D107508
COLPRON
LUCIEN

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

No D.107508 Rank Rifleman Name COLPRON, Lucien

Unit Royal Winnipeg Rifels Date of death 25th Oct., 1944.

Died at ~~France~~ Holland

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-27,131

N/K Mr. Alexandre Colpron, Relationship Father

Address ~~St. Martins~~ Primeauville, Chateauguay Co., Quebec.

Remains buried in Schoondyke Holland 339143 sheet Cemetery
Cadyard 21 NE Holland Defence overprint.

Grave location

CWK

OVER-

BURIAL REPORT TO N.K. DEC 18 1945

RETURN TO BUR. OF STAT. JUN 20 1945

ROYAL MESSAGE DESP'D. NOV 29 1944

CAN. MESSAGE DESP'D. DEC 15 1944

Temp B R sent to N K HI & CR Form Despd. OCT 24 1946

REBURIAL

Adegem Canadian Military Cemetery,
Adegem, Belgium.

Grave 12, row E, plot 2.

Photographs
Despatched
OCT 24 1947

5M-10-44 (M-4414)

R

INCONNUE (E)

~~Mrs. Anna Cloutier~~

St. Matine,

~~Chateauguay~~ Co.,

Que.,

OTTAWA CANADA

ORIGINAL No.

14128

110

OTTAWA

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Anna COLPRON (MOTHER)

ADDRESS: PRIMEAUVILLE, Chateauguay Co., P.Q.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 344

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Anna COLPRON ~~XXXXXXX~~ (A2-70A) (FRENCH) ~~ENGLISH~~

1839 ADDRESS: Ste-Martine, Co. Chateauguay, Que.
St.Martine, Chateauguay Co., Que., (MEM5.

Retd 5-3-45

(3)
DESP. FEB 19 1945
REGN No. 14128

DESP. MAR 24 1945
REGN No. 3849

25-10-44

AWARDS—CANADIAN ARMY (ACTIVE)

1839 M FEB.

500M—i-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
COLPRON,	Lucien	D.107508	Rfmn.	Roy. Wpg. Rifles.

FILE No. 405-C-27131

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal CVSM with Clasp	2896. 14/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Photographed

Received ..... Checked Printed ..... Card 1 ..... Observations .....

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~ } Copy designation to be shown by striking out terms not applicable.

M.F.M.
(Combining M.F.M. 103)
750M—6-43 (9375)
H.Q. 1772—39—1645

Corps 1 LE REGIMENT DE ST. HYACINTHE CA, Regimental Number ~~D/12008~~ D/107508.

01 PTE

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. COLPRON (Surname) Lucien (Christian Names)
2. Present Address Ste. Martine, Co. Chateauguay, P.Q.
3. (a) Date of birth 11 May 1918
   (b) Place of birth St. Isidor, (Country) Quebec, (County or Province) Canada (Town or Township)
4. (a) Place of birth of Father Canada (Country) Quebec (County or Province) St. Isidor (Town or Township)
   (b) " " " " Mother Canada (Country) Quebec (County or Province) St. Dominique (Town or Township)
5. Nationality Canadian (French)
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic.
7. Trade or calling (a) Laborman
   (a) Name and address of last employer: Mr. DESELLE, St. Martine, P.Q. Canada
   (b) How long employed 7 years
9. Married, Widower or Single Single If married, how many children No
10. Name of Next-of-Kin Mr. Alexandre COLPRON 11. Relationship Father
12. Address of Next-of-Kin Ste. Martine, P.Q. Canada
13. Previous Service (Navy, Army or Air Force) Units and dates D.625473 Pte. Le Regt. de St.H. from 30 Oct. 41 to date.
14. (a) Former war service Nil
    (b) In the armed forces of what country Nil
    (c) Dates of such Service Nil
15. Decorations and medals, if any Nil
16. I do solemnly declare that the above particulars are true Lucien Colpron

Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

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

The above questions and answers were then read to the above named in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to,

at CAPO. No.3, C.A.C. this 28th day of April 19 44

Edouard Lieut.A/Adjt — Signature of Magistrate, Justice Attesting or Enrolling Officer.

Le Regt. deSt. Hyacinthe, C.A. — Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Lucien COLPRON ------, hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 28 April 44 Lucien Colpron (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Lucien COLPRON -------, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness Jos Ouellette (Name) Cpl. (Rank) Lucien Colpron (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at CAPO. No.3, C.A.C. this 28th day of April 19 44

Edouard Lieut.A/Adj't (Signature of Magistrate, Justice or Attesting Officer.)

Le Regt.deSt.Hyacinthe, C.A. (Office or Rank and Unit or appointment)

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

Occupational History Form Completed

5108
10
31 JUL 44
1111121

Record of Service of COLPRON (Surname) Lucien (Christian Name) Regimental Number D.107508 A-12008

QUALIFICATIONS

Military: Nil

Business or Professional: Nil

Trade or Civil: Laborman

Technical: Mecanic

Languages:

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 5 years (years completed) — Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

N/A

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

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
3-11-41	T.C.47	TOS CABTC. 47, Valleyfield, Que.	Pte.	29-10-41	TC.47	Valleyfd	D.O. 103	3-11-41
30-12-41	"	New Year's Leave of Absence	"	30-12-41	"	"	" 142	29-12-41
6-1-42	"	Admitted to camp's Hosp.	"	6-1-42	"	"	" 4	7-1-42
11-1-42	"	Discharged from hospital	"	11-1-42	"	"	" 9	13-1-42
20-1-42	"	A.W.L. since 0730 hrs.	"	19-1-42	"	"	" 14	20-1-42
23-1-42	"	The above entry is cancelled	"		"	"	" 17	23-1-42
13-2-42	"	AWL since 2359 hrs 1-2-42	"	1-2-42	"	"	" 25	3-2-42
10-2-42	"	Awarded seven(7) days C.B.(AA 46) for AWL from 2359 hrs 1-2-42 to 2350 hrs 9-2-42. (AA.15) Aut. forf.8 days pay.	"	10-2-42	"	"	" 30	10-2-42
14-2-42	"	SOS on trans. to Le R. de St. H. CA.	"	15-2-42	"	"	" 35	15-2-42
15-2-42	HQNo.4	TOS f.a.p. Le Regt. de St.Hyacinthe, CA.	"	16-2-42	RdeSt.H.	Sherbr.	" 2	17-2-42
24-8-42	R.deSt.H.	Granted 14 days furlough.	"	20-8-42	"	St.John, N.B.	" 124	21-8-42
9-9-42	"	Awarded 7 days CB for AWL 14 hrs 30 min. Aut/ forf. 1 day pay.	"	5-9-42	"	"	" 139	7-9-42

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname COLPRON Christian Names LUCIEN

Reception Centre C.A.P.O. NO 3 Military District "W" Force Date April 28th 1944

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 25 Eyes (Colour) Green Hair Black Height 5' 4" Weight 123 lbs

Identification marks and scars Vacc. scar left forearm

22. URINALYSIS (a) Albumen ..... (b) Sugar ..... (c) Microscopic (if albumen positive) .....

23. X-Ray No. 97862 Laboratory - Report Negative

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble No

(b) Nose, throat, sinus or ear trouble

Throat, yes

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/- Lt. 20/-

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. Normal Lt. Normal

Nose Nil Throat .....

Sinuses Nil

Remarks and Diagnosis

Nil abnormal

PULHEMS Grading E 1

H 1

Chas. F. Williams Capt R.C.A.M.C.

(Signature E.E.N.T. Specialist)

24. (Cont'd)

(c) Any broken bones or other injuries

No

Head injuries No

(d) Spinal trouble No

(e) Foot trouble No

(f) Operations No

(g) Ruptures No

(h) Kidney or bladder trouble No

No

(i) Gonorrhoea No

(j) Varicose veins No

(k) Haemorrhoids No

(l) Rheumatism or joint trouble No

26. Cranium

Spine

Extremities

Hernia

Genito-Urinary

Rectum

Varicose Veins

Feet ~~Hallux Valgus L. foot. Flat feet.~~ Active no troubles.

Abdominal

Remarks and Diagnosis

Normally low archer(longitudinal)
Slight hallux valgus-bilateral symptom free.

PULHEMS Grading U 1

L 1

O'D Chaney Capt R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis No

(n) Bronchitis or other lung trouble No

(o) Asthma or Hay Fever No

(p) Heart Disease No

(q) Rheumatic Fever No

(r) Kidney Disease No

(s) Stomach, Bowel or Rectal trouble No

(t) Diabetes No

(u) Goitre No

(v) Syphilis No

(w) Fits or fainting No

(x) Nervous disorders No

(y) Have you been in the Active Army in this war? No

(z) Are you now or have you in the past received disability pension or compensation? No

L. C. Stevens
(Signature of Recruit)

Cedric Paul Thus Capt. M.O. R.C.A.M.C.
(Witnessed by)

27. Physique:

Good - Fair Fair Poor -

Chest: Fairly developped

Full expansion 34 Range of Expansion 1½ inches

Lungs: Clear

Heart: B.P. Systolic Diastolic

Normal

Abdomen Normal

Skin Nil

Glandular Systems Nil

Remarks and Diagnosis:

PULHEMS Grading P 1

Chas. F. Williams Capt. R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis:

PULHEMS Grading M 2
S 1

Chas. F. Williams Capt R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

Year of Birth	P	U	L	H	E	M	S
18	1	1	1	1	1	2	1

This category (or profile) is not to be changed. See note (c).

