D116788
GIRARD
JOSEPH ELIE

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22-7-44

KI

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-G-I2,4I2

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GIRARD, Joseph Elie Robert.	D.II6788	Pte.	M. R. F.Mont,Ryl.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	6073 14/3/50
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 Mr. Ernest GIRARD (FATHER)

ADDRESS: 2380 Monsabre St.,
MONTREAL, P.Q.

(2) MEMORIAL CROSS

WIDOW (SINGLE) (FRENCH)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (DECEASED) (MFM-5)

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 2694

(2)

(3)

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-116788

Surname (Capitals) GIRARD

Christian Names in full JOSEPH ELIE ROBERT

M. 1 (Part I) Revised 1-10-42
5040-2 & 5232)
672

VICE BOOK

Book M. 1 (Part II)
tive service.)

er than those on page 24
. 1, connected with the
n of Will) is to be made
he Officer Commanding
any to which the man

ies will be initialled by

O SOLDIER

responsible for the safe

is book on your person
vice.

whenever called upon to
authority, viz.: Officer,
ary Policeman.

e any entry in this book
of Will on page 24; see
and disobedience of this
offence.

any entry is lacking or
book, you will report the
ry superior.

etain this book after dis-
ices, but should you lose
ot be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 116788

Surname (in capitals) GIRARD.

Christian Names (in full) JOSEPH ELIE ROBERT.

Date of Birth 16 aug 1922

Place of Birth Montreal Que. Can.

Citizenship Canadian

Trade on Enlistment Laborer

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion R. C.

Enlisted at Montreal South Que. Can.

Date 14-4-43

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

Signature of Soldier Robert Girard

Signature of Officer W.J. Easterbrook Capt

Place Kingston Ont. Date 5 Jan 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	Ernest Girard	14-4-43
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship) Uncle	Mr. Fernand Girard	14-3-43

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
2380 Monsabre Str Montreal Que Canada.
Bourbonniere Str. Montreal Que Can.

(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
14-4-43	Pt	/	4 DD 90	[illegible] Capt

(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 Inf Trng.

5-7-43 [illegible]

Completed Part II Inf Trng.

4-9-43 [illegible] Capt

R.U. Refresher Trng Completed 12-3-44. [illegible]

Qualified in addition as under:—

"Civil Qualifications of Military Value"

Nil.

[illegible] Capt / AE

A7CSTC

Date 10 Jan 44.

Commanding.....

*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
Regt. Duties (A) Pte Pte Regt #369 A1 (A) Tp Pte Regt Sig Course, 5 Pcs Coy Course, 5 Pcs Coy Mgmt & Instruction	23 Dec 43 25 Oct 43 to 23 Dec 43, 13 June 44	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	2nd class	Rifle		
1943	2nd class	L. M.G.		
JAN 44	2ND	RIFLE	APPX III 1234	
	2ND	BREN	IV 1234	
	2ND	STEN.	IX 1234	
6-3-44	2nd	Rifle Grp II	A.B.C.D.	
7-3-44	1st	Rifle Grp III	1.2.3.4.5.	
7-3-44	1st.	Bren Grp IV	1.2.3	
2-3-44	Failed	Sten Grp VIII	1.2.	
1-3-44	Failed	Rifle Grp a.1.		
10-3-44	Grenades Thrown		36 + 69	

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
8 yr. Public School.	Montreal	1939	W J Easterbrook Capt

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Deleted [illegible]

Trade	Group	Grade	Part II Order	Date	Signature of Officer
~~Regtl. Sigs~~	~~Inf.~~		~~309~~	~~23 Dec 43~~	~~W J Easterbrook Capt~~

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
16 Feb 44	25 Feb 44	Special Duty	K W Snyder Lt.
26 Feb 44	27 Feb 44	R.U.	C.E. Bannister Lt.
28-2-44	12-3-44	Att Reference Course	C.E. Bannister Lt.

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

12

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
8-4-43	B 1	M F No 2		
30 Jul 43	22/2121111	Pulhems		W.C. [illegible]
17 Nov 43	22/1111111	Pulhems	3 Nov 43	[illegible]
7-1-44	22-111111	"		

13

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O..

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

Signature of M.O..

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-pleted	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
15 Apr 43	✓		13F-3X-Pe	[illegible]
18 Apr 43		✓	3X	
27 Apr 43	✓		5C Prophy	[illegible]
25-2-44	✓		7F	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T.A.B.T. 1/2cc	23-5-44	G. Sourie Capt.
TYPHUS - 1cc	3-6-44	G. Sourie Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. / 1cc	15 Apr 43	W. Copp Capt
3 1cc	7-5-43	
1cc	21-5-43	
Typhus 1	22-1-44	[illegible]
Typhus 1cc	2 Feb 44	[illegible]
Typhus 1cc	9 Feb 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
15 Apr 43	W Copp Capt

(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
X Ray #182000	8-4-43	W. Copp Capt
Granted 1.40 Per diem	3-9-43	[illegible] Capt
Granted 1.50 per diem	3 Nov 43	[illegible] Capt
"M" TEST (REV.) COMPLETE		
"Q" CARD COMPLETE	27 Feb. 44	[illegible] Capt.
Gas Chamber — DM	15 Jul 43	[illegible]
" " — CAP	15 Jul 43	
" " — Chlorine	15 Jul 43	
" " — CAP	5 Mar 44	[illegible]
In Possession of M.B.M. Pt. III		A.E. Bannister Sr.
R.U. Refresher Course Comp.	12-3-44	
Fingerprinted & Photographed in Canada		[illegible]
Awarded 1 Ped.	W.E.F.	
Chevrons R.O. 4613	17/5/44	[illegible] Capt.

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

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

No. Rank Name

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

at Signature of Officer.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his 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.

