	
	A CONTRACTOR OF THE PARTY OF TH						

No C. 19620 Rank XX	mbardier Konxpoxxxl Name L	ALONDE, Ferdinand	Herve
Unit4th Field Regt	R.C.A. Date of	death 19th Aug.,	1942.
Died at France.			
Cause Killed in ac	ction.		
Death occurred on str	ength of Forces.HQ	405-L-2992	<u>d</u>
N/K Mrs. F.H. La	Londe	Relationchip	Widow
Address 240 Marier	Road, Eastview,	Ontario.	
Remains buried in	Des Vertus		Cemetery
	Hautot-Sur-Mer,	France.	
Grave location	Grave 522.		
		01	IER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 23-6-43.

RETURN TO BUR. OF STAT. 22-4-43

ROYAL MESSAGE DESP'D. FEB 5 1943

CAN. MESSAGE DESP'D. 15-12-42.

Hautot-sur-Mer Cdn Mil Cem.
Hautot-sur-Mer, France.
Grave 41, row D.
& CR Form Despd.DEC 3-1946

Redesignated

(1) MEDALS

PERSON

Mrs. R. LALONDE ENTITLED TO

(Widow)

240 Marier Rd. Eastview, Ont. ADDRESS:

(2) MEMORIAL CROSS

WIDOW Mrs. F.H. Lalonde,

ADDRESS: 240 Marier Rd., Eastview, Ont.

(3) MEMORIAL CROSS

MOTHER Mrs. Rose A. Lalonde,

ADDRESS: 317 York St., Ottawa, Ont.

(1)

4-4-49

DESP. APR- 6 1943

MEMORIAL BAR

DATE DESP.

9-12	2-4	12
(0.C.	L	-216)

AWARDS-CANADIAN ARMY (ACTIVE)

39-68004 1445 M 100M-10-41 (2195) H.Q. 1772-45-8

			FILE No.405-L-2992
LALONDE, Ferdinand Herve	C.19620	A/L/Bdr.	R.C.A.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal	
War. Medal C.V.S.M. & Clasp	73×5
DIEPPE SEP 1 9 1994	
all.	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name	Rank Gunner
Unit2nd Field Battery, R.C.A	Regimental Number C 19620
I, Ferdinand Herve Lalonde,	
having been enlisted in the Canadian Militia, and by my D	eclaration dated the 8th
Service Force as set forth in said Declaration, do further on active service in the Canadian Active Service Force a Canada and Overseas, for the duration of the present war thereafter, and in any event for a period of not less than o so long require my services.	declare that I hereby engage to serve nywhere in Canada, and also beyond , and for the period of demobilization ne year, provided His Majesty should
Witness By By Kay	Herve Lalorde. Signature of soldier.
30. Sep. 39 Date	

Note.—This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M. 2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Declaration will be forwarded thereto for attachment.

M.F.M. 2 (x) 120M--9-39

CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION C.19620 NUMBER Ferdinand Herve NAME DATE OF BIRTH October YEAR 1918 MONTH MARITAL STATUS Marriod NEXT OF KIN AS SHOWN ON NAME M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS 240 Marier Road, Rastview, Chtario ADDITIONAL PERSON TO BE NOTIFIED ADDRESS PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS 19-8-42 AUTHORITY CAS. SIG. NO. Freviously reported missing in action, now reported killed in action DATE CASUALTY DETAILS

NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

10-12-42 DATE

OFFICER I/C RECORDS

(SEE OTHER SIDE).

REAL SECTIONS OF THE PROPERTY OF THE

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.

(1)	Name of Officer or Soldier LALONDE
	(Surname first—Christian names in full—Block capitals)
	FERDINAIND HERVE
(2)	Regimental Number C 196 V 0
(3)	Unit 2nd Field Battery, R. C. A.
	Are you married? 220
(5)	If married, state,
	(a) Full name of your wife
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
	Are you a widower? 00
(8)	Have you any children? 220
	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
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
	Name
	Postal Address.

	Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? 200
	If so, state her full name and Postal Address
	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive? Up
	If so, state name and address. Engine allert Ralande
	317 York St altown ans.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole support
(13)	If sole support of father who is a widower—state what amount per month you have given him price
	to joining C.F.F.
	Also state reason he has no other means of support
(14)	Is your mother alive? Wes
	If so, state name and address Rose allast Laloude
	319 Jock St altrema
(15)	If your mother is a widow, are you her sole support?
(16)	If sole support of widowed mother—state what amount per month you have given her prior to joining
	If sole support of widowed monies—state what amount per month you have given her prior to joint.
	C.F.F.
	C.F.F.
(17)	C.F.F. Also state reason why she has no other means of support. Are you insured?
(17)	C.F.F. Also state reason why she has no other means of support. Are you insured?
(17)	C.F.F. Also state reason why she has no other means of support.
(17)	C.F.F. Also state reason why she has no other means of support Are you insured? If so, in what Company? Muddendial Life
(17)	Are you insured? If so, in what Company? Have you made arrangements for payment of your Insurance Premium? 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.
(17)	Are you insured? Are you made arrangements for payment of your Insurance Premium? 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.
(17)	Are you insured? If so, in what Company? Have you made arrangements for payment of your Insurance Premium? 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.
(17)	Are you insured? Are you made arrangements for payment of your Insurance Premium? 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.
(17)	Are you insured? Are you insured? Have you made arrangements for payment of your Insurance Premium? 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 formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this formation given b
(17)	Are you insured? Are you insured? If so, in what Company? Have you made arrangements for payment of your Insurance Premium? You wish to make, provided the total assignment is not in excess of the maximum monthly amoun which may be assigned. I hereby certify that the information given by me on this form is correct in each and every particular of officer or man)
(17)	Are you insured? Are you insured? Have you made arrangements for payment of your Insurance Premium? 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 formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this form is correct in each and every particular formation given by me on this formation given b

30th July, 1945.

Dear Mrs. Lalonde:

Receipt is acknowledged of your letter dated the 15th July 1945. In reply I beg to advise the official report that your husband C-19620 Lance Bombardier Ferdinand H. Lalonde was killed in action was based on the finding and positive identification of his remains, therefore it must be considered authentic.

To further substantiate our records in this respect your late husband's remains are buried in grave 552, Des Vertus Cemetery, Hautot-Sur-Mer, 2 miles West-South-West of Dieppe, France.

I am unable at this date to forward a picture of your husband's grave, however arrangements have been made whereby all permanent graves overseas of deceased members of the Canadian Army are to be photographed and prints of the pictures will be forwarded to this office as soon as they are available for distribution to the next of kin, It should be pointed out that owing to the number of graves to be photographed over a very large area, it will be some considerable time before the work can be completed, but you may rest assured that the picture of your husband's grave will be forwarded to you without avoidable delay.

In reference to that portion of your enquiry regarding the name of the hospital in which your husband died, may
I state that the report killed in action indicates he met his
death instantly and therefore was not taken to a Medical
Installation.

That part of your letter regarding the Re-Establishment Credit and your late husband's personal effects has been referred to the necessary authorities who I feel sure will give you an immediate reply.

trojosed bjores trug put negotig of Aout Jores,

Long promptoment *

-over-

MARDING SELLATOR IN THE ROUGHLESS THE

6

Enclosed pleade find the record of your late husband's service in the Canadian Army.

Yours truly,

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

Mrs. Rolande Lalonde, 1810.

332 Catherine Street, 1810.

Eastview, Ontario.

The effect of preparation of the continuous and t

Instructor.

Deput Francis :

connumbered's grave; however arremore site pays been educated as a connumbered of an interest of an interest of according to the content of t

To the parties and the property of the contraction of the contraction of the parties of the contraction of t

The color is well of indicated of roun rector dated which is a list of the analysis of the color of the color

The second of the second of the second

Madame,

Je vous accuse réception de votre le ttre du 15 juillet 1945. En réponse, je dois vous dire que le rapport officiel à l'effet que votre mari, le bombardier suppléant Ferdinand H. IALONDE, matricule C-19620, a été tué au combat, a été basé sur la découverte et l'identification positive de ses restes, par conséquent il doit être considéré comme authentique.

En plus, pour justifier nos dossiers à ce sujet, les restes de votre mari sont inhumés dans la tombe 552, du cimetière Des Vertus, Hautot-surmer, à deux milles à l'ouest-sud-ouest de Dieppe, En France.