Cedric Paul Thus Capt R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.		Date	P	U	L	H	E	M	S	Signature of M.O.
7-11-41	Tab. T.A. & Vacc	A	12-10-43	1	1	1	1	1	2	1	
24-11-42	" 2nd	A	28-4-44	1	1	1	1	1	2	1	
11-12-42	" 3rd	A									
10-11-42	Conf. Category	A									
4-12-42	T.A.B.T. 1st. Annual	A									
25-3-43	Confirmed Cat. A.	A.									
15-2-44	Annual T.A.B.T. 2nd.	A.									
11-5-44	Typhus. 1st.	A.									
13-3-44	" 2nd	A.									
5-5-44	" 3rd	A.									
3-7-44	S.T. Boo.										

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Statement of the Service of No. D107508. Rank ..... Sheet No. .....

Name COLPRON. L.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT 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 Part II D.O. No. Cas. List, etc.	Authority Dated
		FURL. 72HRS. SPC. LV. R/A. & T.W. TO 17JUN44	Pte	JUN44	MONTY	DEBERT	D.O.76	2.6.44
		S.O.S., C.A. Canada 19 July 44	Pte		R de Monty	UK	D O 91	3 Aug 44
		T.O.S., C.A. Overseas 19 July 44	Pte		R de Monty	UK	D O 91	3 Aug 44
		Disembarked 30 July 44	Pte		R de Monty	UK	D O 91	3 Aug 44
		SOS to X4 Sub C I C	Pte	6 Sep 44	R de M	UK	97	5 Sep 44
		TOS						
		Embarked at ..... UK ..... on .... 7 Sep 44						
		Disembarked at .. f. from .. on .. 8 Sep 44						
		TOS from X4 Sub (11 Bn) 7 Sep 44	Pte		X2 Inf Reinforcement	21 Army	22	17 Sep 44
SOS		X4 ~~Sub~~ (13 Bn) to R Wpg R	Pte	13 Sep 44	X2 Inf Reinforcement	21 a Gp	25	23 Sep 44
TOS		TOS from X4 b. C I C unall	Rfn.	14 Sep 44	R W R	21 a Gp	38	28 Sep 44
		Killed on 25 Oct 44						
M 164		- Killed	Rfn	25 Oct 44	R W R.	A E F	A 510	3 Nov 44.
		SOS. killed in action.	Rfn.	25 Oct 44	R W R	21 a Gp.	44.	12 Nov 44

Statem[redacted]e Service of No. ~~D.12008~~ D.107508 Rank [redacted] Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name COLPRON, Lucien

REPORT Date	REPORT 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 Part II D.O. No. Cas. List, etc.	Authority Dated
		Admitted St.James Mil. Hosp.St.John	Pte	8-12-42	R.deStH	St.John	N.B. D.O. 217	10-12-42
		Discharged from above named hosp.	"	21-12-42	"	"	" 226	22-12-42
		Entitled to receive $1.50 per diem.	"	1-1-43	"	"	" 38	13-2-43
		Granted 4 days embarkation leave. R/A.T.W.	"	8-4-43	"	Sussex,	" 85 A	12-4-43
		Granted 14 days furlough. R/A. T.W.A436990.	"	3-2-44	"	CAPO No.3.	" 24	3-2-44
		Reported from furl To. 6 DD. 25-2-44 and to Unit.	"	14-3-44	"	"	" 44	15-3-44
		Proceeded on a "March Singing and Small Arm Instrument Course. Att'd to HQ.26th A.A. Bty. R.C.A. CAPO No.2,CAO.	"	2-4-44	"	"	" 54	4-4-44
		Ceases to be att'd to 26thAA.Bty RCA. CAPO. No.2,CAO. on completion of course.	"	13-4-44	"	"	" 60	18-4-44
		SOS as NRMA on attestation in Active Force and Allotment of Regt. No(12008)	"	14-5-44	"	"	" 75	16-5-44
		TOS having been attested on Active Service as member Active and relinquished of Reserve No. (D.625473)	"	15-5-44	"	"	" 75	16-5-44
		SOS on transfer to Regt.de Montmagny	"	16-5-44	"	"	" 75	16-5-44
		T.O.S. Regt. Monty Eff 16 May 44 on transfer from Rac Mtr.	"	16 May 44	Rac Monty	C.O.C.O.M.	" 66	17 May 44
		Pt II Order No.66,Sec."B",para.4d/17 May 44 is amended to read D-107508	"	"	"	CAPO No.1	DO 74	28 May 44

D.107508

Statement of the Service of No. ~~D.12008~~ Rank Pte Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name COLPRON, Lucien

REPORT Date	REPORT 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 Part II D.O. No. Cas. List, etc.	Authority Dated
		Admitted St.James Mil. Hosp.St.John	Pte	8-12-42	R.destN	St.John	N.B. D.O. 217	10-12-42
		Discharged from above named hosp.	"	21-12-42	"	"	" 226	22-12-42
		Entitled to receive $1.50 per diem.	"	1-1-43	"	"	" 38	13-2-43
		Granted 4 days embarkation leave. R/A.T.W.	"	8-4-43	"	Sussex,	" 85 A	12-4-43
		Granted 14 days furlough. R/A. T.W.A436990.	"	3-2-44	"	CAPO No.3.	" 24	3-2-44
		Reported from furl To. 6 DD. 25-2-44 and to Unit.	"	14-3-44	"	"	" 44	15-3-44
		Proceeded on a "March Singing and Small Arm Instrument Course. Att'd to HQ.26th A.A. Bty. R.C.A. CAPO No.2,CAO.	"	2-4-44	"	"	" 54	4-4-44
		Ceases to be att'd to 26thAA.Bty RCA. CAPO. No.2,CAO. on completion of course.	"	13-4-44	"	"	" 60	18-4-44
		SOS as NRMA on attestation in Active Force and Allotment of Regt. No(12008)	"	14-5-44	"	"	" 75	16-5-44
		TOS having been attested on Active Service as member Active and relinquished of Reserve No. (D.625473)	"	15-5-44	"	"	" 75	16-5-44
		SOS on transfer to Regt.de Montmagny	"	16-5-44	"	"	" 75	16-5-44
		T.O.S. Regt. Monty Eff 16 May 44 on transfer from R.de M-M	"	16 May 44	R.de Monty	C.O.P.O.No.1	" 66	17 May 44
		Pt II Order No.66, Sec."B", para.4d/17 May 44 is amended to read D-107508	"	"	"	CAPO No.1	DO 74	28 May 44

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT		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						Part II D.O. No. Cas. List, etc.	Dated
	FURL. 72HRS. SPC. LV. R/L & T.W. TC 17JUN44			1 JUN44	MONTY	DEBERT	D.O. 76	2.6.44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-107558 Rank Rfmn Surname Colpron Christian Name Lucien

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Royal Winn Rifle									Killed 25-10-44		A-510

...ls B3-49
...72-45-8
... (5202)

FINGERPRINTED

(*Doit être remplie en triplicata*) Page 1 **M.F.M. 103A**
80M—5-41 (442) (971)
H.Q. 1772-39-1828

TRIPLICATE

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

D/87508

N° de série de l'avis d'appel L.M.R.N. E/31.020 Matricule D/685473

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4
2. Nom (Majuscules d'imprimerie) COLPRON
3. Prénoms en entier LUCIEN
4. Adresse actuelle Primeauville Village P.Q.
5. Lieu de naissance St. Isidore Que. (Pays) (Comté ou province) (Ville ou canton)
6. Date de naissance 11 mai 1918 7. Confession religieuse C.R.
8. Signalement: Taille 5'4" Poids 120 Yeux noirs Cheveux bruns noirs
   Teint brun Marques particulières Vacc. bras gauche
9. Marié, célibataire, veuf? celibataire
10. Plus proche parent Alexandre Colpron (Nom) Degré de parenté pere
    Primeauville village P.Q. (Adresse)
11. Profession ou emploi journalier
12. Service naval, militaire ou aérien antérieur N/A (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? N/A Pour l'armée de terre? N/A (Arme)
    Pour l'Aviation? Aviation
14. Emploi dans une industrie de guerre, le cas échéant N/A

Lucien Colpron
(Signature de la recrue)
(Lucien Colpron)

30 Oct. 1941 194
(Date de la signature)

Lt. Phil. Levac Lieut
(Signature et grade de l'officier enrôleur)
(L.P. Levac.) Lieut.

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 47 à Valleyfield Date 30/10/41
   A accompli ..... jours d'instruction élémentaire.

(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ..... à ..... Date .....
   A accompli ..... jours d'instruction supérieure.
   Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....
   Est passé dans ..... Date .....
   (M.R.C., formation ou unité de l'A.C., C.A.R.C.)