See N.D.H.Q. Records Rank or Appointment.

Z A Macdonald Lieut

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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 all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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 remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

Cat B-1

OCCUPATIONAL HISTORY FORM COMPLETED

Received ..... Checked ..... Card ..... Observations .....

ORIGINAL
DUPLICATA
~~**TRIPLICATA**~~

M.F.M. 2 Fr.
A.F.B. 271
100M—7-42 (5491)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.

Unité B.C.S. Co. N° matricule D-116788

SGM/M

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

FINGERPRINTED
APR 15 1943
PHOTOGRAPHED

FORMULE D'ENGAGEMENT

T.T.

1. Nom GIRARD
2. Prénoms JOSEPH ELIE ROBERT
3. Adresse actuelle 2380 Monsabre Rue, Montreal, Que., Canada.
4. Date de naissance 16 Aout 1922
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Citoyenneté Canada (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession) Catholique Romain
8. Métier ou profession Journalier
9. Marié, veuf ou célibataire Celibataire
10. Nom du plus proche parent M. Ernest Girard
11. Degré de parenté Pere
12. Adresse du plus proche parent 2380 Rue Monsabre, Montreal, Que., Canada.
13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? NON
    (Si oui, spécifiez l'unité et les dates de service)
14. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (b) Quelque autre armée de mer, de terre ou de l'air? NON (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
15. Avez-vous servi pendant la Grande Guerre de 1914–1918? NON
    (Si ou, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

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

Date 14 APRIL 1943 Robert Girard
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Joseph Elie Robert GIRARD, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin ..... Robert Girard
(Nom) (Grade) (Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes il s'exposerait aux rigueurs de la loi.

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

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

à MONTREAL SOUTH ce 14th jour de APRIL 19 43

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.

(Titre ou grade et unité ou emploi)
~~Special Recruiting Officer~~

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

4000
6
25-2-44

État de service de GIRARD (Nom) JOSEPH ELIE ROBERT (Prénoms) N° matricule D-116788

APTITUDES

Militaires: nil

Professionnelles ou commerciales: nil

Civiles ou de métier: JOURNALIER

Techniques: COURS DESSIN 3 MOIS EC. DES BEAUX ARTS MTL. COMM. ~~MXL~~

Langues: FRANCAIS ET ANGLAIS

DEGRÉ D'INSTRUCTION "M" SCORE 145

École secondaire ou Académie: NIL (années achevées) { Diplôme ou Immatriculation }: NIL (Spécifier)

*Collège: 8 ANC OURS ANGLAIS

*Université: NIL - 8ieme ANNEE EC. PUB.

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

Tous les engagés seront pris comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la prise à l'effectif d'une force constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation: N° de la décision, Partie II, Liste des morts et blessés, etc.	Autorisation: Daté le
Affecté lors de son enrôlement						
~~14~~ 15-4-43 DRO TOS NO° 4 DISTRICT DEPOT C A.	SGMN	14-4-43	4 DD	MTL STH	4 DD PT II ~~89~~ 90	~~14~~ 15-4-43
S.O.S. ON TRANS. TO C.O.C. & B.T.C. #44 ST JEROME QUE	SGMN	29 Apr 43	"	"	" " 102	29 Apr 43
TOS FOR ALL PURP ON TRANSFER FROM DD 4	"	30-4-43	TC 44	ST JEROME	PT II 87	1-5-43
REALLOCATED TO INFANTRY RIFLE.	"	21-6-43	"	"	PT II 123	22-6-43
S.O.S. FOR ALL PURP ON TRANS TO A-12 FARNHAM, QUE.	"	6-7-43	"	"	PT II 132	6-7-43
TOS on temp att on reposting from T.C. 44, St Jerome, Que	"	7-7-43	A-12	Farnham	A-157	7-7-43
Granted 14 days furlough from 14-9-43 to 27-9-43 incl. with 50 ç per diem, ration allowance. T.W. A-469287	"	14-9-43	"	"	A-216	14-9-43
SOS ON TRANSFER TO C.S.T.C. BARRIEFIE LD, ONT.	"	21-10-43	"	"	A-248	21-10-43
T.O.S. A/7 (RSW) C.S.T.C. Barrierfield, Ont.	"	22 Oct 43	"	S.T.C.	S.T.C. No. 255	26 Oct 43

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

CERTIFICAT DE VISITE MÉDICALE

Nom en entier GIRARD JOSEPH ELIE ROBERT Date de la visite 8 April 1943

Lieu Mtl.

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds no
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux no
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez-vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

Je déclare, par les présentes, que je n'ai souffert d'aucune maladie autre que celles qui sont susmentionnées.

Robert Girard
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

Remarques du médecin examinateur touchant les renseignements donnés à la partie 1.

Underweight - will probably gain

1. Marques particulières ou cicatrices 1 vac. left arm.
2. Taille 5 pieds 4 pouces
3. Poids 113 livres
4. Teint Fair Yeux Blue Cheveux Brown
5. Développement Poor (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 33 pouces. Degré d'expansion 3 pouces
7. Vue, droite 20/30 gauche 20/30 Avec lunettes, droite gauche
8. Ouïe, droite cv 20 gauche cv 20
9. État de la bouche et des dents several carious teeth
10. Pression artérielle:—S N D (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée)
11. Analyse d'urine
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA ( ) EARS NOSE THROAT NEGATIVE.
underweight. Skeletal spine normal J.C. CALHOUN, Major
Slight pes planus r. moderate left both flexible. no adenopathy.
no hernia Reflexes present. Heart & lungs normal.
13. Radiographie de la poitrine N N° 182000 Prise au laboratoire de D.P. & N.H., Mtl.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie A1