Présentement je suis dans l'impossibilité de vous faire parvenir une photographie de la tombe de votre mari, mais toutefois, on a pris des dispositions pour que toutes les tombes permanentes, outre-mer, des membres défunts de l'Armée canadienne soient photographiées, et des épreuves positives seront envoyées à notre bureau aussitôt qu'elles seront prêtes à être distribuées au plus proche parent. Je dois vous faire remarquer que vu le nombre des tombes à être photographiées sur une grande étendue de terrain, il devra s'écouler un temps considérable avant que ce travail soit terminé, mais vous pouvez être assurée que la photographie de la tombe de votre mari vous sera envoyée sans délai.

Pour ce qui a trait à cette partie de votre demande au sujet du nom de l'hôpital où votre mari est mort, permettez-moi de vous faire remarquer que le rapport "tué au combat" indique qu'il est mort instantanément et par conséquent n'a pas été transporté à un poste médical.

Pour ce qui a trait à vos demandes du crédit de réintégration et des effets personnels de feu votre mari, nous les avons transmises aux autorités compétentes, d'où j'en suis certain, vous recevrez une réponse immédiate.

Vous trouverez sous ce pli un état du service de votre mari dans l'Armée canadienne.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudent général,

(C.L. Laurin) colonel, directeur des archives.

Mme Rolande Lalonde, 331, rue Catherine, Eastview, Ont.

/PEI

East vieur 15 juillet A grui de droit 1201945 Pourieg-Mallo sil nous-platt me ren segner sur le crédit de readaftation. Paurqui la neuve et les enfants d'un soldat m'ont-ils droit à ce crédit. Purgu un soldat gur est assez henring de revenir de la guerre a gagne ce crédit, pour guelle raison un saldat que donne sa me na-t-il pas gagner ce credit de readestatwo? 64

+ Une neme gui fence a l'amenir de son filo a autant bessire gu im soldat gui revient four travailler et faire ino truir ses enfants, je en J'airrerais aussi savair å gui mådresser pour avoir d'autres imformation sur la mort de mon Quelles preuves ont le governeret au la Craix Rangee de la most de mon mari. Maintenant que les allies somt en Europe il servit plus facile 63 d'abtenir les runseigne ment de Dieffe au mon mani flut tué

de desirerais si possible avour eure photos de la tombe de mon epany pital sil est décède à l'ha pital. Aussi une capie derstreamed isi c'est possible fle nai run regu des. abjets pre mon mari avait sur lui lærsgu tel fluttue donc e 'est très difficile" pour moi de croire sur premes. Je sous suplie de en åider si vans le pauner Lante dévance. (mue) Ralande Latonde 33/2 rue Estherinde East vien Anterio venue de AL Ber Laborde F. H C 19620, tue a Vieppe 19 août 1942

COMPUTATION OF WAR SERVICE GRATUITY	
MEMBER'S NAME AND HERVE LALONDE	ster No. 1
(Contian Names) (Surname) FAYEE'S NAME MASS ROLANDE HAHONDE File	No.405-4-2999
(Christian Names) (Surname) Date ADDRESS 33/2- ATHERINE, ST. Service EASTVIEW, ONT. Final	ice No. 1-19620
EASTVIEW, ONT. 19-8-49	1 Rank. A. A. B. S. J. Z.
DATE OF TERMINATION OF OVERSEAS SERVICE	
	AMOUNT \$
A. TOTAL QUALIFYING SERVICE	
No. of days 10 22	26250
D. QUALIFYING OVERSEAS SERVICE	
No. of Days	
equal	18/25
C. SUPPLEMENT FOR OVERSEAS SERVICE Sub-Total Daily Rate of Pay \$./:	44315
Subsistence Allowances \$./	
Additional Pay #	
Dependents' Allowance 1/30 \$4.7.00 \$1.57	
Lat x7= 28.49	
28.49	
No. of Days x \$	
D. WAR SERVICE GRATNITY Computed By	55662
E. DEDUCTIONS / WY	
Overpayment of (1) Pay & Allowance \$	
(2) D.A. & A.P. \$	
Entered by Other Deductions \$	
N/A	
F. AMONTALE	
(This amount is payable in monthly 55-6.62 instalments of \$	5-5-6 62
G. Monthly instalment not to exceed daily rate of Pay & Allowances per	(C)
\$x 30= \$	-60
REMARKS	
ench etatornent required.	