(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A"

Imprimé par l'Imprimeur du Contrôleur du Matériel de Guerre, Ottawa

ÉTAT DE SERVICE de COLBRON (Nom) EUGENE (Prénoms) N° matricule D/625473

APTITUDES

1. Navales, militaires ou aériennes: N/A
2. Commerciales ou professionnelles: N/A
3. Civiles ou de métier: MECANICIEN
4. Techniques: Mecanique
5. Langue maternelle: Francaise — Quelles autres langues parlez-vous? non — Lisez-vous et écrivez-vous? non — Savez-vous conduire une automobile? N/A
   Savez-vous réparer un moteur? non — Expérience culinaire? non — Passe-temps favori? cinema

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: 5 ieme annee (Années achevées) — Graduation ou immatriculation: n-a (Spécifier)
7. *Collège: N/A
8. *Université:
(*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport Date	Rapport Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation Daté le
		PASSE du dépôt central de la L.M.R.N. N°						
3-11-41	T.C.47	T.O.S. TO C.A.(B)T.C. No. 47 Valleyfield.	Pte.	29-10-41	T.C.47	Valleyfd.	Part.11 No.103	3-11-41.
30-12-41	TC 47	New Year's Leave of Absence	Pte	30-12-41	TC 47	Valleyf	Pt 11 No 142	29-12-41
61-142	TC 47	Admitted to camp's Hospital	Pte	6-1-42	TC 47	Valleyf	Pt 11 No 4	7-1-42
11-1-42	TC 47	Discharged to camp's Hospital	Pte	11-1-42	TC 47	Valleyf	Pt 11 No 9	13-1-42
20-1-42	TC 47	A.W.L. since 0730 hrs	Pte	19-1-42	TC 47	Valleyf	Pt 11 No 14	20-1-42
23-1-42	TC.47	The above para. is cancelled	Pte.		TC.47	Valley	Pt.II No. 17	23-1-42
3-2-42	TC 47	A.W.L. since 2359 hrs. 1-2-42	Pte	1-2-42	TC 47	Valleyf.	Pt. II No. 25	3-2-42
10-2-42	TC 47	Awarded seven (7) days C.B. (AA.46) for A.W.L. from: 2359 hrs. 1-2-42 to: 2350 9-2-42 (AA.15) Automatically forfeits eight (8) days' pay. Total forfeiture of Pay (8) eight days' pay.	Pte	10-2-42	Tc 47	Valleyf.	Pt. II No. 30	10-2-42
14-2-42	TC 47	Ceases to be attached for all purposes to C.A.(B)T.C. No. 47 Valleyfield, Qué, on re-posting to le Régiment de St. Hyacinthe AF. Exhibition Grounds, Sherbrooke, Qué.(Auth: H.Q. S. 20-6 59 M.R.1 d/30-1-42.)	Pte	15-2-42	TC 47	Valleyf.	Pt II No. 34/35	14-2-42
15-2-42.	H.Q.No.4	T.O.S. Le Regiment de St-Hyacinthe as member of H.D.	"	16-2-42	R.deSt-H.	Sherbrooke,	Part., II., No.2.	17-2-42.
24-8-42	R.deSt.H.	Grated 14 days' furlough	"	20-8-42	"	ST.JOHN, NB	" " " 124	21-8-42
9-9-42	"	Was awarded 7 days' C.B. for AW.L. from 2200 hrs 3-9-42 to 1230 hrs 4-9-42. Absent(14 hrs 30 mins) Sec. 15 AA. Automatically forfeits 1 day's pay and allowances under the provisions of Art. 149 F.R. & I.	"	5-9-42	"	"	" " " 139 L/(	7-9-42
14-12-42	"	Admitted to St.James Hospital St.John	"	8-12-42	"	"	"	217 10-12-42
22-12-42	"	Discharged from St. James Hosp	"	21-12-42	"	"	" " " 22/6	22-12-42
		ENTITLED TO RECEIVE $1.50 Per Diem	"	1-1-43	"	"	" 38	13-2-43
		Granted 4 days leave & R/T. with T.W.T. - 402057	"	8-4-43	"	Sussex	" 85A.	12-4-43.
		Granted 14 days furlough & 4 days leave & 0.50 (RA)	"	3-2-44	"	Capt.	3 " 24	3-2-44
		T.W. Appl. 966 6 M.R. A-436 990	-	14-3-44	'	'	' 44	15-3-44
		Reported from Jul 6 2 D 25-2-44, and to unit Proceeded on a "March Singing and Small Inst. Course" Attd to	"	2-4-44	"	"	" 54	4-4-44
		H.Q. 26th A.A. Bty. C.A.P.O.#2. C.A.O. Leave to be attd to 26th A.A. C.A.P.O. #2 on completion of course	"	13-4-44	"	"	" 60	18-4-44
		S.O.S. as N.R.M.A. on attestation in Active Force and	"	14-5-44	"	"	D.O. 75	16 May 44
		Allotment of Regt. No.(D.12008)						

Page 2

Page 3

N° matricule ..... Grade ..... Nom ..... Prénoms .....

Y.O.B	P	U	L	H	E	R.S
1/6-13	1	1	1	1	2	1

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
7-11-41	Vacc & 1st T.A.B.T. M Dubeau Capt.	3/11/41	X Ray # 97262 Mlcg M Dubeau Capt.	13-2-44	2nd Annual TABT
24-11-41	2nd T.A.B.T. a Dubeau Capt.	10-12-42	Cert Cat I RL	11-3-44	1st Typhus Vacc SP
11-12-41	3rd T.A.B.T. a Dubeau Capt.	4-12-42	1st Annual SP		
29-1-42	3rd T.A.B.T. Dr.	25/3/42	Reboarded Cat. A. RMP.		

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
Valleyfield Military Hosp		6	I	42	II	I	42	Scabies	5	Recovered-No more Contagious.	Acc
St James St Mil Hosp		8	12	42	20	12	42	Acute Tonsillitis	12	to Unit to Duty	S

ICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D107508 RANK Rifleman SERVICE UNIT Royal Winnipeg Rifles (CA)

NAME COLPRON, Lucien

DATE OF BIRTH

DAY 11th MONTH May YEAR 1918 Enlisted: 20-4-44

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father,

ADDRESS St. Martine, Chateauguay Co., Que.

NAME ADDRESS D.A.B. Mr. Alexandre Colpron,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 3025A H.Q. 405-C-27,181

CASUALTY DETAILS Killed in Action

FRANCE

DATE 25-10-44

S/L 4261
O/S with Regt de Monty

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

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

DATE 10-11-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit LE REGIMENT DE ST. HYACINTHE CA. Regimental Number D.107508 H/2008

1. Surname COLPRON
2. Christian Names Lucien
3. *Substantive Rank and Appointment pte
   *Acting Temporary or Local Rank
   giving date 30 Oct 41

*To be entered in pencil to facilitate alteration.

4. Place of birth St. Isidor, P.Q.
5. Date of birth as declared on attestation 11 May 1918
   (A)
6. Date of enlistment 30 Oct. 41
7. Place of enlistment T.C. 47 Valleyfield, P.Q. Canada
8. Residence at time of enlistment Ste. Martine, P.Q. Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date No.
13. Trade on enlistment Laborman
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: Inf / Inf

Unit (Battn., etc): Le Regt. de St. Hyacinte / çRegt.de Monty., C.A.

(18) Medical

Category	Date	Authority
	28-4-44	M.F.M.2(MFM 103 Comb d/28 Apr. 44

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

(19) Next of kin (entries to be made in pencil)

Mrs Alexandre Colpron (father)
Ste Martine Co Chateauguay
P.Q. 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: 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
		R. Mounty	$1.50 per day		1-Jan-43	Pte	D.O.
			S.O.S., C.A. Canada 18 July 44	UK		Pte	91 3 Aug 44
			T.O.S., C.A. Overseas 27 July 44	UK		Pte	91 3 Aug 44
			Disembarked 30 July 44	UK		Pte	91 3 Aug 44
		R Mounty	S.O.S. to X4 Inf C.I.C	UK	6 Sep 44	Pte	97 5 Sep 44
			Embarked 7 Sept 44 Disembarked	8 Sep 44 France	7 Sep 44	Pte	22/44
X4	11 Bn	C.I.C	and 105 X4 11 Bn (C.I.C) wef	"	13 Sep 44	"	25/44
14 Sep	C.I.C	Unall	S.O.S. to R.W.R.R.	Del	14 Sep 44	Pte	38-44
31 Oct 44 (3014-152)		AWOL	2 days x 4 = 8 days		25 Oct 44	Pte	44-44
			Struck off strength				

D-107508

No. D-12008 RANK Pte. NAME COLPRON, Lucien.

*Married
*Widower
*Single

Place of { *~~Appointment~~ / *Enlistment } CAPO.No.3,CAO. Date of { *~~Appointment~~ / *Enlistment } 15-5-44.

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
75	15-5-44	Pte.		G.S.	1.50		ENLISTED IN CANADIAN ARMY ACTIVE FORCE ST.HYACINTHE REGT.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
COLPRON, ALEXANDRE STE-MARTINE, Co. CHATEAUGUAY. PQ	AUG-44	20	00
Total.....			