Observations spéciales lorsque la catégorie est inférieure à A

M. Aronovitch Capt. grade (Président) — H.A.G. Duncan Lieut grade (Membre) — B. Levine Capt grade (Membre)

M. ARONOVITCH CAPT. H.A.G. DUNCAN Lieut. B. LEVINE CAPT.

Date 8 April 1943

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature
APR 15 '43	TAB. T ICC
APR 15 '43	VACCINATION
7-5-43	(2)
21-5-43	(3)
30-7-43	Y.O.B. 22 P 2 U 1 L 1 H 1 E 1 M 1 S 1

Date	Détails succincts et signature
OCT 21 1943	Y.O.B. 22 P 2 U 1 L 1 H 1 E 1 M 1 S 1
3Nov43	Reclass PG111111 by MFB1478;
7 Ja 44	
22-1-44	Typhus (1)
2-2-44	Typhus (2)
9-2-44	Typhus (3)

REMARQUE:—Toute correction d'inscription doit être paraphée par l'officier qui la fait. Cet officier indiquera son grade et son corps. Les corrections ne doivent pas être superposées à l'inscription originale.

#1328 - Slight flatfeet
#0331 - Underweight

N° matricule D-216788 Grade SGMN Nom GIRARD Prénoms JOSEPH ELIE ROBERT

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. S'il s'agit d'accident, spécifiez s'il s'est produit au service et si une cour d'enquête a été tenue. Détails et dates au sujet des dentiers et des appareils chirurgicaux fournis.	Signature du médecin

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**

Soldiers Qualification Card

CONFIDENTIAL

D 116788 — Regimental Number
GIRARD — Last Name (Block letters)
JOSEPH — First Name
ELIE — Middle Names
ROBERT.

Unit # 1 C.S.R.U.

2 Nationality: Can. | By Birth ✓ | By Naturalization | Country of Birth: Canada.

3 Father Racial Origin: French. Mother: French.

4 Language spoken in home: French ✓ English ... Other ...

5 Age 21 (16 Aug. 22) 6 Height 5 ft. 3 in. 7 Weight 123 8 Silhouette [1] 2 3 4

9 Eyes Colour of blue 10 Acuity [1] 2 3 10 Glasses ... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity [1] 2 3 13 Speech Defects: None.

14 Handedness [R ✓] [L] [A] 15 Med. Category: Cat. 49.

Cause ...

Attitude to own health: Normal. To Medical attention: Reasonable.

Health History: None significant.

16 Education Level: Illiterate ... El. 8 (17) Sec. ( ) (Grade completed)

Conduct during school life: Normal.

17 18 University or Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) ... At ... From—To ... Completed ?

21 2. (Course) ... At ... From—To ... Completed ?

22 3. (Course) ... At ... From—To ... Completed ?

Other trades papers, Diplomas Certificates or Qualifications ...

23 Languages: Spoken fluently: French; English.
Written well: French; English.

24 Main occupation: Description: Shipper
Estimate of skill ...
Duration (from—to) 3 years 1940-43. Weekly Wage $14
Employer's Name and Address: Henry Morgan Co., Montreal

50 "M" Test

Test	Score	S.M.	Test 9 Score
1	18		Sub-total 54
2	17		S.M.
3	19		
4	16		Sub-total 34
5	18	Canada	S.M.
6	14		Sub-total 57
7	16		S.M.
8	27		
Tot.	145		Grade C.

English ✓ French ...

51 OTHER MENTAL

Test ...
Score ... Grade ...
Date ...

52a MECHANICAL APT.

Test ...
Score ... Grade ...
Date ...

52b CLERICAL APT.

Test ...
Score ... Grade ...
Date ...

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test ...
Score ... Grade ...
Date ...

25 Second Most Important Occupation: Description: ... Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

26 Third Most Important Occupation: ... Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

Trade Union or Professional Society ...

Vehicles: 27 Heavy Truck ... 28 Light Truck ... 29 Auto ... 30 Motorcycle ...

31 Farm Tractor ... 32 Tracked Vehicle ... 33 Power Launch ... 34 Aeroplane ...

35 Accident Prone ... Teamster ...

Farming Experience: Wide ... Limited ... None ✓
District ... Type ...

Job promised after discharge ? No. By whom? Name ...
Job ... Address: ...
Other provision for post-discharge occupation: Intends studying to become a commercial artist. Type of work desired: Commercial Artist.
Occupational history: Ambitious ... Stable ✓ Accidental ... Erratic ...

36 Marital Status: M ... S ✓ W ... D ... Sep. ...
Marital Problems ...
Wife's or Husband's Age ... Attitude to Service ... Health ...

37 No. of Children ... 38 No. of Dependents ...
Relationship of Dependents ...
No. of Brothers 2 No. of Sisters 2 Position in family 2.
Status of home in childhood: Normal
Religious Denomination: R.C.

39 Hobbies: Photography M ... S ... Radio ... Engines ...
Mechanics ... Other: Drawing and Sketching
40 Sports: (1) Skiing (2) ... (3) ...
Team Games and Position (1) Hockey (any position) (2) ... (3) ...
41 Ability to Entertain: Music: String ... Brass ...
Woodwind ... Percussion ... Piano ... Vocal ...
Theatrical ... Other ...

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 14 April 1943. Place Enlisted Montreal, P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
14-4-43 to 5-7-43	Can.	Recs	BTC #44.	Sigmn	Basic Training.	
6-7-43 to 4-9-43	"	C.I.C.	C.I.T.C. A-42.	Tte.	Adv. Inf. Trg.	
5-9-43 to 23-12-43	"	"	A-7, C.S.T.C.	"	Regtl. Sigs. Trg.	
24-12-43 to 16-2-44	"	"	" "	"	Awaiting Draft.	
17-2-44	Eng.	"	#1 C.S.R.U.	"	Refresher Trg.	

