D109690
DESJARDINS
ROGER

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3/45 [illegible]MFM 510
[illegible]/P&S/254 (8550)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District............

Dispersal Area............

Regtl No. D109690 Rank and Name DESJARDINS. R Gdsmn.

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

(Transfer or Discharge)............ to .... on 15th Apl.45. 19......

Reason Death Authority : CCL."A" 566/19th Apl.45

The following is a statement of the account of the above-named from 1st Apl. to 30 th.Apl.45. 19...... the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	109	39
First Monthly Payment			Regimental Pay 30 days at 1.50	45	00
Casual Payments			Tradesmen's Pay......days at......$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars)...... ......days at......$		
Assigned Pay	20	00	Allowances (give particulars)......days at......$		
Regimental Charges					
Public Stoppages (give particulars) :					
To Balance Cr — Free	134	39			
To Balance Cr — Deferred			By Balance Dr		
Total	154	39	Total	154	39

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

Remarks

A.P. $20.00 (M) Stopped eff May.45.

Compiled by F.Trenouth

Checked by L. Broughton

Date 9th Oct.45. 19......

Certified correct W. Blackburn
for Chief Treasury Officer, Overseas

MW

Cdn. Sec. G.H.Q. 1 Ech. 21 Army Gp. Casualties Section

14

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

(Refer to Overseas R.O. 2022)

PART I

No. D109690 P Rank Pte Name DESJARDINS R.

Unit 202 CdnInf Ord Sub-Park was reported on the 9 Apr 19 45

suffering from Head wound.

The disability is of a ..... nature, and in all probability will ..... interfere with his future efficiency as a soldier.

He ..... that he was in the performance of military duty at the time
(Here insert "claims" or "does not claim")
of the accident.
(If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

STATION.....

DATE..... .....
Medical Officer in charge.

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

Note: This soldier died in hospital on ~~approx~~ 15 Apr 45.

I, ... hereby declare that the injury sustained by me on the ..... DID NOT occur while I was in the performance of military duty.

..... Soldier's Signature

STATION..... Signature of Medical Officer

DATE.....

PART III

STATEMENT OF COMMANDING OFFICER:

(a) Was the individual in the performance of military duty? Yes.

(b) Nature of duty? under instruction as a motorcyclist.

(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? No.

(d) If it was incurred on leave, was such leave with or without pay? N/A

(e) Was anyone to blame? see Court of Inquiry.

Whom? N/A

(f) Did the injury occur on military premises and if so what part of such premises? No.

(g) Court of Inquiry (See Overseas R.O. 2022, paragraph 9).

(i) Has one been held? When? Yes. 10 Apr 45

(ii) Will one be held? When? N/A.

(h) Disciplinary action taken (if any required) or other remarks Nil.

(G. C. Douglas) Major.

Date 30 Apr 45 Comd. 202 Cdn Inf Ord Sub-Park, RCOC.

M.F. B.371
40/P & S/683 (3012)

See Part IV Overleaf

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.)

Statement by witness: No. C94049 Pte Snipper H., 202 Cdn Inf Ord Sub-Park

On the 9th of April at about 2100 hours I was driving my DR's motorcycle in the vicinity of our Camp near BEEK, HOLLAND and was in company with No.D109690 Pte Desjardins R. on another machine.

We were about six or seven miles away from camp in the direction of DOESBURG, HOLLAND. We saw the road signs to the town and followed them to have a look at it as we were not far off at that point. When we got up on the dyke across from the town proper I heard what sounded like rifle shots and about that time No. D109690 Pte. Desjardins R. heard them too and said something like "Let's get out of here". I turned first and assumed that he was following but after travellin about 100 yards I looked over my shoulder and saw him on the ground laying very still.

I headed for an artillery post I had passed about a mile down the road and went in and told the officer what had happened. He picked some of his men to go with him and he took them with me back to where No.D109690 Pte.Desjardins.R. was lying. While they dragged him off the road shots were fired in our direction but no one was hit.

They dressed his wound and brought him in to the unit MO at the FDS who said he probably was not fatally injured although it was a serious head injury.

I returned back to camp after dark and reported the incident.

signed: H. Snipper

18
& S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY

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

No., RANK and NAME .... D-109690 Pte Desjardins R. .... Dec'd

RECEIVED FROM .... G.H.Q. Cdn Section 2nd. Ech 21 Army Grp.

CHECKED BY .... B-73775 Cpl Todd F.A. .... DATE .... 9 May 45

AND .... A-37530 Pte Groves W.H.

1	Rosary		
2	Religeous Medals		
2	Cap Badges		
1	~~XXXXX~~ Steel Mirror & Leather Case		
1	"I" Bracelet		
17	Souvenir Coins		
2	Souvenir Banknotes		
1	Souvenir Medal		
	Snapshots		
	Clippings		
1	CVSM & C.		

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

QUADRUPLICATE—with effects.

F.A. Todd Cpl
....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
11 MAY 1945
BRANCH
HEADQUARTERS

F 1

8/55B CFA 339 40/P & S/3040 (7255)

No. 25595

N

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) DESJARDINS, Roger

No. D-109690 Rank PTE Unit 202 CDN INF ORD SUB PARK RCOC

Hospital (UK only) in which death took place, if applicable ....