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

*Outfit / *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
124	21-8-42	Granted 14 days furlough: 20-8-42 to 3-9-42.	
137	4-9-42	A.W.L., w.e.f. 2200hrs 3-9-42.	
138	5-9-42	Reported from A.W.L., w.e.f. 1415hrs 4-9-42.	
139	7-9-42	Awarded 7 days C.B. for AWL from 2200hrs 3-9-42 to 1415hrs 4-9-42. Fo feits 1 day's Pay.	
147A	16-9-42	Rat.All'ces 0.50 per diem whilst on furlough	
174	21-10-42	A.W.L. w.e.f. 19-10-42	
175	22-10-42	Awarded 2 days Pay & All'ce for A.W.L. w.e.f. 1600hres 19-10-42 to 1230hres 21-10-42	
217	10-12-42	Was admitted sick to St James Mil. Hosp. Sain Jon N.B. 8-12-42.	
226	22-12-42	- Was discharged from St.James Military Hospital, Saint John,N.B., on 21-12-42.	
38.	13-2-43.	Entitled to one dollar and fifty cents (1.50 Art. 144(I) TR&I.(CAN)as amended wef. 1-1-43.	
63	15-3-43	Granted 5 days'leave and Rat.All'ces of 0.50 per diem , 15-20/3-43.	
85-A	12-4-43	Granted 4 days'leave & Rat.All'ces 8-12/4-43. TW.No. A-402057.	

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

*MARRIED
*WIDOWER
*SINGLE

NO. D 625473 RANK pte NAME COLPRON Lucien

PLACE OF ENLISTMENT Valiefield Que DATE 30-10 41

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
2	17-2-42	pte			1.30		MEMBER H.D.. wef.
							16-2-42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE NO._____

No. D-12008 RANK Pte. NAME COLPRON, Lucien.

CASUALTIES. ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
75	16-5-44.	TOS Le Regt.de St.H.(CA) CAPO.No.3,CAO. as Act. Member on being disch. from NRMA Force and o n relinquish. their Reserv.Regtl.No.shown in brae-ket wef.15-5-44.	
75	16-5-44	SOS Le Rede St.H.(CA)CAPO.No.3,CAO.all purp. incl.pay on trsf.to Le Regt.de Montmagny,CAP O. No.1,CAO.wef.16-5-44.	
66	17-5-44	T.O.S. Reg. Les Mortes, to Le Reg. de Sctby-cointer W.E.F. 17-5-44	
74	28-5-44	Regtl No to read: D-107508	
76	2-6-44	Str. Fnd. acc. leave + P.A. from 31-5-44 to 18-6-44	
91	3-8-44	S.O.S. C.A. Canada 18-7-44	
"	"	T.O.S. C.A. Overseas 19-7-44	
97	5-9-44	S.O.S. Regt de Mont'y to x4 List C.D.C. wef 6-9-44	
		SOS x-4 11 Bn to SC 10 Fwd Coy 9.9.44	
		SOS 13 Bn to R WR Coy 13 Sept 44	
38	18.9.44	TOS Rod R from 46 Fwd Repl Coy wef 14 Sep 44 ~~SOS Rod R to Regtl Qrs Holding Unit as Cpl x4~~ SOS RWR wef. 25 Oct 44 Killed in Action.	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
86	13-4-43	AWL since 1600 hrs 12-4-43. (1st.P.)	
87	14-4-43	Part.II Ord.No.86,d/13-4-43 is cancelled.	
21-A	31-1-44	Ceases to be att. to "C" Coy,Lewisporte,for rat.& quart. wef. 27-1-44.	
24	3-2-44	Grt.14 days'furl.3-16/2/44 & 4 days'leave 17-20/2-44 incl.Rat.All'ces .50 diem.TW.Nfld. 916,CNR. A-436990.	
44	15-3-44	Report on time from furl. to No.6 DD,Halifax, N.S. on 25-2-44 & to nit on 14-3-44.	
54	4-4-44	Att 26 AA. C.A.P.O. NO 2 C.A.O. for quart rat. discipline on 3-4-44 and proceed on course of March inging & small Instr. on 2-4-44.	
60	18-4-44	Ceases to be att. for quart rat. disc. to H Q 26 Regt. AA Regt. RCA. CAPO. No.2, from March Singing & Sm Instr. on 12-4-44 and to Unit 13-4-44	
75	16-5-44	SOS the N.R.M.A. Force on attest. in the Act. Service & allot. of Regtl. number shown in bracket (D-12008) .	

LOWE-MARTIN CO. LIMITED D85951

CASUALTIES, ETC.

PART II D. O. No.	DATE	
103	3-11-41.	TOS.C.A.(B)T.C.No.47,w.e.f.1300hrs. 30-10-41.
142	29-12-41.	Granted New Years' leave of absence w.e.f. 30-12-41.
4	7-1-42.	Admitted to Camp Hosp.w.e.f. 6-1-42.
9	13-1-42.	Discharged fr. Camp Hos. w.e.f.11-1-42.
14	20-1-42.	A.W.L. fr. 0730, 19-1-42. to(Cancelled) D.O.17.
25	3-2-42.	A.W.L.FR.2359hrs.1-2-42.
30	10-2-42	to 2350 hrs. 7-2-42. Awrded 7 days C.B. Total f forf. 8 days pay. Amended to 2350 9-2-42.D.O.33.
35	15-2-42.	SOS.TC.47,on transfer to Reg.deSt-Hyacinthe AF. EX.Grounds,Sherbrooke, Que. w.e.f. 15-2-42.
2	17-2-42	TOS(HD) Regt St Hyac AF 16-2-42

No. D-625473 RANK Pte. NAME COLPRON Lucien

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT Valleyfield, Que. DATE 30-10-41.

RATE OF PAY

D.O. No.	DATE	RANK	DAILY RATE	REMARKS
103	3-11-41	Pte.	1.30	
38	13-2-43	Pte.	1.50	wef. 1-1-43.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL	

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE

*DELETE WORDS WHICH ARE INAPPLICABLE

M.F.M. 111
100M—2-41 (9405)
H.Q. 1772-39-1801

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) 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 Canadian Army (AF) 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 individual's new unit.

Y.O.B.	P	U	L	H	E	M	S
16	/	/	/	/	/	2	/

(1) Name of Officer or Other Rank COLPRON, Lucien
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D.107508 ~~D.12008~~ Pte.

(3) Unit Le Regiment de St. Hyacinthe, C.A.

(4) Are you married? No

(5) If married, state,

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

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? No

(8) Have you any children? No Number of boys N/A Girls N/A

Names and ages N/A

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

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?.....

If so, state her full name and Postal Address.....No.....

.....

.....

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

If so, state name and address, occupation.....Mr. Alexandre COLPRON.....

Ste. Martine, Co. Chateauguay, P.Q. Canada - Carpenter

(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. Anna COLPRON.....

Ste. Martine, Co. Chateauguay, P.Q. Canada

.....

(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?.....No.....

If so, in what Company?.....N/A.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....N/A.....
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.

.....Lucien Colpron.....
(Signature of officer or man)

Date 28 April. 44

.....
(R. HAMEL) Lt.-Col,
Officer Commanding Le Regt. de St. Hyacinthe, CA

Date 28 Apr. 44

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.

TRAINING RECORD—INFANTRY (RIFLE)

No. D-107508 Rank Pte. Name COLPRON L.
(in full, surname last)

Medical Category ..... Date of Birth 11-MAY 1918

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

English Speaking ☐
French Speaking ☑
Bilingual ☐

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4	Remarks as to General Skill
Date	23.8.44	23.8.44	23.8.44	23.8.44	Good
Initials	[illegible]	[illegible]	[illegible]	[illegible]	

Bren	1	2	3	4	Remarks as to General Skill
Date	23.8.44	23.8.44	23.8.44	23.8.44	FAIR enough.
Initials	[illegible]	[illegible]	[illegible]	[illegible]	

2-in. Mortar	1	2	Remarks as to General Skill
Date	23.8.44	23.8.44	Good in handling
Initials	[illegible]	[illegible]	

3-in. Mortar	1	2	3	4	Detachment Drill 1	2	3
Date							
Initials							

Gas Trg.	Oral	Insp.	Std.	Through Chamber	C.A.P	D.M
Date	23.8.44	23.8.44	23.8.44	Date	15.7.44	23.1.43
Initials	[illegible]	[illegible]	[illegible]	Initials	[illegible]	[illegible]

RANGE COURSES

	Qualification Standard	Date	Initials
Rifle 1-7	Cl. II	29.6.44	[illegible]
L.M.G. 1-6	Cl II	29.6.44	[illegible]

	No.of rds.	Standard (a)	Initials
2-in. Mortar	3	Good	[illegible]
3-in. Mortar			[illegible]
P.I.A.T. PRACTICE	2	FAIR	[illegible]
Sten M.C.	50	Good	[illegible]
6-pdr. A.Tk. Gun			

	No. of Rds.	Standard (a)	Initials
A.A.			
Grenade No. 36	2	FAIR	[illegible]
Grenade No. 69	1	FAIR	[illegible]
Grenade St. No. 74			
Grenade No. 77			

(a) Where no regulation standard is prescribed in manuals, use: Very Good (V.G.)—85% or better: Good (G)—70% to 84%: Average (AV)—50% to 69%: Failed (F) under 50%.