4.4

Form Ne. 1

Nominal Foll No. _2// H.Q. File No. 405 6 2992 WAR SERVICE GRANT Rank When Christian Name in Full Ragt. No. S.O.S. Surname C 19620 / A/L/Bdr/ Kalonde Ferdinand Herve Reason for Termination of Service: Hilled in Action CARO! 1st Enlistment 2nd Enlistment CARO 3rd Enlistment 2nd Enlistment 3rd Enlistment. ist Enlistment 1.0.8.10 Sept 39 T.O.S. 5.0.5.19 luy 4 2 10 S.0.5. Total Days 1075 Total Days Total Days 1075 DAYS TOTAL SERVICE. Enlished on 8 Sout 39 Less Non-Total qualifying Not Service Service Service WESTERN HEMISPHERE OVERSEAS SERVICE Totals Add Non-qualify.ing Barvice TOTAL SERVICE DETAILS: Date 3.0.8. Overseas 19 liny 42 REMARKS: Signature Commente Checker's Signature Date Computed Certified that entitlement to benefits under the War Bervice Grants Act, 1944, has been established.

> C.L. Laurin) Colonel, and Director of Records. Cond

based on service shown herein.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

lorfeits for	from	to	Eff. Date	Days	Total
aud			2 Lee 40	# //	
accard			2 Que yo	//	~2
•••••••••••••••••••••••••••••••••••••••					
			······································		
1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE SELECTION				
		• • • • • • • • • • • • • • • • • • • •			
				TOTAL	22

T.O.S. 22 lieg 40 T.O.S. T.O.S.

OVERSEAS
S.O.S. 19 lieg 42 S.O.S. S.O.S. S.O.S.

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DISTRIBUTION OF SERVICE ESTATES GMcC

ARMY

Name:	LALONDE	Ferdinand H.	No. : C-19620
	Surname	Christian Names	
A/I/	Bdr.	4th Field Regt. R.C.A.	19-8-42
Rank	•••••	Unit	Date of Death
		AMOUNT	
			L. P. C 10. 43
		Date:	Other Credits
			Total

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
A11	W1dow	Mrs. Relande Lalonde, 240 Marier Road, Eastview, Ontarie	\$ 10.43/
		(es next of kin entitled)	

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	831	00	00	ool	\$ 10.43
CLASSIFIED BY			EXAM	INED BY	

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

10M-5-43 (9861) H.Q. 1772-80-2

ESTATES BRANCH

June 17, 1943.

Officer i/c Estates, Canadian Military Headquarters, 2 Cockspur Street, Trafalgar Square, London S.W. 1, England.

LALONDE, Ferdinand Herve, A/L/Bdr. (Deceased) No. C.19620, R.C.A.

- 1. This soldier lost his life in the Dieppe Raid August 19, 1942.
- 2. The personal effects were received here including some snapshots and a few letters. The widow of the deceased now informs us that in addition there should have been a small album of snapshots and also a personal letter written by the deceased to his widow which was not included in the ones which she received.
- 3. Other effects which she mentions are a ring containing the deceased's initials, his beads and a small silver chain which he wore around his neck.
- 4. It is understood that some of these articles may have been lost in the action in which the deceased lost his life but a search for them is requested, please, so that a satisfactory answer may be made to the widow.

(R.G. Phelan) Lieut., for (L.M. Firth) Lt.-Col., Administrator of Estates.

RGP/JMcF

APPENDIX "A"

Personal effects returned to Offr i/c Records

1 bag of handkerchiefs

3 letters

1 prayer book

1 pr pyjamas

1 wrist watch (broken)

1 towel

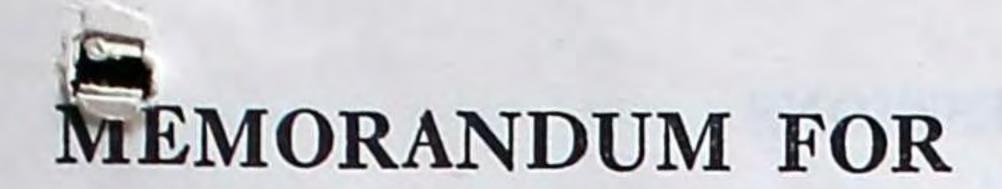
1 leather bill fold with photos

1 pullover

1 pr scissors

1.pkg pictures

In Drung Coppe R. C. A.