RU (UK only) to which posted on admission to hospital ....

Casualty DIED OF WNDS Date 15 APR 45 List No. A 566 Place AEF

If PW or Interned; Number and Address ....

Previously reported .... Date ....

for OIC R 5 Wing (Cas Sec) [signature] Jm.

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)
2. Name (in full) ....

   Relationship .... Address ....

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

   ....

   Date of marriage, if known ....

WILL, EFFECTS, ETC

1. No will here ~~(or) will herewith dated~~ .... Beneficiary .... (Relationship) ....(Name) ....(Address) Executor ....
2. Bank account—name of bank, etc .... A/c No. ....

   Address ....

3. Kit privately stored—name of custodian ....
4. Particulars of debts, remarks, etc ....

Date APR 26 1945

ORIGINAL — With will, if any to OIC Estates, CMHQ.
DUPLICATE — To file.

[signature] Capt
OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

5M-1-46 (8548)
H.Q. 1064-81-3

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. D.18093
FILE NO. 405-D-21166
DATE 14-2-47
SERVICE NO. D.109690
FINAL RANK OR RATING Pte

PAYEE: Director of Estates

ADDRESS:

DATE OF TERMINATION OF OVERSEAS SERVICE 15-4-45 DATE OF DISCHARGE 15-4-45

	$ ¢
A. TOTAL QUALIFYING SERVICE	
NO. OF DAYS ~~1397~~ 30 EQUAL TO 46 COMPLETE PERIODS AT $7.50	345.00
B. QUALIFYING OVERSEAS SERVICE	
NO. OF DAYS 933 LESS 17 INELIGIBLE DAYS, EQUAL TO 916 DAYS @ 25c. PER DAY	229.00
	574.00
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 ~~933~~ 183 X$ 19.25	98.14
D. WAR SERVICE GRATUITY	672.14
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE 821/7275	672.14

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

ESTATES BRANCH MAR 4 1947 N.D.H.Q.

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	21/2/47

E A Stuart Capt
SERVICE REPRESENTATIVE

D109690 DESJARDINS, ROGER

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
1NOV44		✓		[illegible signature]

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-109690

Surname (in capitals) DESJARDINS

Christian Names (in full) ROGER

Date of Birth 12 FEB 1920

Place of Birth MONT LAURIER, QUE.

Trade on Enlistment ELECTRICIAN

Nationality of Father at birth CANADIAN

Nationality of Mother at birth CANADIAN

Religion ROMAN CATHOLIC

Enlisted at MONTREAL, P.Q.

Date 19 JUNE 41

Particulars of former service (if any) i.e. Regtl. No., Corps and period. D615280 M.T.C. ST. JEROME #44 R.F. 17 APR 41 – DATE

Signature of Soldier Desjardins R.

Signature of Officer [illegible signature] Capt

Place FIELD Date 19MAY43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	NAPOLEON DESJARDINS	19-5-43
	Mother	Regina Desjardins	
3rd	*Brothers and Sisters	Bernard Desjardins	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
434 FOURNIER ST. ST. JEROME, P.Q.
as above.
434 Fournier St. St Jerome P.Q.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
19-6-41	PTE		HDD 144	

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

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

QUAL BASIC TRG (INFANTRY)
Basic Refresher & TOE TS Completed
3 CACRU. 31-3-44

Qualified in addition as under :—

DVR IC (W) CL III
" " (T) " "

Date 19 MAY 43

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Completed 2 wk B.T. refresher C.R.U.	18 Nov 44	D. W. Campbell Lt

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
27/Mar 44	2nd Rifle	1 — 5	[illegible] Lt
April 44	L.M.G. II	1 — 4	
" 44	B.M.G.	Qual.	
" 44	P.	1 At.	
" 44	Grenade	36 2 each	

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
8 YRS PUBLIC SCHOOL,	MONT LAURIER, PQ		[illegible]

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
19 Jun 41	3 Nov 41	Under Instruction Driving	W.L. McKiel Capt.

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
13-6-41	A	MED BRD MONTREAL, PQ.	[illegible]

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB 3	21-4-41	
	16-5-41	
	9-6-41	[signature]
TABT ½	19-8-42	
TABT ½ cc	23-5-43	
T.A.B.T. ½ cc	6-6-44	P W L
Typhus booster	10-7-44	[signature] Capt
Typhus	29-3-45	Rowe
" " " "		
Typhus ½ cc	4.1.44	[signature]
TYPHUS 1 cc	15.2.44	[signature] Capt
Typhus 1 cc	29-2-44	[signature]

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
21-4-41	[signature]
Vacc 1-5-44	[signature]

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X-RAY 81537 N	14-6-41	
"M" TEST COMPLETE	30/11/43	[signature]
"Q" TEST COMPLETE		
PL1 W1	1-1-43	
PL2 W2	4-6-43	
PL3 W3	29-7-43	[signature]
FINGERPRINTED—CAIB		
PL 4 W4	19-11-43	[signature] Maj.
Mustard Gas Wng	30/12/43	[signature] Capt
MBM. 1 Part III	2-3-44	" " Lt
~~[illegible]~~		
9 DAY PL. F.T.W.	3-4-44	[signature]
Gas TS.O.E.T.4 Chamber Anti-gas Equip Checked	27-4-44	[signature] Lt.
Completed 3 wks Basic Inf Trg 3 CAR[illegible]	31 Mar 44	[signature] Lt
19 June 44 Entitled to 3 R ser. chevrons	23/10/44	[signature]
Identification card issued		

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. D-109690. Rank Tpr. Name R. Desjardines

states that he has executed a Will and that the same has been deposited with Records

at Ottawa. Can

Signature of Officer.
Rank or Appointment.