M.F.M. 105E
75M—6-43 (487)
H.Q. 1772-39-2053

COMMON TRAINING

Subject	Standard (a)	Remarks	Initials
Drill	G.		
Physical Training	G.		
Marching	G.		
Map Reading	G.		
Fundamental Training	G.		
Appl. of Fire	G.		
Bayonet	G.		
P.I.A.T.	G.		
Sten M.C.	G.		
Cooking in the Field	G.		
Field Works	G.		
Field Training	G.		
V.D.	G.		
Scouting Rifle	30-5-44		

SPECIALIST TRAINING (where applicable)

Nature	Standard (a)	Remarks	Initials
Drvg & Mtce (Wheeled)			
Drvg & Mtce (Carrier)			
Drvg & Mtce (M.C.)			
3-in Mortar			
6-pdr. A.Tk. Gun			
Range-taker			

GENERAL REMARKS ON COMPLETION OF TRAINING (a)

Military Efficiency Fair Conduct Good Leadership Fair

Other Remarks Good Soldier, unwilling but obey

Place In the field Signature J.C. Bland Rank and Appointment Lieut

Date 31-8-44 Training Centre or Unit Regt-de Monty

TRAINING RECORD—INFANTRY (RIFLE)

~~D-1007~~ ~~D-625473~~ No. D-107508 Rank Pte. Name Colpron L.
(in full, surname last)

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4
Date	30/12/42	30/12/42	30/12/42	30/12/42
Initials	[illegible]	[illegible]	[illegible]	[illegible]

L.M.G.	1	2	3	4	A. Tk. R.	1	2
Date	30/12/42	30/12/42	30/12/42	30/12/42	Date	30/12/42	30/12/42
Initials	[illegible]	[illegible]	[illegible]	[illegible]	Initials	[illegible]	[illegible]

3″ Mortar	1	2	3	4	5	6	7	8	9
Date									
Initials									

2″ Mortar	1	2
Date	30/12/42	30/12/42
Initials	[illegible]	[illegible]

Gas	Oral	Insp.	Std.	Went Through Chamber			
Date	8/1/42			Date 3/8/42			
Initials	[illegible]			Initials [illegible]			

RANGE COURSES

	Classification	Date	Initials		No. of Rds.	Standard (*a*)	Initials
Rifle				2″ Mortar			
L.M.G.				Grenade No. 36			
A. Tk. R.				Grenade No. 68			
A.A.				Grenade No. 69			
Pistol				3″ Mortar			
S.M.G.							

M.F.M. 105E
25M—9-42 (6358)
H.Q. 1772-39-1797

COMMON TRAINING

Subject	Standard Attained (*a*)	Remarks	Initials
Drill	G - 8/1/42		
Physical Training	G - 8/1/42		
Marching	G - 8/1/42		
Map Reading	G - 10/1/42		
Fundamental Training	AV - 8/1/42		
A.A. Training	AV - 8/1/42		
Bayonet Fighting	G - 8/1/42		
Judging Distance	~~AV~~ - 8/1/42		
Cooking in the Field	G - 10/2/43		
Digging and Wiring	AV - 10/2/40		
Field Training	G - 8/1/42		
Sub Machine Gun	G - 30/12/42		
Grenades	AV - 8/1/42		
Pistol	AV 8/1/42		

SPECIALIST AND TRADES TRAINING (where applicable)

Nature	Standard Attained (*a*)	Remarks	Initials
Drvg. & Mtce. (Wheeled)			
Drvg. & Mtce. (Carrier)			
Drvg. & Mtce. (M.C.)			
Intell. Personnel			
3″ Mortar Personnel			
Rangetakers			

GENERAL REMARKS ON COMPLETION OF TRAINING

Military Efficiency ..... Conduct ..... Leadership .....

Other Remarks .....

Place ..... Signature ..... Rank .....

Date ..... No. ..... Infantry ~~Training Centre~~.

(*a*) Where no regulation standard is prescribed in manuals, use: VG—Very Good; G—Good; AV—Average; F—Failed.

TRAINING RECORD—INFANTRY (RIFLE)

No. ~~B-625473~~ B/2008 Rank PTE Name COLPRON L.
(in full, surname last)

Medical Category ..... Date of Birth .....

English Speaking ☐
French Speaking ☒
Bilingual ☐

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4	Remarks as to General Skill
Date	4-11-43	4-11-43	4-11-43	4-11-43	
Initials					

Bren	1 P	2 P	3 P	4 P	Remarks as to General Skill
Date	4-11-43	4-11-43	4-11-43	4-11-43	
Initials					

2-in. Mortar	1	2	Remarks as to General Skill
Date 4/11/43			
Initials			

3-in. Mortar	1	2	3	4	Detachment Drill 1	2	3
Date							
Initials							

Gas Trg.	P Oral	P Insp.	F Std.	Through Chamber		
Date	20/10/43	20/10/43	20/10/43	Date		
Initials				Initials		

RANGE COURSES

	Qualification Standard	Date	Initials
Rifle			
L.M.G.			

	No.of rds.	Standard (a)	Initials
2-in. Mortar			
3-in. Mortar			
P.I.A.T.			
Sten M.C.			
6-pdr. A.Tk. Gun			

	No. of Rds.	Standard (a)	Initials
A.A.			
Grenade No. 36			
Grenade No. 69			
Grenade St. No. 74			
Grenade No. 77			

(a) Where no regulation standard is prescribed in manuals, use: Very Good (V.G.)—85% or better: Good (G)—70% to 84%: Average (AV)—50% to 69%: Failed (F) under 50%.

M.F.M. 105E
75M—6-43 (487)
H.Q. 1772-39-2053

COMMON TRAINING

Subject	Standard (a)	Remarks	Initials
Drill	V. G		
Physical Training	G		
Marching	G.		G.
Map Reading			
Fundamental Training	G.		
Appl. of Fire Fieldcraft	G.		
Bayonet	G.		
P.I.A.T. A/tankwpns.	G.		
Sten M.C.	A.V.		
Cooking in the Field			
Field Works	V G		
Field Training	A V.		G.
A.A. RIFLE & LMG	V G.		
FIRST AID	A V.		
GRENADE	G.		G.

SPECIALIST TRAINING (where applicable)

Nature	Standard (a)	Remarks	Initials
Drvg & Mtce (Wheeled)			
Drvg & Mtce (Carrier)			
Drvg & Mtce (M.C.)			
3-in Mortar			
6-pdr. A.Tk. Gun			
Range-taker			

GENERAL REMARKS ON COMPLETION OF TRAINING (a)

Military Efficiency.....Conduct.....Leadership.....

Other Remarks.....

.....

Place.....Signature.....Rank and Appointment.....

Date.....Training Centre or Unit.....

OTHER SUBJECTS.

SUBJECT.	Standard Attained (A)	REMARKS.	INITIALS.	
DRILL.	G.		GC.	
PHYSICAL TRAINING.	G.		GC.	
FIRST AID.	AV.		GC.	
MARCHING.	G.		GC	
RIFLE RANGE COURSE.	AV.		GC.	
ANTI/ AIRCRAFT.	AV.		GC.	
BAYONET FIGHTING.	G.		GC.	
FIELDCRAFT.	G.		GC	
MAP READING.	G.		GC.	
FUNDAMENTAL TRAINING	G.		GC.	

GENERAL REMARKS ON COMPLETION OF TRAINING.

Military Efficiency.....AV..... Conduct.....G.....Leadership.....AV.....

OTHER REMARKS:

Signature.....F. Cuzzigrigiano.....Rank.....Lieut.....

No.....Regt. de St. H.....Basic ~~Training~~ Centre.

Place.....St. John N.B.....Date.....Jan. 1943.....

(A) Where no regulation standard is prescribed in Manuals:
VG--Very Good; G--Good; AV--Average; F--Failed.

M.F.M. 105(X)

"BASIC TRAINING RECORD.

No. D 12008 D-625473 Rank. Pte Name. COLPRON J.

TESTS OF ELEMENTARY TRAINING.

Rifle.	-1-	-2-	-3-	-4-	
Date:	30/12/42	30/12/42	30/12/42	30/12/42	
Initials:	Gd.	Gd.	Gd.	Gd.	Gd.
L.M.G.	-1-	-2-	-3-	-4-	
Date:	30/12/42	30/12/42	30/12/42	30/12/42	
Initials:	Gd.	Gd.	Gd.	Gd.	
Gas.	Oral Insp.	Std.	Went Through Chamber.		
Date:	30-12-42.		3-8-42.		
Initials:	Gd.		Gd.		

REMARKS:

M.F.M. 105 (X)

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Inf. R
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Rifleman
Work in Arm (if Non-Tradesman)

I. ~~D12005~~ D.107508

~~D62547~~3 | Pte. | COLPRON, Lucien | R | 24 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | Nil | Le Regt. de St. Hyacinthe | 3 Feb 43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

A.F.22381 | Saint John, N.B. | 3 Feb 43 | H.T.DOUGLASS, Lieut.
Place Tested | Date Tested | By Whom

~~60~~ 70 | F | V | Subtests | 14 | 3 | 7 | 10 | 7 | 8 | 7 | 14 | Subtotals | 24 | 17 | 29 | French
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

M2 R4

III. Educational Background

Grade IV completed in rural Quebec; left school because of preference for work.

IV. Occupational Background

Seven years in hosiery mill, last three years as repair mechanic of knitting machines.

V. Military Background

N.R.M.A. 30 Oct 41; basic training completed at Valleyfield; 2 A.W.L's; conduct good.

VI. Other Personal History and Appraisal

Single; parents living at Primeauville, P.Q.

Favorite sports:- softball, pool, hunting, fishing.
Leisure Activities:- dancing, movies, reading newspapers.

Not enthusiastic about army; would like to drive truck.

Small, slight build; quiet, slightly nervous manner; average stability; friendly.
Limited learning ability; handicapped by limited education.

Unsuitable for Junior Leaders Course under existing standards.

VII. Recommendations

Inf. (R) N.T.