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating
Regtl. Sigs.	A-7, CSTC.	5-9-43 to 23-12-43	Regtl. Signaller.	

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences Nil.

Civil Convictions..... Fines..... Hospitalization Nil.

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR O BIRTH	P	U	L	H	E	M	S
22	1	1	1	1	1	1	1

1 Jan. 44.

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
Regtl. Signaller	Q.	23 Dec. 43	MBM.1.

55 Type of Service Desired (1) Regtl. Sigs. (2)

Remarks re Outstanding or Limiting Factors

Deportment	Good.
Disposition	Friendly.
Appearance (grooming)	Neat.
Physical appearance	Slender build.
Map Reading	Sat.
Military Knowledge	" .
Mechanical Knowledge	" .

Accepted for recheck by psychiatrist upon enlistment. At that time he was much underweight and his stability was regarded as doubtful. Army life apparently improved his condition. He gained weight, did well on his courses, and adjusted well. The psychiatrist who checked his case recommended continued training.

The soldier is bilingual and thus could be posted to any Inf. unit. He would prefer, however, service with the Chateauguay Regt., a unit in which he has numerous friends.

Only limitation evident is indicated by Coy. Comm. report: "Inclined to be a bit lazy on work, such as cable laying, requiring expenditure of physical energy."

Satisfactorily allocated.

Reason for Joining Cdn. Army Duty; Friends overseas

Attitude to Interview: Antagonistic..... Overanxious..... Co-operative ✓ Indifferent.....

Tests Indicated: 51..... 52a..... 52b..... 53..... Other.....

48 Suggested Possibilities (1) Regtl. Sigs.

for employment (2).....

Interviewed by W.R.N. Blair Capt. Date 27 Feb. 44.

Reviewed by..... Date.....

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) Joseph Elie Robert GIRARD (b) N° matricule M-116788
2. (a) Arme Armee (b) Unité R.C.C.S. CA (c) Rang Sgmn
3. (a) Date de naissance 16 Aug. 1922 (b) Avez-vous des personnes à votre charge? Non (c) Domicile au moment de l'enrôlement Montreal
4. (a) Lieu d'enrôlement Montreal South Que. Can. (b) Date d'enrôlement 14-4-43

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 17 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.) 8 ans ecole publique
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu 1 an cours anglais
8. (a) Êtes-vous déjà entré en apprentissage? Non (b) Si oui, dans quel métier? Non9 (c) Avez-vous complété votre apprentissage? Nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? Nil
9. (a) Quelles langues parlez-vous couramment? Francais engl. (b) Quelles langues lisez-vous facilement? Francais Angl.

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) En 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 Henry Morgan Adresse Montreal
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.) Store Dept.
20. (a) Genre précis de votre occupation Shipper (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 3 ans
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Oui (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? Non

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? Oui (b) Vous croyez-vous apte à exploiter une ferme? Non (c) Si oui, dans quel genre de culture? Horticulture
25. (a) Êtes-vous né sur une ferme? Non (b) Nombre d'années d'expérience effective dans la culture? 1 an (c) Dans quelles provinces avez-vous acquis votre expérience? Quebec

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? Nil
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.) Nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule ne sait pas

DATE 14-4-43 194 SIGNATURE Robert Girard

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

DEPARTMENT OF NATIONAL DEFENCE

(Army) ~~OPERATING GROUP~~ ~~TRADE TRAINEE~~

Infantry Rifle 48th Q
~~R.C.C.S.~~
Arm or Corps

Elect'l Grp. N.T.
Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

Personnel Selection Record

I. D/16788 | Pte | GIRARD Robert | A | 20 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | English | Montreal South, Que. | 9-4-43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

D.D.4. | 9-4-43 | F.T.Brown, Maj
Place Tested | Date Tested | By Whom

Total	Group		Subtests 1	2	3	4	5	6	7	8		Subtotals 1-3	4-5	6-8	
145	III		18	17	19	16	18	14	16	27		54	34	57	English

English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
22	1	1	1	1	1	1	1

III. Educational Background

Attended city school 7 - 17 years. Completed 8th class in French and went 1 year in English school in Grade VIII. Says he did good work in school. Says family was poor and he had to begin work. Beaux-Arts, night school, 3 months, drawing.

IV. Occupational Background

(1) 2 months - Restaurant bus-boy.
(2) 6 months - Furniture factory.
(3) 3 years - Shipper for Henry Morgan Co. Was head shipper when he left.

V. Military Background

Reported for enlistment in Active Army 9-4-43.

T.O.S. D.D.4. 14/4/43 30/4/43

VI. Other Personal History and Appraisal

Subject has fair appearance, co-operative and interested. He is 5'3", weighs 113 lbs, seems wiry. He is single, lives at home. Subject reports fair health, troubled with heart and stomach. He has been accepted for normal training by psychiatrist. Recheck in one month. His hobby is drawing. He reads a lot, novels and adventure stories and educational books. (English). He has a few friends, normally stays home at night. Goes to shows occasionally. He seems to have average intelligence and learning ability. He is willing. He would like to join signal corps and should be suitable, as he has good English and should qualify as an operator L. & W.

signaller -

VII. Recommendations ~~R.C.O.C.S.~~ Infantry R. OPERATING GROUP Electrical Grp. TRADE TRAINEE N.T.

(PSYCHIATRIC RECHECK IN ONE MONTH)

(Signed) W. E. Gagnon, Lt.
Army Examiner

(M.E. Gagnon) Lieut.

J.P.

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

D-116788 Pte GIRARD Robert.
MFM 196 originated at Mtl. Sth. on the 9th April 1943.

MILITARY BACKGROUND: T.O.S. at this B.T.C. 44 on the 30th Apr. 1943.