 Mrs	F	н	Lalonde,
 240 M	ari	er	Road.
 Eastv	iew	٥٥	ntario.

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

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

and the following number quoted:-

H.Q. 405-L-2992 F.D. 112

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

January 4th

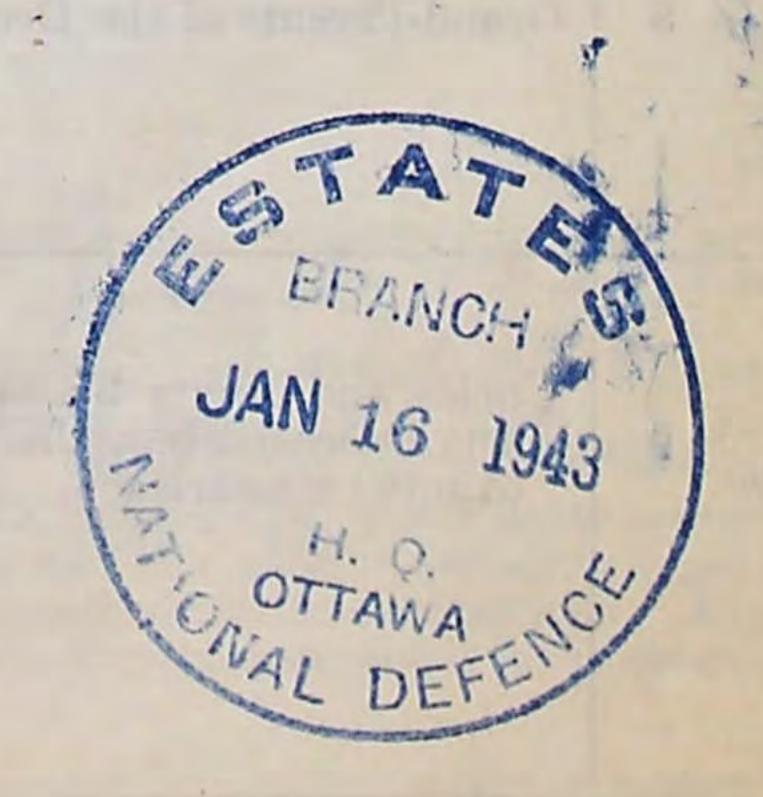
For the purpose medals or memorials late	of record and in the event of there being any balance of pay, available for distribution (according to law) on account of the
	LALONDE, Ferdinand Herve, A/L/Bdr.
	NoC.19620, 4th Field Regiment, R.C.A.
	······································

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

DWITHOUT THE THE THE THE THE THE TOWN ALLE AND WE AROUND ALLE WOLL THE THE THE THE THE THE THE

1 1121121 13 111 30 = 1147

(R. G. Phelan) Lieut.,
for (L. M. Firth) Lt.-Col.
Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

hip			INFORMANT'S STA	ATEMEN	r
Degrees of Relationship		TIVES accounted for	NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the D	eceased	Rolande Lalonde	22	240 marier Rd Eastwiew
2	Children of the dates of their	Deceased and Births	Berné Labonde December 1400 1948	2	2 40 Marier Ro Castrieur
3	Father of the De		mr Eugène Labonde	51	317 Hork It
4	Mother of the D	eceasea	Mrs Rose States	48	317 york St Ottowa
5	Brothers of the Deceased	Full Blood	Ma hereign falonde albert talonde Carmand, Rés Robert	22	24/2 Catherinalt East. R.C. A.F. towards 317 York St
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Cmile Lakorte mis Oscar Chakbonneau miss Claire Lalonde "marquerite"	27 25 28	3 19 gark St 1362 me arthur State 3 17 gard State
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.		Names and ages of their children		Address of their children
J.	mary 2	forthe Harty			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

,		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

FULL PARTICULARS AS TO IDENTITY

=		
10	What is the full name of the deceased?	Joseph Ferdinand. Derve Lalonde
11	Give the month and year of his birth.	October 1918
12		Notre Vame of Will. June 1/xh 1912
13	If deceased was married, state place and date of marriage. Was there a marriage contract?	It Charles church Eastween on January 11, 1948 I have a mariage certificate
14	Did he leave a Will? If so, a copy should be attached hereto.	none that I know of
15	Did he leave a bank account? If so, give full particulars.	no
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	nd
17	State your own postal address in full.	240 marier Rd. Eastwiew