(Signed) E.T. Brewer Maj
Army Examiner
(H.T.DOUGLASS) - Lieut.

See reverse side for further information and follow-up

RECENT ATTESTATION & PRESENT PULHEMS PROFILE INDICATES

SUITABILITY FOR O/S SERVICE AS G.I.G. OP'L. RFT. NO. 1

Personnel Selection
Examination of Documents
Completed
JUN 13 1944
A. E. [signature]
1st Trg Bde DEBERT

13 C.I.B. - England
6 Sept. 44

Suitable for CIC. SOS to x.4 List CIC. (Auth. UKAG 6)
A.C. Doucette - Capt. (SPO)

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

2 Sept 44

DIVISIONAL REGISTRY
ADMINISTRATIVE DIVISION
OCT 31 1941
Dept. of National War Services
MONTREAL, QUE.

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

D- Tempr.

COPIE EXTRA

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: E 31020

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms COLPRON (Nom de famille) Lucien (Prénoms) (Ecrire en lettres moulées)

Lieu de naissance St-Isidore (Ville, cité ou village) Province canadienne (ou autre pays) P.Q. Date de naissance 11 mai, 1918

Résidence fixe Primeauville (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) Village, P.Q. (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? nn Tuberculose? nn Bronchite ou asthme? nn Maladie de cœur? nn

Maladie du rein ou de la vessie? nn Maladie de l'estomac ou des intestins? nn Hernie? nn

Varices? nn Maladie des pieds? nn Maladie du nez? oui des oreilles? nn des yeux? Crises épileptiques? nn Maladie nerveuse ou mentale? nn Syphilis? nn

Gonorrhée? nn Avez-vous déjà porté des verres? nn Vous a-t-on déjà rejeté comme inapte au service militaire? nn Touchez-vous une indemnité ou une pension d'invalidité? nn (Oui ou non) Si oui, de quelle source?

Localité Ste-Martine (Ville, cité ou village) Province P.Q. Date 28 oct. 1940

Signé: Lucien Colpron

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus) Aucune

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 4 pouces. 2. Poids ~~117~~ 120 livres.
3. Teint brun Couleur des yeux noir 4. Constitution forte {Vigoureuse / Moyenne / Débile} Biffer mentions inutiles
   Couleur des cheveux brun noir
5. Périmètre thoracique à l'ampliation maxima 35 pouces.
   Étendue de l'ampliation 3 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 20-40 Œil gauche 20-30
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit aucun
   Œil gauche aucun
7. Acuité auditive: Oreille droite Bonne VP 40 Oreille gauche Nonne VP 40
8. Bouche et dents Saines
   Indiquer la nature et l'emplacement de toutes dents artificielles
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité
   Rien

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

Signé:
Signature J. Arm. Patenaude (Médecin examinateur)

Adresse Ste-Martine, P.Q.

Date 28 oct. 1940

(Important — Voir au verso)

N.W.S. Formule N° 1A-FR

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

A- la caserne au B. W-

Signature ... Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction.....

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

Copie certifiée conforme à l'original

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-107508 Rfn Colpron L Decd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A/II7006 Cpr Schwartz M DATE 3 Feb 45

AND B-81759 Sgt Graves J G

I	Rosary (Broken).		
I	Pen (Waterman).		
I	Wallet.		
	Photos.		
I	5th V L Receipt to O i/c Estates.		
I	Address Book (German).		
I	"I" Plate.		
I	Pr Sissors.		
I	Red "I" Disc.		
	Relig Tokens.		
I	Silver Signet Ring"Lucile".		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS
ESTATES BRANCH
- 8 FEB 1945

Q.G. 405-C-27131
R.4(b)

Ottawa,

le 24 octobre, 1947.

Monsieur,

Je vous envoie, sous ce pli, une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le fusilier Lucien COLPRON, matricule D-107508, inhumé dans la fosse 12, rang E, lot 2, du cimetière militaire canadien d'Adegem, à Adegem en Belgique.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, Monsieur, mes respectueuses salutations.

Pièces jointes

fl

Directeur suppléant
des Archives des
services de guerre.

M. Alexandre Colpron,
Primeauville,
Comté de Chateauguay,
Québec.

/FL

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

H.Q. 405-C-27131
R. 4 (B).

Ottawa,

24th October, 1947.

Mr. Alexandre Colpron,
Primeauville,
Chateauguay County, Quebec.

Dear Mr. Colpron:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D107508 Rifleman Lucien Colpron, the location of which is grave 12, row E, plot 2, Adegem Canadian Military Cemetery, Adegem, Belgium.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

A/Director,
War Service Records.

B. V. A. 1 500M-1946 REQ. 1314

File No. 405-C-27.131

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D107508 Name COLPRON LUCIEN

Rank on Discharge Rfn. Date of Discharge 25-10-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 29-10-41	to 18-7-44		
	from	to		
United Kingdom	from 19-7-44	to 7-9-44		
	from	to		
Italy	from :-	to		
Northwest Europe	from 8-9-44	to 25-10-44		Killed in action
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok

Italy Star

France-Germany Star ok

Defence Medal N E

War Medal ok

Canadian Volunteer Service Medal ok

with Clasp ok

I T

Verified by N. G. Palen

Date 27-6-46

Carded JUL 3 1946

N.R.D

HA 165

40

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name COLPRON Lucien No. D.107508
Surname Christian Names

RFN C.A. O/S 25-10-44
Rank Unit Date of Death

AMOUNT W. S. G. 69.16
L.P.C. ..... $ 67.33

Date 25-7-46 Other Credits 1.50

Total 137.99
Prev dist. 68.83
This dist. 69.16

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Anna Colpron Primeauville, Chateauguay Co., P.Q. (sole beneficiary under will)	69.16

L4. TO TREAS.

AUG 2 1946

W. S. G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	69116

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

DISTRIBUTION

69.16 m/A

SERVICE
NAVY
ARMY ✓
AIR FORCE
C.E.F.

NAME: Colpron, Lucien

NO. D-107508 RANK Pte.

REGT: C.A.O.I.S. DATE OF DEATH 25-10-44

.PAY TO:

All Mother :-
Mrs. Anna Colpron, $ 69.16
Primeauville,
Ste. Chateauguay Co.,
P.Q.

Sole dependency per will.

W.S.G.	69.16
L.P.C.	67.33
OTHER CREDITS.	1.50
TOTAL	137.99
Prev. Dist.	68.83
This Dist.	69.16

W.S.G.

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

WSG 107-2 662 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Lucien (CHRISTIAN NAMES) COLPRON (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-21997
FILE NO. 405-C-27131
DATE 9-5-46
SERVICE NO. D-107508
FINAL RANK OR RATING Rfn
DATE OF DISCHARGE 25-10-44

DATE OF TERMINATION OF OVERSEAS SERVICE 25-10-44

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 164/30 EQUAL TO 5 COMPLETE PERIODS AT $7.50	37.50	
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 99 LESS 14 INELIGIBLE DAYS, EQUAL TO 85 DAYS @ 25c. PER DAY	21.25	
	58.75	
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 $ $		
TOTAL $ 2.75 X7 = $ 19.25		
NO. OF DAYS 99/183 X$ 19.25	10.41	
D. WAR SERVICE GRATUITY	69.16	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	69.16	

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $_____ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH JUN 4 1946 NATIONAL DEFENCE OTTAWA

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	TREASURY CHECKED BY	TREASURY DATE
GJC	R	G. Pétaleau	4/6/46

G. L. Lauder 6-6-46
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Lucien (Christian Names) COLPRON (Surname)

PAYEE'S NAME Director of Estates (Christian Names) (Surname)

ADDRESS .....

.....

DATE OF TERMINATION OF OVERSEAS SERVICE 25-10-44

Register No. D-21997

File No. 405-C-27131

Date 9-5-46

Service No. D-107508

Final Rank Rfn.

Date of Discharge 25-10-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 164/30 = 5 Periods @ $7.50	37	50
B. QUALIFYING OVERSEAS SERVICE No. of days 99 less 14 Ineligible days, equal 85 Days @ 25c. per day	21	25
C. SUPPLEMENT FOR OVERSEAS SERVICE	58	75
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ ✓ Dependents' Allowance 1/30 $ ..... $ 8 TOTAL $ 2.75 × 7 = $ 19.25 No. of Days 99/183 × $ 19.25	10	41
D. WAR SERVICE GRATUITY	69	16
Computed By Wallis ✓		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By ✓		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	69	16

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

140M—2-46 (S758)
H.Q. 1064-81-3

1961 ✓

FORM NO. 1

Register No. C.D. 16661 Nominal Roll No. D. 584

H.Q. File No. 405-C-27131

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
D 107508 ✓	RFN ✓	COLPRON ✓	LUCIEN ✓

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... KILLED IN ACTION ✓ ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 15-MAY-44	T.O.S.	T.O.S.
S.O.S. 25-OCT-44 MD 015	S.O.S. MD	S.O.S. MD
Total Days 164 R.M.A.	Total Days	Total Days

Total Service ..... 164 R.M.A. DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	65	nil	65
Overseas Service	99 R.M.A.	nil	99 R.M.A.
Totals	164 R.M.A.	nil	164
Add Non-qualifying Service			nil.
Total Service			164 R.M.A.