OTHER PERSONAL AND MILITARY APPRAISAL: on account of his being underweight as also of his doubtful stability, this man was accepted under psychiatrist observation. Instead of 113 he now weighs 134 lbs, is less nervous, in better health and feels happy.
This young man's army ability is average and personality pleasant; he does well on training and is satisfied with the army. His Coy Cdr. says:" Good on drill and T.O.E.T.s are good; responsible, consistent in his work, alert and shows good application". This man should carry on normally.

St. Jérôme. Jules Goulet Major A.E. 9th June 1943.

D-116788 Pte GIRARD Robert Pte
MFM 196 originated at Mtl. Sh. on the 9th Apr. 1943.

FOLLOW UP: This young man with high army ability and high learning power does well on training and qualified in the regular 8 weeks. Under ND.HQ. Authy. (ORG 84) dated 15th June 1943 a/n is being reallocated to: Infantry Rifle as Signaller.

St.Jérôme Jules Goulet Major A.E. 23rd June 1943

Has been seen by psychiatrist D.G. McKerracher, Major, on 25-6-43, and the Recommendation of the report says: "To carry on."

St. Jerome, Que. (Jules Goulet, Major.) 30 Jun 43.

D-116788 Pte. GIRARD R. E? J.

Qualified as Infantry Signaller 23 Dec 43.

Company Commander's Report: " Of Fair appearance, the m/n made a good record on the course. He speaks both French and English quite well and excelled in Line Telegraphy. He is, however, inclined to be a bit lazy on work, such as cable laying, requiring expenditure of physical energy. Will give excellent service as a Signaller in a French speaking Unit and good service in any Unit."

Y.O.B.	P	U	L	H	E	M	S
22	1	1	1	1	1	1	1

Suitable for Overseas Service subject to confirmation of satisfactory Pulhems Rating.

C.S.T.C. Barriefield Ont 11 Jan 44. (C.C. Fraser) Capt.
Army Examiner.

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SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit Infantry General List Regimental Number D116788

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	GIRARD	Infantry Gen. List	
2. Christian Names	Joseph Elie Robert		
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank giving date	Pte		

*To be entered in pencil to facilitate alteration.

4. Place of birth	Montreal, Quebec	(18) Medical		
5. Date of birth as declared on attestation (A)	16 Aug 22	Category	Date	Authority
6. Date of enlistment	14 Apr 43	"B1" 8	Apr 43	MFM2
7. Place of enlistment	Montreal South, Quebec			
8. Residence at time of enlistment	2380 Monsabre, Mtl. Que.			
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	Single	(19) Next of kin (entries to be made in pencil)		Father
13. Trade on enlistment	Labourer			
14. Corps, trade and grade	Regt'l Signaller			
15. (D) Qualifications				
16. (E) Miscellaneous entries	Qual. Infantry Signaller 23 Dec 43 STC 309/43			

Y.O.B.	P	U	L	H	E	M	S
22	1	1	1	1	1	1	1

7 Jan 44

Ernest Girard
2380 Rue Monsabre
Montreal, Quebec

(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
			Qual. Inf. Signaller		23-12-43	Pte.	309 / 29-12-43
			Auth. to draw $1.50 per diem		3-11-43	"	1 / 3 Jan. 44
			S.O.S. Canada on Embarkation		16-2-44		
			T.O.S. Canadian Army Overseas		17-2-44		
			Disembarked in United Kingdom		24-2-44		
			T.O.S. 1 Cdn. Sigs. Rein. Unit.	U.K.	25-2-44	Pte.	49 / 26 Feb. 44
		1 CSRU	SOS to Rft Incr Fus Mont Royal	UK	6Apr44	Pte	84 d/7 Apr 44
	O.C.	F.M.R.	T.O.S. from 1 C.S.R.U. (Auth. R.1.300)	"	7 Apr 44	Pte	24 d/ Apr 44
	Fusiliers Mont-Royal		S.O.S. to Fusiliers Mont-Royal EA 3/7/219	✓	23 Apr 44	Pte	27 D/30 Apr 44
	Fusiliers Mont-Royal		T.O.S. Fusiliers Mont-Royal " "	✓	24 Apr 44	Pte	
		Fus MR	Embarked U.K. 6 Jul 44. Disembarked France		8 Jul 44	Pte	48 D/13 Jul 44
Cave by 73		~~FusMR~~	~~SOS to X-6 LIST FUS M R WEF~~	~~FD~~	~~22JUL44~~	~~Pte~~	~~54d/29JUL44~~
Cave 37/44	~~X6 Fus M R~~		~~TOS from Fus M R~~	~~UK~~	~~23 Jul 44~~	~~"~~	~~29 5 Aug 44~~
3014/114		Fus MR	SOS Deceased Killed in Action	FD	22 Jul 44	Pte	73 D/19 Sep 44

No. D-116788 RANK SGMN NAME GIRARD Jos. Elie Robert EO T.S. B *Married *Widower *Single

Place of {*Appointment *Enlistment} Montreal South Que Date of {*Appointment *Enlistment} [redacted] Apr. 43

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
233	4-10-43				1.40	3 Sept 43		
(	3/1/44				1.50	3 Nov 43		

ASSIGNMENTS

6th Vic Loan (30) 2.40

Name and Address of Assignees	Effective Date	Amount
~~$16.80 May to Oct/43 inc~~		
~~Fourth Victory Loan Bond~~		
5th Victory Loan Bond	1-11-43	8 40
GIRARD, ~~Fleurette~~ (Miss) (Sister)		
2380 Monsabre, St., ANTOINETTE	1-2-44	12.00
Montreal, Que. Total		20.40

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.

ML

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

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

Occupational Form Completed.....Yes.....