PARTICULARS OF DOMICILE

18	Where was deceased born?	in Wrightwille Bull Province & Quebec
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	in Dielee Consde 1918 to 1925
20		Røyal Canadian Artiller
21	Did he own the premises in which he lived? If so, where?	no.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	his son in Ottowa

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	amount baid, and by whom.	amounts authorized in the Regulations, where death occurs burial is made in Canada, and if a relative has already paid he extent of the amount authorized in the Regulations. Any

DECLARATION

*Insert degree of relationship for example, "Widow," of all the relatives that the deceased ever had in the degrees inquired for; and that I "Father," etc "Brother," etc " * ** ** ** * ** ** ** ** **	atement am the
N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner Manue Herry Lalonde Signature, Commissioner	gnature of formant
CERTIFICATE	
I hereby certify that, to the best of my knowledge and belief	
above described, and I believe the above Declaration and the Statement of Relatives mad	e by the
Informant and signed in my presence to be complete and correct.	
Dated at Eastwie this 15 day of Janvier	19.4
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public Address Address Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public Address	La q

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

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

Tomber on IT Therein the chart measurement wit over all his I'm

22 Did de ever state erbeile, er de menten where he intended so

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CHARLE HELD WILLIAM STORY SOLVENS

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Transport District the Said of Real

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FORM 6

	IFICATE OF REGISTRATION OF DEATH	
1. PLACE (County or District of IN THE FIELD (FRANCE)		
DEATH If in City, Town or VillageStreet	House No(If death occurred in a hospital or institution, give the name instead of street and number)	5
2. LENGTH OF STAY (in years, months and days) (a) In City Town or Township where death occurred	(if death occurred in a nospital or institution, give the name instead of street and number)(b) In Province(c) In Canada (if immigrant)	
3. PRINT FULL NAME OF DECEASED LALONDE.	(c) In Canada (if immigrant)	
	Given name or names in usual order)	
RESIDENCE No. 317 Street York St. City, Town (Residence means usual place of abode.	n, Village or Township	
4. Sex 5. Nationality 6. Racial Origin 7. Single, Married,	MEDICAL CERTIFICATE OF DEATH	
(Citizenship) Widowed or Divorced (Write the word)	24. DATE OF DEATH AUGUST 19th.	42.
Mail Herrioù.	(Month) (Day) (Y	Year)
8. BIRTHPLACE (Province or Country)	25. I HEREBY CERTIFY that I attended deceased from:	
9. DATE OF BIRTH October Oth 1918		
(Month) (Day) (Year) Years Months Days If less than one day old	and last saw halive on	
10. AGE in 23 10 11 hrs. or. min.	CAUSE OF DEATH	PHYSICI
	Immediate cause (a) BLLLLOC IN BCCION.	Underl
11. Trade, profession or kind of work as Checker in Bokeshop spinner, teamster, office clerk, etc. Checker in Bokeshop	tion which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to	the cau
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc.	Morbid conditions, if any, giving rise to (b)	to which
13. Date deceased last worked 14. Total years spent in	immediate cause (stated in order proceeding backwards from im-	death
at this occupation this occupation		should
15. If married give name of wife TALONDE, Tolk or husband of deceased.		charge
E 16. NAME LALONDE, Eugene Albert.	causally related to immediate cause.	statistic
H LOS IVAME	26. If a communicable disease is mentioned on this cer-	
17. Birthplace (Province or Country)	tificate, give (b) Duration of disease	.days
al (Frovince of Country)	27. If a woman, was the death associated with pregnancy?	
18. MAIDEN NAME.	28. Was there a surgical operation?	9
19. BIRTHPLACE.	State findings	
(Province or Country)	29. If death was due to external causes (violence) fill in also the following:—	
20. Person giving information Sign Lere. 1. N. Kadus Sign Lere. 1. N. Kadus 1.	Accident, suicide or homicide?	9
for Director of Records, Address Dept. of National Defence.	Manner of injury	
Relationship to deceased	(How sustained)	
21. Place of Burial, Cremation or Removal	Nature of injury	
Date of burial or removal		4 1 1 1
22. Burial Permit was issued by	Signed by	
A dd-car		
Address	30. Division Registrar's Record No	
23. UNDERTAKER	31. Filed	

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE",

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.19620, Lance Bombardier Ferdinand Herve LALONDE, of the Royal Canadian Artillery, Canadian Army, was killed in action on the 19th of August, 1942.