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 25-OCT-44 ✓ 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 25-OCT-44

Computer's Signature M. MacDonald

Checker's Signature D. E. Davis, Lgt

Date Computed 9-MAY-45

N.R.M.A. Service 29-OCT-41 TO 14-MAY-44

D-625473

No service in Aleutian Islands or O/S

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

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

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1661

File No. 405-C-27131

WAR SERVICE GRANTS ACT 1944

Ottawa 7th Feb. 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-107508

Name Lucien (Christian Name) Colpron, (Surname)

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	Alexandre Colpron	20.00
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	Nil	

14/2 1946

L Bidsco

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194_____

_____
for C.T.O.

405-C-27.131

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

PLEASE PLACE IN FILE
D.R.O.A.

NAME COLPRON, Lucien

RANK Rfmn.

UNIT Royal, Winnipeg Rifles.

PLACE & DATE OF BIRTH Quebec. CANADA. 11 May 1918

REGTIMENTAL NO. D-107508

NEXT OF KIN & ADDRESS FATHER.
Mr Alexandre COLPRON,
Ste. Martine, P.Q. CANADA.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 25 Oct. 44.

PLACE OF DEATH HOLLAND

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL.

DATE OF BURIAL 4 Nov 44

CEMETERY SCHOONDYKE Holland 339143 SH
Cadyard 21 N.E. Holland Defence Ouerprint

PLOT NO ROW GRAVE 2

DEATH CERT.NO

RELIGION Roman Catholic.

DATE 20 Oct 45

(M. BLUTEAU) Capt.
for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

EMP.

DISTRIBUTION OF SERVICE ESTATES IN ARMY

Estates Form "P. 4"

Name: COLPRON Surname — Lucien Christian Names — No.: D-107508

RFMN. Rank — C.A. O/S. Unit — Date of Death 25-10-44

AMOUNT

L.P.C. ..... $ 67.33

Date: 27-7-45 ..... Other Credits 1.50

Total 68.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Anna Colpron, Primeauville, CHATEAUGUAY CO. P.Q. (Sole beneficiary under will)	68.83 P

P4. TO TREAS. 20-9-45, G.M.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	68.83

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

DOMINION DU CANADA

CINQUIÈME EMPRUNT DE LA VICTOIRE

Ceci atteste que Soldat Lucien Colpron

a consenti à acheter $ 50 00/xxx d'obligations 3% du CINQUIÈME EMPRUNT DE LA VICTOIRE et à les payer par voie de délégations [illegible]olde et a donné des instructions pour que les obligations soient livrées à St-Maurice Co. Chateau Guay P.Q.

(Écrire ou le Ministère des Finances ou le nom et l'adresse de la personne à qui les obligations doivent être livrées).

après que le dernier versement aura été payé.

Date Octobre le 21 1943

Soland de Sévigny

(Solliciteur du service).

IMPORTANT—Gardez ce reçu. S'il devient nécessaire d'amender les instructions ou si vous désirez obtenir des renseignements touchant vos obligations, veuillez vous mettre en contact avec le Chef de bureau, Plan d'Achat à Tempérament de l'Employé, Ministère des Finances, Ottawa.

Con'

DEPARTMENT OF FINANCE

CANADA

NATIONAL DEFENCE HEADQUARTERS BRANCH
FEB 21 1945
H.Q.
OTTAWA

To Colpron Lucien No. D625473

NAVY — ARMY — AIR

The undermentioned bond(s) purchased under the Dominion Government Employees' Instalment Purchase Plan was (were) forwarded by Registered Mail on 21/2/1944

to Mr. A Colpron
Name

Ste Marthe Co. Chateauguay P.Q.
Street Address City, Town or P.O. Prov.

in accordance with instructions shown on your application form.

Dominion of Canada 5-th Victory Loan Bond(s)

Series 4-7 Numbers #15-71901

Value $ 50

R. L. Casselman
Chief Clerk
Employees' Instalment Purchase Plan

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

[redacted]

Monsieur Alexandre Colpron,
Ste Martine,
Cté Chateauguay, 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-C-27,131 FD 24

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

13 décembre 1944

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

COLPRON, Lucien, Fusillier,

No. D.107508, Armée Canadienne

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.

A. Gadbout, Major

pour Le directeur des successions,

per JA

/TD

ESTATES BRANCH DEC 22 1944 H.Q. OTTAWA NATIONAL DEFENCE

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.....		Aucune (célibataire)		
2	Enfants du défunt et dates de naissance.....		aucun.		
3	Père du défunt.....		Alexandre Colpron	59	Primeauville, Co. Châteauguay, P.Q.
4	Mère du défunt.....		Anna Felx	56	même
5	Frères du défunt	Frères germains	Silvio Colpron	31	Valleyfield, P.Q.
			Rosaire " "	29	Primeauville (Châteauguay)
			Paul Emile " "	25	" " "
			Fernand " "	23	" " "
			Rolland " "	19	" " "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Lucille Colpron	28	6042 St Urbain, Montréal
			Anna " "	24	6687 Carter, " "
			Thérèse " "	21	12 Notre Dame, Lachine
			Rita " "	16	Primeauville, (Châteauguay)
		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)		Adresse de leurs enfants
			Aucun.		

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Colpron Lucien
9	Date de sa naissance.	11 mai 1918
10	Lieu et date de son mariage.	aucun
11	Lieu et date du mariage de ses parents.	montréal - 26 nov. 1912

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Isidore de Laprairie, P.Q.
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) Québec (b) Chateauguay (Comté) (c) Primeauville .. .. .. 5 ans. (d)
14	Nature de son emploi avant son enrôlement.	mécanicien à la manufacture de bas de Ste martine
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.	Primeauville

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non - Pas à ma connaissance
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?	Pas marié
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.	Aucun. leur
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.	X $50.00 enregistré. Etait à la banque de Commerce à Beauharnois et a été transféré à vos bureaux. -
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.	non
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.	aucune

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.	Je lui ai avancé un premier montant de $40.00 en février 1944 et $32.00 en juin 1944 pour ses besoins personnels. Il devait me rembourser avec son bon de la Victoire et la balance en argent
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.	Par moi-même en entier. Reçu du 6 nov. 1944 ci-annexé

(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)

DÉCLARATION

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

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~~* père 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.

Alexandre Colpron — Signature du déclarant

Primeauville-(Châteauguay) P. Q. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, Mr. Alexandre Colpron de Primeauville, Comté de Châteauguay, P. Q. — Nom du déclarant

*Voir plus haut

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

Daté à Ste Martine — ce 19ème — jour de décembre 1944

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

Roger McGowan — Titre Notaire

Adresse Beauharnois, P. Q.

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.

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Lucien COLPRON (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Ste. Martine, in the County District of Chateauguay

Province of Quebec, Laborman (Civil Occupation)

Regimental No D12008, Unit Le R. de St.H.CA, 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 mother Mrs. Anna COLPRON, living at Ste. Martine, Co. Chateauguay, P.Q. Canada, all my estate.

L C

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

L C

(4) I appoint (Name) (Address)

(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 April 1944.

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.

Lucien Colpron
(Signature of soldier)

First witness sign here.

(5) Signature Joseph Villani
Civil Address 7097 St. Dominique St. Montreal P. Q.
Civil Occupation Tailor Operator

Second witness sign here.

Signature Marcel Kachour
Civil Address 2354 Knox St Montreal
Civil Occupation Clerk

(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.

WILL RECEIVED IN
DOCUMENT SECTION
MAY 31 1944
RECORD OFFICE
NAT. DEF. H. Q.

Receipt is Acknowledged
MAY 30 1944
(C. L. LAUMIN) Colonel
Director of Records
for Adjutant-General

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from ..... 21/CAS/5214 .....

.....

Time Message Received.....

Date Message Received.....

Theatre **AEF**

Regimental No.	Rank	Name	Full Christian Names
D107508	RFN	COLPRON	Lucien

Unit..... ROYAL WINNIPEG RIFLES .....

SERIAL

CASUALTY PARTICULARS

KILLED 25 OCT 44

"A" ~~509~~ 510

Hospital Admitted To..... Date.....

Hospital Transferred To..... Date.....

Hospital Transferred To..... Date.....

Hospital Discharged From..... Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin Alexandre Colpron Relationship Father

.....

Ste-Agathe, P. Q.

Can.

.....

Home Town Ste Agathe Co. Chateauguay P.Q. Can

Cable No. 3025A

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

MJ3 1140

Verification Clerks Signature

4/20A CFA 48
40/P & S/1568 (6847)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (HOLLAND) | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or this terri* — 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: COLPRON (*Block letters*)

Given names: Lucien

RESIDENCE

4. Street: No.:

Official name of civil municipality or township: Ste. Martine

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: May (Month) 11th (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.: Labourer

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	COLPRON, Alexandre	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: 1 (Month) (Day) ....19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 25th (Day) 19 44 (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) Killed 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....Date....19....
(State which)

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....

CANADIAN OVERSEAS CASUALTY ARMY

JUN 20 1944

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

....

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 National Defence.

H.Q. 405-C-27,131 D.R.2(D)

15th June, 1945.

Mr. Alexandre Colpron,
St. Martine,
Chateauguay Co., P.Q.

Dear Sir:

Information has now been received from the overseas military authorities that your son, D107508 Rifleman Lucien Colpron, was buried with religious rites in a temporary grave located at Schoondijke, approximately twelve miles North-west of Neuzen, Holland.

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

Yours faithfully,

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

BB

13

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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.