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
90	15-4-43	TOS DD4 & Posted to "B Wing" wef 14-4-43	
102	29-4-43	SOS to COC & BTC 44 St. Jerome Que. wef 29-4-43	
87	1-5-43.	TOS-BTC.44. wef 30-4-43.	
123	22.6.43	Reallocated to Infantry wef. 21-6-43.	
132	6-7-43	SOS TC 44 to A-12 Farnham, Quebec wef. 6-7-43.	
157	7-7-43	TOS A-12 Farnham wef 7-7-43	
216	14-9-43	granted 14 days furlough from Sep-14-43 to Sep-27-43 autho. R/A .50 a day W.T.	
233	4-10-43	Granted rates of pay of $1.50 wef 3 Sept 43	
248	21-10-43	SOS A-12 Farnham on repos ting to CSTC Barriefield Ont wef 21 Oct 43	
255	26/10/43	T.O.S. C.S.T.C. #7 22/10/43 (R & W)	
306	25/12/43	5 days N.Y.'s leave	
309	29.12.43	Relsd as Instr Signaller 23/12/43	
1	3/1/1944	Rate $1.50 e/f 3-1-43	
22	27/1/44	Ent Leave 26-31 Jan 44	

P. & A. LED. AGREES AUG 17 1943

File No 405-H-12412

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D116788 Name MURARD JOSEPH ELIE ROBERT

Rank on Discharge Pte Date of Discharge 22-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 14-7-43	to	16-2-44	
	from	to		
United Kingdom	from 17-2-44	to	6-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 7-7-44	to	22-7-44	K.I.A.
---	from	to		
---	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal NE

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓ Bar

with clasp

M

Verified by Corbin Foley

Date 15-7-46

JUL 19 1946

Carded

HA 165 NO RIBBON DESPATCH

Regimental No. B116788 Rank Pte. Sheet No. 1

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name Girard, J.E.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
			A12 CITC			
Qual. as Inf. Signaller	Pte.	23 Dec 43	~~R.C.S.~~	S.T.C.	309	29 Dec 43
To draw $1.50 per diem and to wear Mars Badge	"	3 Nov 43	~~R.C.S.~~	S.T.C.	1	3 Jan
New Years Leave with RA 5 days 29 Dec 43-3 Jan 44	"		"	"	306	24 Dec 43
Emb. lve. with RA to 31 Jan 44 and Warrant	Pte.	26 Jan 44	"	"	22	27 Jan 4.
SOS (RSW) A7 Barriefield Ont on posting to Serial 1133	Pte.	12 Feb 44	"	"	36	12 Feb 44
S.O.S. Canada on Embarkation		16 Feb 44				
T.O.S. Canadian Army Overseas		17 Feb 44				
Disembarked in United Kingdom		24 Feb 44				
Reported T.O.S. 1 Cdn. Sigs. Reinf. Unit.	"	25 Feb 44	1 CSRU	UK	49	26 Feb 44
~~Reinforcement SOS (CR) TOS SOS Typ 1 CSRU~~	~~Pte~~	~~4 April~~	~~FMR~~	~~UK~~	~~24~~	~~22 April~~
(M85) S.O.S. S.O.S. to Rfd. Increment, F.M.R.	PTE.	6 APR.	1 C.S.R.U.	U.K.	84	8 APR-44.
T.O.S. Tod from 1 CSRU.	Pte	7 Apl 44.	FMR.	UK.	24	22 Apl 44.
Embarked at U.K. on 6 Jul 44						
Disembarked at France on 8 Jul 44	Pte		FMR	2 I A Gp	48	13 Jul 44
Missing	Pte	22 July 44		AEF	A-473	
CR6 SOS TOS ~~Dec 31~~ 22 Feb 44 ~~Sefon FMR~~ Killed	~~Pte~~	~~22 July 44~~	~~X FMR~~	~~21 A Gp~~	~~29~~	~~5 Aug 44~~
CR6 SOS Deceased. Killed In Action	Pte	22 July 44	F.M.R.	AEF 21 A Gp	A 490	17 Aug 44.
					73	19 Sep 44

File Copy

Quote No. H.Q. 405-G-12,412
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

21st September, 1944

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D-116788 Rank Private

Surname GIRARD

Christian Names Joseph Elie Robert

Nature of Casualty Killed in action

Date of Casualty 22-7-44

Address at time of enlistment Montreal, Que.

Date of Enlistment: 14-4-43

Date of Birth 16-8-22

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Labourer

Name and address of Next-of-Kin Mr. Ernest Girard,
2380 Monsabre Street, Montreal, Que.

16

GR/MM

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

GR.

F.T.

F T

Mr. Ernest Girard,
2380 Monsabre Street,
Montreal, Quebec.

Dear Mr. Girard:

It was with deep regret that I learned of the death of your son, D116788 Private Joseph Elie Robert Girard, who gave his life in the Service of his Country in the Western European Theatre of War on the 22nd day of July, 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. C. SPENCER
BRIGADIER
Acting Adjutant-General

OCT 10 1944

(A.C. Spencer),
Brigadier,
~~Vice~~ Adjutant-General.

18

/EMA

acting

405-G-12412
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.116788, Private Joseph Elie Robert GIRARD, of Les Fusiliers Mont-Royal, Canadian Army, was killed in action on the 22nd of July, 1944.

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

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

Department of National Defence,
Ottawa, Canada.
November 7th, 1944.

JBH.

Imm-file
20-11-44
34

405-G-12412

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

FIELD SERVICE MBR

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: 2 Cdn Div — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: D-116788 — Rank: Pte

Surname: Girard — Christian Names: J.E.R.

Died — Date: 22 Jul 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/114 d.16 Sep 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* 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: S Side of Vierrieres to St Martin de Fontenay Rd 7F/1 MR 043607 — Date: 10 Aug 44

By whom reported: John R Fife

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: Belgium, 14 Oct 44

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

Cdn Sec GHQ 2 Ech 21 A Gp

37

RECORDS OFFICE OVERSEAS.