Date 6-7-42.

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M.....received and forwarded to the Officer i/c Records at

.....
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Napoléon Desjardins,
~~334~~ 434 rue Fournier,
St. Jérôme, Québec.

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-D-21.166 FD.7

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

9 mai 1945

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

DESJARDINS, Roger, Soldat,

D.109690, Armée Canadienne.

ESTATES BRANCH
JUN 23 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

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

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

/GC

Col.

Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSÉ AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Napoléon Desjardins	54	434 rue Fournier Saint-Jérôme
4	Mère du défunt.....		Régina Pelletier	52	— id —
5	Frères du défunt	Frères germains	~~Gérard~~	~~26~~	~~id décédé le 16 juin 1943~~
			Fernand	23	— id —
			Marcel	16	— id —
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Béatrice	27	— id —
			Pierrette	20	— id —
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Gérard Noms et âges de leurs enfants (le cas échéant) Solange	26 22	décédé le 16 juin 1943 Adresse de leurs enfants décédée le 17 juillet 1936

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Roger Desjardins
9	Date de sa naissance.	12 février 1921
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	S. Faustin, 27 juillet 1913

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Mont-Laurier
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) Prov. de Québec (b) comté Labelle (c) de sa naissance (1921) (d) jusqu'en 1941
14	Nature de son emploi avant son enrôlement.	journalier (employé à la voirie)
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.	Saint-Jérôme

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	—
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.	? il les avait avec lui
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.	? il les avait avec lui
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.	—

AUTRES DÉTAILS

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

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

(VOIR AU VERSO)

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

DÉCLARATION

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

..... Signature du déclarant

..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Napoléon Desjardins 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 S. Jérôme ce 23ème jour de mai 1945

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

Adresse Saint-Jérôme

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.

Director of Estates

Regimental No. D-109690 (D-615280) Rank Private

DESJARDINS Roger
Surname Christian Names

Unit R.C.O.C. (CA)

Date of death 15 Apr 45 Place of Death Overseas(Western European)

Casualty Details Died of Wounds

Next-of-kin Mr. Napoleon Desjardins Relationship Father

Address 434 Fournier Street, St. Jerome, Que.

ESTATES BRANCH MAY 2 1945 H.Q. OTTAWA NATIONAL DEFENCE

Will Wills dated 19 Jun 41 and 14 May 42 herewith

Date 1 May 45

EXCERPT OF M.F.M.5 dated 19 Jun 41

(1) Are you married? No Children?

Wife's name and address) Names and Ages

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

Mr. Napoleon Desjardins Stat. Engeneer

Mont-Laurier Que.

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

Mrs. Regina Desjardins

Mont-Laurier Que.

(4) Are you insured? No If so, in what company?

JEC/MW

ESTATES LIAISON

H.Q. 405-D-21166
(D.R. 2(C))

13th July, 1946.

Mr. Napoleon Desjardins,
434 Fournier Street,
St. Jerome, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D109690 Private Roger Desjardins, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row A, plot 3, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

KJD.

W. S. G. 10-1-46

File No. 405-D-21166

REBURIAL

NO D109690

RANK Pte

NAME Desjardins, R

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

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

GRAVE LOCATION Grave 11 Row A Plot 3

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

405-D-21,166

CANADIAN MILITARY HEADQUARTERS

EEB

OVERSEAS CDN RECORDS OFFICE

P.A.

GRAVES REGISTRATION FORM

Name DESJARDINS, Roger. Place and Date of Birth Mont-Laurier. Que. 12 Feb 1920

Rank Pte. Regtl No. D-109690

Unit 202 Cdn. Inf. Ord Sub Park RCOC AEF. Next of Kin Father.

Address Mr Napoleon DESJARDINS. 434 Fournier Street. St. Jerome, Quebec. Canada.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 15 Apr 45. Place of Death Holland

Hrs .....

Cause of Death DIED OF WOUNDS. (WOUNDED 10 Apr 45. A 565)

PARTICULARS OF BURIAL

Date of Burial 15 Apr 45 Cemetery Nijmegen Temp.Cdn.Mil.Cem. 690595 Sh.5.

Death Cert No. ..... Location of Cemetery .....

Date of Regn of Death Cert ..... Plot No. 2 Row 7 Grave 17

Religion R.C.