1310

MBR

REGIMENT OR CORPS: Royal Winnipeg Rifles. — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D107508 — Rank: Rfn.

Surname: Colpron. — Christian Names: L.

Died — Date: 25 Oct 44 — Place: Holland

Cause of Death*: Killed

Nature and Date of Report: 3011c/291 30 Oct 44

By whom made: R.W.R.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Schoondyke Holland 339143 sheet Cadyard — Date: 4 Nov 44

21 NE Holland Defence Overprint.

By whom reported: H/Capt. J.L. Steele 14 Cdn Fd Amb.

State whether he leaves a Will or not — (a) in Army Book 64: No.

(b) as a separate document: Not 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.

Station and Date: Belguim 13 Dec 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Craig Roberts Capt for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

12

DEPARTMENT OF NATIONAL DEFENCE
ARMY

(R)
Records (HA2)

Mr. Alexandre COLPRON,
ST. MARTINE,
Chateauguay Co., P.Q.

File No. 405-C-27131

OTTAWA, 9th Mar. 1945.

Regt. No. and Name D.107508 Rfmn. Lucien COLPRON

For the purpose of record and in the event of there being any Memorials available for distribution on account of the ex-soldier marginally noted, it is necessary that the following information be furnished, please. It would be appreciated if you would complete and return this Form at your earliest convenience.

Director of Records
A. G. Branch
MAR 23 1945
Nat. Defence - Can.
OTTAWA

A.C. Chadwick

(A.C. Chadwick) Major,
Secretary, Sub-Committee Awards Board,
for Adjutant-General.

Relatives Required to account for	Name in full of relative	Address in full	(or) date of death
~~Widow~~ ~~Soldier~~	ex-soldier Lucien Colpron.	Ste-Martine.	rapporter décédé le 25 octobre 1944
~~Father~~ ~~Mother~~ ~~Soldier~~			
Mother of Soldier	Mad. Anna. Colpron.	Ste-Martine.	

(MOTHER'S NAME AND ADDRESS PLEASE)

If the soldier was married, please state exact place and date of marriage.

[illegible] Ste-Martine.

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete Statement of the relatives of the soldier in the degrees inquired for; and that I am the

Père du défunt. of the deceased Père Alexandre Colpron.

#Insert degree of relationship:-
For example, - "Widow", "Father", etc.

Alexandre Colpron
(Signature)

Ste-Martine

Co. Chateauguay. P. Qué.
(Address)

15 Mars 1945.
(Date)

NOTED H.A.2 A.B.

A2-7CA

DESP. MAR 24 19[illegible]
REG'D No. 3899

20th November, 1944.

Mr. Alexandre Colpron,
St. Martine,
Chateauguay County, Quebec.

Dear Mr. Colpron:

It was with deep regret that I learned of the death of your son, D107508 Rifleman Lucien Colpron, who gave his life in the Service of his Country in the Western European Theatre of War, on the 25th day of October, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

NOV 15 1944

(A.E. Walford),
Major-General,
Adjutant-General.

MFH

Transcribed 4-3-45
File 13-F-d-12 47-70 a
Mem X. Mothers
27. 11. 44
6

DON'T FORGET

REPORT IMMEDIATELY TO YOUR COMMANDING OFFICER ANY CHANGES IN NAME, ADDRESS OR RELATIONSHIP . OF YOUR NEXT-OF-KIN.

THIS IS IMPORTANT IN THE INTEREST OF YOURSELF . ~~XX~~ AND YOUR NEXT-OF-KIN.

Deceased.
RWR

OVERSEAS—Militia Book M. 1 Part III
40/P & S/1894 (2570)

CANADA —M.F.C. 800
750M 11-43 (2570)
H.Q. 1772-39-1643
K.P. 93282

CANADIAN ARMY
CLOTHING AND EQUIPMENT
STATEMENT

Regt'l. No. D-107508

Rank Pte.

Name Colpron L.

Date of Attestation 30-10-41

Original Unit D.D. 5 **Station** Longueuil

Home Address
(Reserve Unit Personnel Only)

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

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

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

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						
Shorts, gymnasium						
Spoons, NS dessert	1					
Vest, cotton, gym						
Initials of Soldier	FE					
Initials of QM or Rep	RB					

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

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

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

ARTICLE 820315 (Regt'd No.)	QUANTITY					
Rifle No. (~~56935~~)	1	1				
Bayonet No. w/scabbard	1	1				
Bottles, oil	1	1				
Pullthroughs, single	1	1				
Rods, cleaning, pistol (Regt'd No.)						
Carbine, Mach. (.....)						
Magazines, Carbine						
Pistol Revolver (Regt'd No.) No. (.....)						
Ctges, SA, revolver .380 in						
Ctges, SA, .303 in Mk VII		50				
Initials of Soldier	JL	JL				
Initials of QM or Rep	WAS	WAS				

ADDITIONAL ISSUES — CANADA ONLY

ARTICLE	QUANTITY
Belts, waist, leather, brown or web 1½"	
Boots ankle, felt, prs.	
Boots, insoles, prs.	
Boots, lumberman's rubber prs.	
Buttons, G.S., large	
Buttons, G.S., small	
Cap, winter, melton cloth	
Coat waterproof	
Helmet, sun	
Jackets, Khaki drill	
Jackets, serge, drab, O.C.	
Initials of Soldier	
Initials of QM or Rep.	

ARTICLE	QUANTITY
Mitts, pullover, leather, prs.	
Muffler, khaki	
Necktie, black	
Pin, collar, safety	
Puttees, prs.	
Rubbers, prs.	
Shirts, khaki, cotton	
Shirts, undercotton	2
Shoes, leather, black, prs.	
Socks, black, prs.	
Trousers, khaki drill, prs.	
Trousers, khaki drill, short, prs.	1
Trousers, serge, drab, N.P. prs.	
Initials of Soldier	
Initials of QM or Rep.	

ARTICLE	QUANTITY					
.....						
.....						
Badges, shoulder, Canada, drill, prs..						
Blacking, tins.....						
Boot dressing, tins.....						
Bootlaces, prs.....						
.....						
Protectors, ear.....						
Sponge, pipeclay.....						
Lanyard, pistol.....						
.....						
.....						
.....						
.....						
Initials of Soldier.....	LEB					
Initials of QM or Rep.....	HBAS					

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
S. Payne Capt	5-9-44		

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

D/2008

Reg. No. D-625423

Surname (Capitals) COLPRON

Christian Names in full Lucien

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. ~~D-625 425~~ D-107508

Surname (in capitals) COLPRON

Christian Names (in full) Lucien

Date of Birth 11-5-18

Place of Birth St. Isidore P.Q.

Citizenship F.C.

Trade on Enlistment Laborer

Nationality of Father at Birth F.C.

Nationality of Mother at Birth F.C.

Religion R.C.

Enlisted at T.C. 47 Valleyfield P.Q.

Date 30-10-41

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

Signature of Soldier L Colpron

Signature of Officer [illegible]

Place CAPO #3 Date 27-4-44

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Alexandre Colpron	
	Mother	Anna Colpron	22-6-44
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

Ste Martine co. Chateauguay P.Q.

Ste Martine co Chateauguay P.Q.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
3-11-41	Pte.		T.C. 47-103	[signature]

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

~~TRAINED~~ (~~passed Basic Training, and Advanced Training as laid down~~ for his arm of the Service) ~~*except that he requires further training in:*~~—*

completed Part I Trg at CNBTC 47
Valleyfield P.Q. on 14-2-42
[signature] Lt.

Qualified in addition as under:—

Date 1 Sep 44

Commanding [signature] Lt Col

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
N.V. TEST GOOD	4/8/44	[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., ~~Certificate number or authority~~. (Two lines may be used for each entry)	Place	Date	Signature of Officer
5 ième année	Ste Martine	1933	
Collège Ste Martine	P.Q.		J. J. Lockwood Cap

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	~~Grade~~	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
30-10-41	16/5/44	Rifleman	
17-5-44		General Duty	Hors Strength

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
30-10-41	"A"	On Enlistment		
10-4-42	"A"	Confirmed Cat.		
25-3-43	"A"	" "		
		Y.O.B. P U L H E M S		
10-43		18 1 1 1 1 1 2 1		
		Y.O.B. P U L H E M S		
10-7-44		18 1 1 1 1 1 2 1		

2 Sept 44 Fit for Empl. Capt R. Fauteux MD.

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
16 MAY 44	✓		3F Pe	Capt [illegible]
10-7-44			2F Pe	[illegible]
23 Aug 44		✓	———	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
1st T.A.B.T.	7-11-41	[illegible]
2nd "	24-11-41	[illegible]
3rd "	11-12-41	[illegible]
1st Annual Tec	9-12-42	[illegible]
2nd Annual Tec	15-2-44	[illegible] Capt
S T Neg.	3-7-44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
7-11-41	[illegible]
S.T. Vacc. 2 Sep. 44	Capt R. Faucan M.C.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
TYPHUS	25-3-44	[illegible]
1st, 2nd, 3rd,	13-4-44	[illegible]
	5-5-44	[illegible]
X-Ray Chest Film.		
No 7762 Negative,		
Gaschamber Test C.A.P.	15/7/44	[illegible]
M.F.M. 182 issued	7/44	[illegible]
Title Period	30/7/44	[illegible]
M.B.M. Part III issued	5-9-44	S. Payne Capt