2

(W.E.L. Coleman) Lieut.-Col., Officer in Charge of Records, for Adjutant-General.

Department of National Defence, Ottawa, Canada. December 29th, 1942.

24

mont now is it

Ottawa, / Lecembre, 1942 Mle. Menishé de la Aifence Attawa. Mansieur. vous serais possible de me donner des nouvelles de mon fils dispare au raide de Diéffe Car depuis cette nouvelle fe n'ai famais en aucun Signe Series. Son menier. C. 19620 L. Bdr. Lalonde F. H. 2 end. fld Btry R.C.A.
4 th. fld. Regt. Hme semble que pourier me donner Juelques nou-velles sill ent présonniers ou flesse: ou mort. car je suis tien anjune le connaîté son sort. Jui pleure son brave. Setil soldart. Mine. Eugiene Talonde!!
317 Vork.
Attawa.

405-1992 August 24, 1942. C-19571 Bdr. Gow, G.P. 0-5-12-0-296 Dearest Helen, I am C.K. Don't worry about me. I hope this isn't the first word you have received as this will probably take some time to reach you. I gave a message to a representative of the German Foreign Office which was to be broadcast and I hope you, or someone who would notify you, heard it long before this arrives. I guess the war is over as far as I am concerned as of last Wednesday. I was fortunate in getting thru with barely a scratch. I am afraid there were many not so fortunate. The only other Ottawa boys here are: J. C. Killeen and Jim Potter. You might try and notify their families that they are O.K. in case word doesn't get thru so quickly for them. You can contact Mrs. Potter thru Mr. Mayhow. There were only four Ottewa fellows here and unfortunately the other Herve Lalonde was killed. You will be able to contact most of the people thru the Ladies Auxiliary. I don't know just how often we will be allowed to write but be sure and tell Mother and Dad all the news as soon as it arrives as I will write to you more often then to them at least until I find out how often. I don't know just yet how you will be able to get messages thru to me but I imagine the Red Cross is the only way and they will give you full details. Please send just as much as possible for the first while at least (of letters, parcels, and eigerettes) till I can let you know just how we fare. I also would like you to write to Stev Jones and Syd Vickery telling them I am O.K. as they will be anxious to know. We are just in a temporary camp at present so I am unable to give any assistance as to addressing articles to me but via the Red Cross should be sufficient until I send more particulars. Conditions aren't the best just now but we have every assurance that this will change when we get to permanent quarters in Germany, then - who knows - the war may not last so very much longer. It doesn't look as if I can make it home for this Christmas but surely one of the following two. Give my best to every one especially Mother and Dad and your mother. Keep smiling. All my love, attach to file George

DATE November 30, 1942.

FROM L/Sgt.
J.G. POTTER
No. C 19
France

TO Mrs. JAS. G. POTTER
395 Kent Street,
Ottawa, Ontario.
Canada.

DATE OF LETTER August 24, 1942.

LANGUAGE English

COMMENTS

L/Sgt. Potter writing to his wife. He is in good health and unwounded. He is stating:- "I don't know what the papers said about the ill-fated raid on Dieppe but I'll tell you one thing that it's a miracle that I came out alive let alone unwounded. GEORGE GOW is here and DINNY KILLEEN, they are the only two from OTTAWA. HARVEY LALONDE, a French chap from Ottawa, came through the battle unburt till later that afternoon a spit-fire machine gunned us and he died later in hospital.

Rest personal and harmless.

405-2-2992

5/

le 6 décembre

2.

Madame,

Je regrette profondément de vous informer que nous avons reçu de Berlin, par l'intermédiaire de la Croix rouge internationale de Genève, des renseignements nous avisant du décès de votre mari, le bombardier intérimaire Ferdinand Hervé Lalonde, numéro matricule C.19620. Il y est porté comme ayant été tué à l'ennemi le 19 août 1942.

Vous pouvez compter que si nous recevons d'autres renseignements concernant le décès de votre mari, nous vous en ferons part sans tarder.

> Votre bien dévoué, Pour l'adjudant-général, le chef des archives,

Z(W.E.L. Coleman) lt-colonel.

Mme F.H. Lalonde, 240 chemin Marier, Eastview, Ontario.