405-B-12412

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME GIRARD, Jospeh Elie Robert

RANK PTE

UNIT FUS MONT ROYAL

PLACE & DATE OF BIRTH MONTREAL, P.Q. CANADA 16 Aug 1922

REGIMENTAL NO. D.116788

NEXT OF KIN & ADDRESS FATHER:
Mr Ernest GIRARD - 2380 RUE MONSABRE -
MONTREAL, QUEBEC, CANADA.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 22 Jul 44

PLACE OF DEATH FRANCE.

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 10 Aug.44

CEMETERY S.Side of Verrieres to St.Martine
Fontenay Road, 7F/1 043607.

PLOT NO ROW GRAVE

DEATH CERT NO.

RELIGION R.C.

DATE 21 Sept.45.

M.BLUTEAU (Capt)

for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

H.Q. 405-G-12,412 D.R. 2(C)

22nd March, 1946.

Mr. Ernest Girard,
2380 Monsabre Street,
Montreal, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D116788 Private Joseph Elie Robert Girard, have been carefully exhumed from the original place of interment and reverently reburied in grave 6, row E, plot 7, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. 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.

/EFH

Z.F.D.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-116788 RANK Private SERVICE UNIT The Mount Royal Fusiliers (C.A.)

NAME GIRARD, Joseph Elie Robert

DATE OF BIRTH DAY 16th MONTH August YEAR 1922 Date Enlisted:14-4-43

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 2380 Monsabre Street, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 782A H.Q. 405-G-12,412

CASUALTY DETAILS Killed in action DATE 22-7-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 24-9-44

MM

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No D. 116788 Rank Private Name GIRARD, Joseph Elie Robert

Unit Fusiliers Mont-Royal Date of death 22nd July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 405-G-12412

N/K Mr. Ernest Girard, Relationship Father

Address 2380 Monsabre Street, Montreal, Quebec.

Remains buried in MR 043607 7F/1 Cemetery

S. Side of Vierrieres to St. Martin do Fontenay

CHK

Grave location France

OVER-

REBURIAL

Bretteville-sur-Laize Cdn.Military Cem.
Bretteville-sur-Laize, France.

Grave 6, row E, plot 7

H I & C R Form Despd. MAR 4 - 1947

Photographs
Despatched
AUG 29 1947

MAR 22 1946
MAY 16 1945
OCT 19 1944
SEP 26 1944

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
36	12/2/44	SOS CSTC proceeding Sp duty eff 12-2-44	
49	26.2.44	Tos Cdn Army U/Secs 19 Feb 44 - Tos 16 SRU 25 Feb 44	
84	7-4-44.	SOS. TO. F.M.R. 6-4-44.	
24	22-4-44	T.O.S. F.M.R. (R.I.) from 1 C.S.R.U. wef 7 Apr 44.	
27	30-4-44	S.O.S. R.I. T.O. F.M.R. wef 23 Apr 44	
27	30-4-44	T.O.S. FMR from R.I. wef 24 Apr 44	
48	13-7-44.	Embarked U.K. 6 Jul 44, Disembarked Frame 8 Jul 44	
C.R.	22-7-44	S.O.S. FMR TO X6 list (FMR) wef 22 Jul 44. Missing believed Killed.	

LOWE-MARTIN CO. LIMITED D8395

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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: GIRARD (*Block letters*)

Given names: Joseph Elie Robert

Do not write in this space

4. RESIDENCE

Street: Monsabre St., No. 2380

Official name of civil municipality or township: Montreal,

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: August (Month) 16th, (Day) 1922. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
21			....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	GIRARD, Ernest	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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: July (Month) 22nd, (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**....

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 français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY ACTIVITY
MAY 16 1945

D[illegible] ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Ernest Girard,
2380, rue Monsabre,
Montréal, 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-G-12,412 FD.48

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

11 novembre 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

GIRARD, Joseph Elie Robert, Soldat,

D.116788, 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.

OG/GC

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

pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Mr. Ernest Girard	47	2380 Monsabré
4	Mère du défunt.....		Mme Ernest Girard née Antoinette Corbeil	39	2380 Monsabré Décédé 18 décembre 1939
5	Frères du défunt	Frères germains	Mr. Marcel Girard Jean Guy Girard	23 14	2093 Beaugrand 2380 Monsabré
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Rita Girard Fleurette Girard Antoinette	19 18	2380 Monsabré 2380 Monsabré
		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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	GIRARD ROBERT
9	Date de sa naissance.	16 août
10	Lieu et date de son mariage.	
11	Lieu et date du mariage de ses parents.	MONTREAL

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	MAISONNEUVE
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) QUEBEC (b) MONTREAL (c) (d)
14	Nature de son emploi avant son enrôlement.	Shipping chez Henry Morgan Stores
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Chez son père
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	2380 Moncalm

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	NON pas a 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?	
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?	
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Compte No 5922 Solde de $50.00 Banque des Ouvriers à son nom. de Montréal Palmerie et Beaubien
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.	Enregistrés
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.	London Life 240.00 Payé Métropolitan 292.00 Payé Ernest Guard
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.	
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.	$35.00 Payé par son père Mr. Ernest Girard

(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.

Ernest Girard ..... Signature du déclarant

2380 Monsabré ..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, Jean ..... Nom du déclarant

un Ernest Girard

*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 Montréal ce Dix-neuvième jour de novembre 19 44

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

J. E. Comte. Titre Ptre-vic

Adresse 2700 Lacordaire Montréal - 5.

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.

Habit J'aimerais à recevoir tout ses objets personnel et l'argent qui me revient

Est-ce que vous pourriez me donner plus de renseignements sur son décès

Read the whole Form and Instructions carefully before commencing to complete.