Date 15 Nov 45

M.Bluteau (Capt)

For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

8/29 CF A319
40/P & S/2987 (6705)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	D.109690	RANK	PTE.
SERVICE UNIT	R.C.O.C. (C.A.)		
NAME	DESJARDINS, ROGER		
DATE OF BIRTH	12-FEB 20	DATE OF ENLISTMENT	19 JUN 41
MARITAL STATUS	SINGLE	RELIGION	ROMAN CATHOLIC
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	FATHER	NAME ADDRESS D.A.B.	MR. NAPOLEON DESJARDINS,
ADDRESS	434 FOURNIER ST., ST.JEROME, QUE.		
ADDITIONAL PERSON TO BE NOTIFIED		ADDRESS	
PARENTS NAME			
ADDRESS (IF SOLDIER MARRIED OVERSEAS)			

AUTHORITY CAS. SIG. NO. 6224A H.Q. 405-0-21,166

CASUALTY DETAILS

DATE

DIED OF WOUNDS 15 APR 45

WESTERN EUROPEAN THEATRE OF WAR.

O/S WITH 22ND ARMD.

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

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

DATE

DB 10 OCT 46

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

#4.

FORM No. 1

Regis[illegible] No. D-18093

Nominal Roll No. D-458

H.Q. File No. 405-D-21166.

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
D109690	PTE	DESJARDINS	ROGER

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Died of Wounds CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 19 June 41	T.O.S.	T.O.S.
S.O.S. 15 Apr 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1397	Total Days	Total Days

Total Service 1397 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	464	Nil	464
Overseas Service	933	Nil	933
Totals	1397	Nil	—
Add Non-qualifying Service			Nil
Total Service			1397

EMBARKATION DETAILS: TOSO/S 26 Sept 42

1. Date S.O.S. Overseas 15 Apr 45

2. Date S.O.S. Overseas

REMARKS:

Computer's Signature O W Meed Sgt

Checker's Signature

Date Computed 10 Aug 45.

DIED WHILST IN SERVICE

DIED OF WOUNDS. 15 Apr 45.

N.R.M.A. SEVICE

UNDER REGT. No. D.615289.

FROM 17 Apr 41 TO 18 June 41

SEE ATTACHED FORM No 1

FOR N.R.M.A. SERVICE

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

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
			Nil		
				Total	—

Overseas: T.O.S. 26 Sept 42. T.O.S. — T.O.S.

S.O.S. 15 Apr 45. S.O.S. — S.O.S.

			Nil		
				Total	—

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not [redacted] in pace

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 territory*: City | Town | Village | Parish | Township

Street: — No.: — Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: DESJARDINS (*Block letters*)

Given names: Roger

Do not write in this space

4. RESIDENCE

Street: — No.:

Official name of civil municipality or township: Mont Laurier

Municipal county: — Province: Que

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: February (Month) 12th (Day) 1920 (Year)

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

OCCUPATION

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

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	Napoleon Desjardins	
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: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 15th (Day) 45 (Year) 19....

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) Wounds received in action.

due to

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

due to

(c)....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

State findings: Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 13 1945

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

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

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.

Director of Records

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 français)

Dept National Defence

405-D-21,166

A.566

FIELD SERVICE

Army Form B2090A

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 Regulation, Vol. I.

REGIMENT OR CORPS: 202 Inf Ord Sub Pk

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D109690

Rank: Pte

Surname: DESJARDINS

Christian Names: R

Died — Date: 15 Apr 45 Place: Holland

Cause of Death*: D of Wds

Nature and Date of Report: TPM 15 Apr 45

By whom made: 1 Gen Hosp

* 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: Nijmegen Temp Cdn Mil Cem 690595 sh 5 P"2"B"7" G"17" Date: 15 Apr 45

By whom reported: H/Major Wilfred G Chiasson 1 Cdn Gen Hosp

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

(b) as a separate decument: Not Rec'd

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 experssions 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: Belgium, 26 Apr 45

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

Cdn Sec 2nd Ech HQ 21 A Gp

6342/PMEW/3/5-44

18

le 25 avril 1945.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Roger DESJARDINS, matricule D-109690, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 15 avril 1945.

D'après les renseignements officiels que nous avons reçus, votre fils est mort à la suite de blessures qu'il a reçues au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Desjardins pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

(A.E. Walford)
major général.

amR

Mem & mother
27-4-45

14

M. Napoléon Desjardins,
434, rue Fournier,
St. Jérôme, Qué.

F.T.

24th April, 1945.

Mr. Napoleon Desjardins,
434 Fournier Street,
St. Jerome, Quebec.

Dear Mr. Desjardins:

It was with deep regret that I learned of the death of your son, D109690 Private Roger Desjardins, who gave his life in the Service of his Country in the Western European Theatre of War on the 15th da y of April, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

/EMA

MG

13

d 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, Roger Desjardins (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of St Jarome, in the County / District of

Province of Quebec, Truck Driver (Civil Occupation)

Regimental No. D109690, Unit A8-CAC (A) T.C., 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, Regina Pelletier Desjardins of x 334 Faurnier St. St. Jarome, Quebec all my property both real & personal.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Berthe Desjardins (Name) St. Jarome Quebec (Address)

Rubber Factory Worker (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of May 1942

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.

Desjardins R. (Signature of soldier)

First witness sign here.

(5) Signature J Reichelt

Civil Address 9541-107 Ave. Edmonton Alberta

Civil Occupation accountant.

Second witness sign here.

Signature D. F. Baker

Civil Address 11127-81 Ave; Edmonton Alberta

Civil Occupation Student.

(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.

D. R. 10

RECEIVED
D OF RECORDS
APR 18 1946
WILL SEC.
N. D. H. Q.

15-4-45

AWARDS—CANADIAN ARMY (ACTIVE) 1942 M

KI

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-21,166

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DESJARDINS	Roger	D.109690	Sol.	R. C. O. C.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Regina DESJARDINS (MOTHER)

ADDRESS: 334 Fournier St.,
St. Jerome, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Regina Desjardins. (MFM-5) (FRENCH)

1942

ADDRESS: 434 Fournier St. St. Jerome, Que.

6276-3-11-49

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO 4223

(2)

(3)

DESP. MAY 21 1945

REGN No. 19232

D-109690

DESJARDINS ROBER

W. W. II

Received.................................Checked....É..............Card....✓..........Observations......................

cat A

F wing

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité / Unit: ~~No. 4 District Depot~~ 22 CDN ARMD REGT. (C.G.G.) CA
C.I.C.

Matricule / Regimental Number: D-109690

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

Original
Duplicate
Triplicate

01

WSG
COMPLETED

1. Nom / Surname: DESJARDINS
2. Prénoms / Christian Names: ROGER
3. Adresse actuelle / Present Address: Mont Laurier- Quebec.,Canada.,
4. Date de naissance / Date of birth: 12 Fevrier 1920
5. Lieu de naissance / Place of birth: Canada., (Pays)—(Country) Quebec., (Comté ou province)—(County or Province) Mont-Laurier., (Ville ou canton)—(Town or Twp.)
6. Religion / (State denomination): Catholique Romain
7. Métier ou profession / Trade or Calling: Electricien
8. Marié, veuf ou célibataire / Married, Widower or Single: Celibataire
9. Nom du plus proche parent / Name of next of kin: M.Napoleon Desjardins
10. Parenté de celui-ci / Relationship: Pere
11. Adresse du plus proche parent / Address of next of kin: ~~Mont-Laurier,Quebec.,Canada.,~~ see change
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? No
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: No
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada? Oui

D-615280 M.T.C. St.Jerome #44(RF)Du 17 Avril 1941 A Date
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Roger DESJARDINS, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 19th June,1941 Witness G. D. Archambault Pte Roger Desjardins
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Roger DESJARDINS, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Roger Desjardins
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

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

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal South PQ. ce 19 jour de June 1941.

W K Millecoff
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

NO. 4 DISTRICT DEPOT, A.F.
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

FINGERPRINTED

(P)

État de service de / Record of Service of: DESJARDINS (Nom—Surname) ROGER (Prénoms—Christian Names)

Matricule / Regimental Number: D-109690

APTITUDES / Qualifications

Militaires / Military: NIL

Professionnelles ou commerciales / Business or Professional: NIL

Civiles ou de métier / Trade or Civil: ELCTRICIAN

Techniques / Technical: NIL

Langues / Languages: FRENCH

QUALITÉS ÉDUCATIONNELLES / Educational qualifications

Académies / High School or Collegiate: NIL (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: NIL (Spécifier—Specify)

*Collège: NIL

*Université / University: NIL

5 years Public Schooling

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
1122 19-6-41	DRO	No. 4 District Depot. CA	PTE	19-6-41	4 DD	Mtl South	4DD PT.II No.144	19-6-41
9-9-41	4DD @	A.W.L. w.e.f. 0800 HRS 6 AUG 41.	"	6-8-41	"	"	" " 215	8-9-41
10-9-41	" @	PT11 NO.215 A.W.L. IS CANCELLED.	"		"	"	" " 216	9-9-41
20-10-41	"	GRANTED 14 DYS FURLOUGH UNDE RO 699.	"	18-10-41	"	"	" " " 250	18-10-41
6-11-41	"	HAVING BEEN GRANTED (14)DYS.FURLOUGH, (VIDE PT. 11No.250 IS ISSUED WITH SPECIAL LEAVE & FURLOUGH TRANSPORT WARRANTS M-137 UNDER THE PROVISIONS OF R.O.1118.DATED 18-10-41	"	18-10-41	"	"	" " " 265-41	5-11-41
12-11-41	4DD	PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO C.A.T.C. HAMILTON,ONT.	"	12-11-41	"	"	" " "271	12-11-41
		Attached for all purposes to C.A.T.S.	"	13/11/41	CATS	Hamilton	D.O., No. 177	17/11/41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

Statement of the Service of No. D109690 Rank.......... Sheet No..........

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name DESJARDINS. R.

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
C57	SOS	SOS to 3 CACRU on adm to 13 Gen Hosp	Gdsm	~~5 Jan 44~~	~~22 Armd R~~	UK	3	~~17 Jan 44~~
C104	and TOS	~~TOS from 22 CAR on adm to 13 Gen Hosp~~ / ~~Tos from 22 CAR adm 13 Gen Hosp~~	~~Gdsm~~ / ~~Gdsm~~	~~6 Jan 44~~ / ~~6 Jan 44~~	~~3 CACRU~~ / 3 CACRU	~~UK~~ / ~~UK~~	~~10~~ 10	~~15 Jan 44~~ 13 Jan 44
SOS		SOS to Y 3 List (while in 13 Gen Hosp)	Tpr	15 Jan 44	3 CACRU	UK	13	17 Jan 44
C104	T108	TOS Y 3 List from 3 CACRU while in 13 G Hosp	Tpr	16 Jan 44	~~Y-3 List~~ 3 CACRU	U.K.	1	18 Jan 44
		TOS from Y3 List on disch from Hosp	~~Tpr~~ Gdsm	6 Feb 44	3 CACRU	UK	32	8 Feb 44
		Adm to 17 Gen Hosp	Tpr	16 Feb 44	3 CACRU	UK	CL 'C' 1291	21 Feb 44
		SOS to Y-3 List on adm to 4 CMC	Tpr	16 Feb 44	3 CACRU	UK	41	18 Feb 44
		Disch'd from 17 Gen Hosp	Tpr	25 Feb 44	3 CACRU	UK	C L 'C' 1300	29 Feb 44
	M35	TOS from Y-3 List on disch from 17 Gen Hosp	Tpr	26 Feb 44	3 CACRU	UK	49	29 Feb 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
SOS		~~SOS to 6 CIRU~~	~~Gdsm~~	~~5 May 44~~	~~3 CACRU~~	~~UK~~	~~10X~~	~~6 May 44~~
X33	TOS	TOS from 3 CACRU remustered in CIC	Tpr	4 May 44	6 CIRU	UK	108	7 May 44
C86	SOS	SSOS to X4 List CH of O (MG)	Pte	8 June 44	6 CIRU	UK	136	8 June 44
	TOS	Adm Botleys Park		10 Oct 44			CL 1545	21 Oct 44
C86		Embarked at UK on		29 July 44				
		Disembarked at France on	Pte	30 July 44	XF CH of O MG	21 A Gp	20	17 Aug 44
		Adm 17 C G H		11 Oct 44	—	—	CL 1538	13 Oct 44
		Adm 1 Cdn Spec		8 Nov 44			CL 1566	10 Nov 44

Statement of the Service of No. D109690 Rank Pte. Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name DESJARDINS, Roger

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
		SOS on transfer to A-8 C.A.C. T.C.	Pte.	13/5/42	CATS	Hamilton	D.O., No. 111a	12/5/42
		ATTACHED TO A8 CACATC FOR A/P FOR ADV. TRG	do	14-5-42	A8 CACATC	BORDEN	A8 CACATC D.O. 111	14-5-42
		Qulified Driver Class III (W)	do	21-7-42	do	do	do D.O. 165	22-7-42
		S.O.S. TO 22nd Ar,oured Regt. C.G.G.	do	25-7-	do	do	do D.O. 168	25-7-42
27 Jul 42		T.O.S. 22 CDN ARMD REGT. (C.G.G.)	Gdsm	26 Jul 42	22 CAR (GG)	Debert	PO II No 110	27 Jul 42
19 Aug 42	Address DOSI 20 Nov 43 22 AR.	Change of address to 434 Fournier						
	N-Q-K	St., St Jerome, P.Q.	"	18 Aug 42	"	"	" No. 123	18 Aug 42 / 4 Oct 42
11 Sep 42		Special Leave (R.O. 699-4a) 5 to 11 Sep 42	"	5 Sep 42	"	"	" No. 134	7 Sep 42
19 Oct 42		S.O.S. Cdn. Army Canada.	"	25 Sep 42	"	Aldershot	" No. 1	30 Sep 42
"		T.O.S. Cdn. Army Overseas.	"	26 Sep 42	"	"	" "	"
		Disembarked in U.K.	"	7 Oct 42	"	U.K.	" " 1	13 Nov 42
		Granted P-L with M.A. to 4 Jan 43	Gdsm	1 Jan 43	22 AR	UK	2	14 Jan 43
		Regt'l Rate of Pay $1.50 per diem	Gdsm	1 Jan 43	22 Armd R	UK	14	29 Mar 43
		Adm to 1 Gen Hosp	Gdsm	30 June 43	22 Armd R	UK	31	12 July 43
		Disch'd from 1 Gen Hosp	Gdsm	3 July 43	22 Armd R	UK	31	12 July 43
		Qual Driver 1C (TK)	Gdsm.	15 Apr 43	22 Armd R	UK	33	26 July 43
		Qual Driver (W)	Gdsm	22 Aug 43	22 Armd R	UK	40	6 Sep 43
		Awarded one Good Conduct Badge	Gdsm	19 Aug 43	22 Armd R	UK	49	8 Nov 43

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

22 CDN ARMD REGT. (C.G.G.)

Unit ~~No. 4 Dist. Depot. (T.S.)CA.~~ Regimental Number D-109690

1. Surname DESJARDINS
2. Christian Names Roger
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 19-6-41
   *To be entered in pencil to facilitate alteration.
4. Place of birth Mont-Laurier Quebec, Canada
5. Date of birth as declared on attestation 12 Feb. 1920
   (A)
6. Date of enlistment 19 June 1941
7. Place of enlistment Mtl. South Que, Canada
8. Residence at time of enlistment Mont-Laurier, Que, Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date No
13. Trade on enlistment Electrican
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries
    Qual. Driver I.C. (W) Gl. III
    " Dvr I.C. (Tank)

(17) Regiment or Corps / Unit (Battn., etc)

~~22 Cdn. Armd. Regt. (CGG)~~
C.I.C.

(18) Medical

Category	Date	Authority
A	19 June 41	MFM 2

(19) Next of kin (entries to be made in pencil) Father
Mr Napoleon Desjardins
434 Fournier St.
St. Jerome, P.Q. Can
51 - 20 Nov 43

(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.

$1.50 - 1 Jan 43

(a) Report Date	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	Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Disembarked in U.K.		7 Oct 42		
	A8	CACATC	Qualified Driver Class III (W)	Borden	21-7-42	Tpr.	D.O. 165 d 21-7-42
2 Nov 42		22 CAR	TOA 22 Cdn. Armd. Regt. (BCR)	U.K.	26/7/42	Gdsm.	M.F.M. 2.
			SOA C.A. Canada		25/9/42		
			TOA C.A. Overseas		26/9/42		
11 Jan 43		"	7 dys P.L. with money allce to 7 Jan 43	Field	1 Jan 43		2-14 Jan 43
26 Mar 43	CR	"	Daily rate of pay $1.50 per diem	"	1Jan43	"	14 - 29 Mar 43.
14 Jun 43	"	"	7 days P.L. & M/A to 11 Jun 43.	"	4 Jun 43	"	28-26 Jun 43.
2 JUL 43	"	"	ADM. 1 CDN. GEN. HOSP.	"	30 JUN 43	"	31-11 JUL 43
6 JUL 43	"	"	DISCH. 1 CDN. GEN. HOSP.	"	3 JUL 43	"	31-11 JUL 43
14Jul43	CR	"	Qual Dvr I.C. (Tank)	"	15Apr43	"	33 - 26 Jul 43
24 Aug 43	"	"	Qual Driver I.C. (W)	"	22 Aug 43	"	340-6 Sep 43
30 Oct 43	"	"	Awarded one Good Conduct Badge	"	19 Aug 43	"	49-8 Nov 43
8 Jan 44	Hosp Rep.	"	S.O.S. to 3 C.A.C.R.U. on adm to 13 Cdn Gen Hosp	"	5 Jan 44	"	3-17 Jan 44
		3 CACRU	TOS fr 22 CAR on adm to 13 Cdn Gen Hosp	UK	6-1-44	"	10 d/13-1-44
		"	SOS to Y3.	"	15-1-44	"	13 d/17-1-44
		Y3	TOS fr 3 CACRU	"	16-1-44	"	1 d/18-1-44
			Cdn V.S.M. & Clasp	"	15-1-44	"	19 d/24-1-44
		"	S.O.S. to 3 CACRU on disch fr 13 Cdn Gen Hosp.	"	5-2-44	"	18 d/8-2-44
		3 CACRU	TOS fr Y3.	"	6-2-44	"	32 d/8-2-44
		"	Adm to 4 CMC	"	16-2-44	"	41 d/18-2-44
		Y3	S.O.S. to Y3 list on adm to 4 CMC	"	16-2-44	"	41 d/18-2-44
		Y3	TOS Y3 list fr 3 CACRU on adm to 4 CMC		17-2-44	"	Y 26 d/18-2-44
		"	S.O.S. TO 3 CACRU ON DISCH 17 CDN GEN	"	25-2-44	"	33 d 29-2-44
		3 CACRU	TOS FR Y-3 LIST ON DISCH 17 CGH	"	26-2-44	"	49 d 29-2-44
			TRANS FROM 4 CMC TO 17 CGH	"	16-2-44	"	54 d 6-3-44
		"	PL & MA (9 days) to 12 Apr 44	"	3 Apr 44	"	80 d 6 Apr 44.
		"	SOS to 6 C.I.R.U.	"	5-5-44	"	FOH d/6 May 44
amd by DO 1/10/44		6 CIRU	TOS fr 3 CACRU remustered in CIC		6 May 44	Pte	108/44
			SOS to X4 List CHofO (Dvn 401 d/4 Jun 44)	"	8 Jun 44	"	136/44
X4	CHofO	11 Bn	TOS from 6 CIRU	"	7 Jun 44	"	11 Jun 44
	X4		Embarked U.K. 29 July 44 Disembarked France 30 July 44				20 Aug 44
	X4	CHofO	Posted to X-3 list	"	11 Oct 44	"	14/45
	X-3	CHofO	SOS to Y-3 List 2 CIRU	"	11 Oct 44	"	14/45

OCB

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer of Other Rank.....DESJARDINS.....Roger.....
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank.....D-109690.....Pte.....

(3) Unit.....4 District Depot (T.S.) CA.....

(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?.....N/A.....

(8) Have you any children?.....N/A..... 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.....N/A.....

[SEE OTHER SIDE]

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

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

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Napoleon Desjardins
Mont-Laurier, Que., Can. Stat. Engineer

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

(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. Regina Desjardins
Mont-Laurier Que.,

(15) If your mother is a widow, are you her sole or partial support? N/A

(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 N/A

Postal Address N/A

Amount contributed monthly during the past six months
N/A

(18) Are you insured? No

If so, in what Company? N/A 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.

Roger Desjardins
(Signature of officer or man)

Date 19 June 1941

[signature]

Officer Commanding

Date 19 June 1941

NO. 4 DISTRICT DEPOT, AF.

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.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) D-109690, DESJARDINS Roger (b) N° matricule D-109690
2. (a) Arme Armee (b) Unité No 4 D.D. (T.S.) CA (c) Rang Pte
3. (a) Date de naissance 12 Fev.1920 (b) Avez-vous des personnes à votre charge? Non (c) Domicile au moment de l'enrôlement Mont Laurier, Que.
4. (a) Lieu d'enrôlement Mtl. South Que. an. (b) Date d'enrôlement 19th June 1941

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 14 Ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Non
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans," "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 5ieme Annee primaire
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Non
8. (a) Êtes-vous déjà entré en apprentissage? Oui (b) Si oui, dans quel métier? Electricien (c) Avez-vous complété votre apprentissage? Non (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 5 Mois
9. (a) Quelles langues parlez-vous couramment? Francais (b) Quelles langues lisez-vous facilement? Francais

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Emploi (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Non

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron M. Roger Beatty, Adresse Mont Laurier, Que
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Marchand de bois
20. (a) Genre précis de votre occupation Chauffeur, bouilliores (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 2 Ans
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Non (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Non (c) Désirez-vous retourner à votre ancien emploi? Oui

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE, OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Non (b) Vous croyez-vous apte à exploiter une ferme? (c) Si oui, dans quel genre de culture?
25. (a) Êtes-vous né sur une ferme? Non (b) Nombre d'années d'expérience effective dans la culture? (c) Dans quelles provinces avez-vous acquis votre expérience?

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Non
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.)
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Non

DATE 19th June 1941 194 SIGNATURE Roger Desjardins

Matricule / Regtl. No. D-109690 Grade / Rank PTE Nom / Surname DESJARDINS Prénoms / Christian Name ROGER

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	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 première 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. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				
Hamilton Military		12	1	42	22	1	42	Furuncle Dorsum rt. foot 1201	11	Lesion well healed. Discharge to unit.	[illegible]

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier DESJARDINS ROGER Date June 13 1941.
Name in full

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 21 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	NO	j. Affection nasale (Nasal trouble)	NO
b. Tuberculose (Tuberculosis)	NO	k. Maladies des oreilles (Ear disease)	NO
c. Bronchite ou asthme (Bronchitis or asthma)	NO	l. Maladie des yeux (Eye disease)	NO
d. Affection cardiaque (Heart disease)	NO	m. Epilepsie (Epilepsy)	NO
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	NO	n. Maladie nerveuse ou mentale (Nervous or mental disease)	NO
f. Gastrite intestinale (Gastro-intestinal)	NO	o. Syphilis	NO
g. Hernie (Rupture)	NO	p. Gonorrhée (Gonorrhœa)	NO
h. Varices (Varicose veins)	NO	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	NO
i. Pieds plats ou déformés (Flat or deformed feet)	NO		

Roger Desjardins
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs
Examiners' remarks re above
Color Vision Ishihara CN.
Ears, nose & reflexes normal.
A.L.Delahaye.Major.

URINE 42372. N
JUN 14 1941
X-RAY 81537N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.
C. SAINT PIERRE. LT. COL.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
Protruding umbilicus.

2. Taille (Height) 5 pieds (feet) 2½ pouces (inches). 3. Poids (Weight) 145 livres (pounds)
4. Teint (Complexion) Dark Yeux (Eyes) Blue. Cheveux (Hair) Black
5. Développement (Development) Good {Bon —Good, Passable —Fair, Médiocre —Poor}
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34½ pouces (inches) Degré d'expansion (Range of expansion) 2½ pouces
7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) C.V.20 gauche (left) C.V.20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Fair
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Actual cold. No sign at the examination of the lungs.
Scar on the right thigh.

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A.

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

H.AUBRY.MAJOR. G.HEINEY.LIEUT. PAUL ROBERT.LIEUT.
H. Aubry major (Président)—(President) G. Heiney Lt (Membre)—(Membre) Paul Robert Lieut (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
21·4·41	TAB·T. H. Macey Capt	19-8-42	TABT 1/2 cc
16·5·41	HM		
9·6·41	3 HM		
21·4·41	VIACC HM		
23-5-42	RE-EXAMINED CAT. A CONFIRMED. [signature] Capt		
4-8-42	Cat. A. Confirmed [signature]		