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Joseph Elie Robert GIRARD (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga

Province of Quebec, Laborer (Civil Occupation)

Regimental No D-116788, Unit R.C.C.S, 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 FATHER" MR Ernest GIRARD

REsiding at;
2380 Monsabre St Montreal Quebec Canada.

All my estate both real and pæsoanl

Will 7 6 1/44

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

See later

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 14th day of April 1943....

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

Robert Girard
(Signature of soldier)

First witness sign here.

(5) Signature Roland Girard.
Civil Address 261 St-Georges Trois-Rivières
Civil Occupation Office Clerk.

Second witness sign here.

Signature Raoul Benoit
Civil Address 1665 St Denis Mtl.
Civil Occupation office clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

C

M.F.M. 5
250M—7-42 (5227)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank GIRARD
(Surname first—Christian names in full—Block capitals)
Joseph Elie Robert

(2) Regimental or Official Number and Rank D-116788 Sgmn

(3) Unit R.CC.S. CA

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NIL

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

Names and ages NIL
NIL

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

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

Name NIL

Postal Address NIL

[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.....

NIL

.....

(11) Is your father alive? Yes Ernest GIRARD

If so, state name and address, occupation Mr Ernest GIRARD (Leather Cutter)
2380 Monsabre St Montreal Que. Can.

(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.....

NIL

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

(14) Is your mother alive? NO

If so, state name and address NIL

.....

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

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

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? NIL

(17) Are you contributing to the support of any dependents, other than those shown above? NIL
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.... NIL

Full Name..... NIL

Postal Address.. NIL

Amount contributed monthly during the past six months.....

NIL

(18) Are you insured? Yes NO

If so, in what Company? London Life Metropolitain Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Robert Girard
(Signature of officer or man)

Date 14-4-43

.....
Officer Commanding

Date 14-4-43

NO. 4-DISTRICT DEPOT A.F.

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.)

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

WSG-118-931

2 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Elie Robert (CHRISTIAN NAMES) GIRARD (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-22288
FILE NO. 405-G-12412
DATE 14-5-46
SERVICE NO. D-116788
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 22-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE 22-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 466/30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 157 LESS 16 INELIGIBLE DAYS, EQUAL TO 141 DAYS @ 25c. PER DAY	35.25
	147.75
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 157/183 X$ 19.25	16.52
D. WAR SERVICE GRATUITY	164.27
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	164.27

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH JUN 4 1946 H.Q. OTTAWA NATIONAL DEFENCE

ΔT

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
GJC	[signature]	G. Petitclerc	17/5/46

G L Mathews Capt.
SERVICE REPRESENTATIVE

MH

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name GIRARD, Joseph E. R. No. D-116788
Surname / Christian Names

Pte. C.A. O/S 22-7-44
Rank / Unit / Date of Death

AMOUNT

W.S.G. $ 164.27
L.P.C. 44.52

Date 7-6-46.

Other Credits

Total 208.79

Prev. dist. 44.52
This dist. 164.27

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Ernest Girard, Executor of the Estate of Joseph E. R. Girard, dec'd, 2380 Monsabre St., Notre Dame des Victoires, Montreal, P.Q.	164.27

P4. TO TREAS.

JUN 18 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$164.27

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

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No D.116788. Rank and Name Girard. J.E.R. Pte.

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

~~Attached~~ or Discharge)..... to..... on 22nd. July 19 44.

Reason Death. Authority : C.C.L. "A" 490 d/27th. Sept. 44.

The following is a statement of the account of the above-named from 1st. July to 31st. July 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	18	84
First Monthly Payment AR d/5.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments AR 23 d/17.7.44.	4	47	Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	12	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
			Def. Pay Interest.		12
To Balance Cr Free	20	52			
To Balance Cr Deferred	24	00	By Balance Dr		
Total	65	46	Total	65	46

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

Remarks

Assnd. Pay of $12.00 (S) stopped eff. Aug. 44.

Assnd. Pay of $8.40 (6th V.L.) cancelled eff. May 44 .

RECEIVED
MAY 4 1945
E.Q.
OTTAWA
NATIONAL DEFENCE

Compiled by F. Trenouth.

Checked by L Brouillon

Date 17th. April, 1945.

P.H.

Certified correct D. Towler
for Chief Treasury Officer, Overseas

2007

FORM No. 1

Register No. C.D 1744 Nominal Roll No. D-589

H.Q. File No. 405-C-12412

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-116788	Pte	GIRARD	JOSEPH ELIE ROBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 14 Apr 43	T.O.S.	T.O.S.
S.O.S. 22 Jul 44 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 466	Total Days	Total Days

Total Service ..... 466 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	309	—	309
Overseas Service	157	—	157
Totals	466	—	466
Add Non-qualifying Service			—
Total Service			466

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 22 Jul 44 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... D. Smyth

Checker's Signature ..... J. H. Sheaney

Date Computed ..... 16 May 45

KILLED IN ACTION 22 Jul 44

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

Total Nil

Overseas: T.O.S. 17 Feb 44 ✓ T.O.S. T.O.S.

S.O.S. 22 Jul 44 ✓ S.O.S. S.O.S.

Total Nil

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-106788....Pte....Girard..J.E.R.....(Miss).....

RECEIVED FROM ..Cdn Sec G.H.Q 2nd Ech 21 A Gp.....

CHECKED BY ...B-69920....Tpr....Browning..W..M..... DATE .....6 Mar 45.....

AND ....B-38320....L/Cpl..Turnbull..T..C.....

1	Leather case		
1	Cigarette case		
	Snapshots		
	Picture cards		
1	Sigs. badge		
2	Victory Loan Receipts (4th-5th)		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD