D129989
POLLENDER
PAUL EMILE

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OCCUPATIONAL HISTORY FORM COMPLETED

B

M.F.M. 2 Fr.
A.F.B. 4/1
[illegible]M—L-42 (2876
H.Q. 1772-39-1645

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

Unité R.C.E. CA. N° Matricule D-129989

01
PTE

T.T.

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

FINGERPRINTED
PHOTOGRAPHED

1. Nom POLLENDER
2. Prénoms PAUL EMILE MAURICE
3. Adresse actuelle 29 Rue Visitation , Farnham Que., Canada.
4. Date de naissance 22 Octobre 1918
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Farnham (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Estimateur
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent M. Adhenard Pollender
10. Degré de parenté Pere
11. Adresse du plus proche parent 29 Rue Visitation , Farnham , Que., Canada.
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi?
Oui., (HTC A-12 Camp de Farnham Que.,) De 9th Oct. 1940 au 7 Nov. 1940.
(Si oui, spécifiez l'unité et les dates de service)
13. 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)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? Non
(Si oui, spécifiez le numéro matricule. l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Paul Emile Maurice POLLENDER, 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 10th FEBRUARY 1943.

Maurice Pollender
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Paul Emile Maurice POLLENDER, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Maurice Pollender
(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 QUE. ce 10th jour de FEBRUARY 19 43

NO. 4-DISTRICT DEPOT A.F.

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

Lt. Recruiting Officer
(Titre, grade et unité ou emploi)

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

M.B.M. 1 ISSUED

606

État de service de POLLENDER PAUL MAURICE EMILE MAURICE N° matricule D-129989
(Nom) (Prénoms)

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier ESTIMATOR

Techniques NIL

Langues FRANCAIS & ANGLAIS

DEGRÉ D'INSTRUCTION

École supérieure ou Académie 3 YRS (années achevées) — Graduation ou Immatriculation NIL (Spécifier)

*Collège NIL

*Université NIL

8 YRS PUB. SCHOOL

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

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
10-2-43	DRO	TOS NO.4 DISTRICT DEPOT CA.	SPR	10-2-43	4DD	MTL STH	4DD PT. II 34	10-2-43
	S.O.S.	on trans. to COC&BTC 44 St Jerome	"	19 Feb. 43	"	" "	" " # 42	19 Feb.43
23-2-43	TC 44	TOS FOR ALL PURP ON TRANSFER FROM 4DD	"	20-2-43	TC 44	ST JEROME	PT II 38	23-2-43
26-3-43	"	CEASES TO BE ATTACHED FOR ALL PURP TO TC 44 ON TRANSFER TO CADET WING	"	18-3-43	"	"	PT II 62	26-3-43
26-3-43	"	ATTACHED FOR ALL PURP ON TRANSFER FROM TC 44 WHILE UNDERGOING PRE OTC	"	19-3-43	"	"	PT II 38	26-3-43
13-4-43	"	ADMITTED TO ST ANNE'S MIL HOSP	"	30-3-43	"	"	PT II 44	13-4-43
13-4-43	"	DISCHARGED FROM ST ANNE'S MIL HOSP	"	9-4-43	"	"	PT II 44	13-4-43

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier POLLENDER PAUL EMILE MAURICE Lieu Mtl.

Lieu Mtl. Date 27 Jan. 1943.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 24 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 cured
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

Maurice Pollender
(Signature de la recrue)

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

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) 1 vac. left arm.

URINE N
X-RAY 16/9/42 N

2. Taille 5 pieds 6¾ pouces. 3. Poids 136 livres

4. Teint Dark Yeux Hazel Cheveux Dark.

5. Développement Good { Bon / Passable / Médiocre

6. Tour de poitrine—Circonférence, pleine expansion 34½ pouces Degré d'expansion 2½ pouces

7. Vue, droite 20/20 gauche 20/20 8. Ouie, droite cv 20 gauche cv 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Good 4 Carie

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

COLOR VISION ISHIHARA (CDU) EARS NOSE THROAT normal
J.C. CALHOUN, Major.
Physical examination negative.

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 "A"

Observations spéciales lorsque la catégorie est inférieure à A

N.B. Freedman
(Président) N.B. FREEDMAN CAPT. J.E. Racicot (Membre) J.E. RACICOT M.D. S. Venne (Membre) S. VENNE M.D.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
FEB 10 '43	TAB. T ICC VACCINATION		
FEB 10 '43			
26-2-43	(2)		
12-3-43	(3)		
	Y.O.B. P U L H E M S		
26-10-43	1d / / / / / / /		
	C.D. Confirmed Alb. Bullock Capt		

N° matricule D-129989 Grade SPR Nom POLLENDER Prénoms PAUL EMILE MAURICE

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie· dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
St Jerome P.Q.	20-2-43	30	3	43	9	4	43	Probable sprained internal lateral ligaments right knee.	10	Ste Anne's Mil. Hospital.- Further hospitalisation unnecessary.	

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit R.C.E. CA Regimental Number D-129989

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	POLLENDER	C. I. C.	
2. Christian Names	PAUL EMILE MAURICE	1 CDN. SPEC. SERV. BDE.	
3. *Substantive Rank and Appointment	Pte		
*Acting Temporary or Local Rank			
" giving date	10-2-43		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	FARNHAM QUE CAN	(18) Medical	
5. Date of birth as declared on attestation	22 oct 1918		
(A)		Category	Date / Authority
6. Date of enlistment	10 fev 43	"A"	27-1-43 / mfm 2
7. Place of enlistment	MTL STH QUE CAN		
8. Residence at time of enlistment	29 RUE VISITATION FARNHAM QUE CAN		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	CATHOLIQUE ROMAIN		
12. If married, state date	~~CELIBATAIRE~~ N/A	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	ESTIMATEUR	Mr. Adhemar Pollender (père)	
14. Corps, trade and grade		29 rue Visitation, Farnham, Que, Can.	
15. (D) Qualifications			
16. (E) Miscellaneous entries		(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
		A-12	Granted Daily Rates of Pay of $ 1.50 per diem.	Farm.	28-9-43	SPR.	239 — 11-10-43
		"	4 days C.B. for A.W.L. Total 2 days Pay	"	9-8-43	"	186 — 10-8-43
		TC-44	Reverted fr. Cdt. to SPR. (R01840	St-Jerome	21-6-43	"	122 — 21-6-43
		6CIRU	SOS Can Army (Can)	U.K.	14Dec43	" Pte	279/43
		"	TOS " " (Overseas)	"	15 "	"	"
		"	Disembarked in U.K.	"	21 "	"	"
		"	Reported for duty at 6CIRU	"	22 "	"	"
		"	Qual. "Q1" 3" Mortar Local Case 3 Jan - 5 Feb 44	"	5 Feb 44	"	35/44
		6CIRU	SOS to Exercise WEBB (Auth: 8002/27)	U.K.	17/2/44	"	41/44
			SOS ca U.K. ON EMBARKATION AT ..... ON 17 Feb 44				
			TOS ca C.M.F. ON TRANSFER ON 18 Feb 44 AND DISEMBARKED AT ..... ON				
	X4	RmR	TOS 1 Bn		3 Mar 44		X-20-44
	RmR	X4 (1 Bn)	SOS to 1 Spec. Serv. Bn.	M.	3 Mar 44	Pte	X29/44
	OC	1CSS Bn	TOS from X-4 List R 22 R (1 Bn)	Field	1 Apr 44	Pte	21
	OC	"	To draw parachutists Pay	"	1 Apr 44	Pte	21
9 Jun 44		"	Wounded B.C.	"	29 May 44 AFW3014 Ser 300 DNK	"	D13 d/1 July 44 AFW3014 Ser 280 P.19
		"	Adm 36 US Hosp	"	1 Jun 44	"	X36/44
		"	Adm 16 US Evac Hosp	"	29 May 44	"	X37/44
	OC	1CSS Bn	SOS to X 3 List	Field	29 May 44	Pte	42 - Jun 44
	OC	X-3 List	TOS from 1 CSS Bn	Field	20 May 44	Pte	X40 - Jun 44
13-7-44	OC	1CSS BN	SOS X3 list	"	10 July 44	—	X43/44
	—	—	TOS 1 CSS Bn	"	10 July 44	—	46/44
		"	Adm 32 US Stn Hosp	"	24 Jun 44	"	X43/44
		"	Dis 32 US Stn Hosp	"	6 July 44	"	X43/44
19 July 44	OC	1CSS Bn	awarded forf of 5 days pay for an offence under AA 15 (1) and from 1130 hrs 15 July to 1830 hrs 16 July (absent 1 day 7 hrs). Forf 2 days pay under F.R.&I 149(1)(a). Forf 5 days pay under F.R.&I 149(2). Total forf 7 days	Field	17 July 44	Pte	47/44
			Adm 15 US Evac Hosp	"	29 May 44	Pte	X45/44
	OC	1CSS Bn	Awarded CVSM&C	"	19 Aug 44	"	58/44
	OC	1CSS Bn	TOS Cdn Army Overseas (CMF)	"	31 Aug 44	"	60/44
6 Oct 44	AFW3014	—	SOS - Deceased (accident)	"	30 Aug 44	"	Ser 384 P.37 DO 68/44

Statement of the Service of No. D-129989 Rank ~~Cdt.~~ Spr. Sheet No. 1

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

Name POLLENDER, Paul Emile Maurice.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
25-5-43	TC 44	GRANRED STATUS OF CADET AND TO RECEIVE $3.00 PER DAY.	Cdt.	21-5-43	TC 44	St.Jerome.	PT II 61	24-5-43
22-6-43	"	CEASES TO BE ATT'D FOR ALL PURP ON POSTING TO C.I.T.C. A-12 HARNHAM.	"	21-6-43	"	"	PT II 122	21-6-43
	"	REVERTED TO HIS PERMANENT RANK OF SPR. UNDER R.O. 1340	Spr.	21-6-43	"	"	PT II 122	21-6-43
		Att'd from C.O.C. & B.T.C. 44 St.Jerome Que	"	22-6-43	A-12	Farnham	A-146	24-6-43
		Having been att'd is T.O.S. from above	"	22-6-43	"	"	A-147	25-6-43
		Awarded 4 days' Confinement to Barracks for "AWL" from 2359 hrs. 7-8-43 to 0820 hrs. 9-8-53 Total forfeiture Two days' pay.	"	9-8-43	"	"	A-186	10-8-43
		Granted daily rates of pay of $1.50	"	28-9-43	"	"	A-239	11-10-43
		Spec leave from 7-10-43 tol2-10-43 incl with 50¢ per diem ration allowance.	"	7-10-43	"	"	A-246	19-10-43
		Re-allocated ~~wixth~~ to Inf. R.	"	1-11-43	"	"	A-257	1-11-43
		S.O.S. to No.1,TrainingBrigade, Debert,N.S.	"	3-11-43	"	"	A-260	4-11-43
		T. O. S. TRG. BDE. GP.	"	4Nov 43	Trg BdeGp	Debert	6	9Nov43
		SOS TO SERIAL 294E		14 DEC 1943			36	13.12.43
		SOS Can Army(Can)	"		14Dec43	6CIRU	U.K.	279/43
		TOS " " (Overseas)	"		15 "	"	"	"
		Disembarked in U.K.	"		21 "	"	"	"
		Reported for duty at 6CIRU	"		22 "	"	"	"

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

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-13

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Qualified Q "1" course		3 Jan 44				
(C19)		Having completed 3" Mortar local	Pte	5 Feb 44	6 Cl Ru	UK	35	10 Feb 44
(C19) SOS		~~SOS to Exercise WEBB~~	~~Pte~~	~~17 Feb 44~~	~~6 Cl Ru~~	~~UK~~	~~41~~	~~17 Feb 44~~
	TOS	TOS						
		S.O.S. C.A. (U.K.) on embarkation 17 Feb 44						
		T.O.S. C.A. (M) 18 Feb 44						
		Disembarked TOS x4 list (1 Bn) R22R 3 Mar 44	Pte		x list R22R	BMF	20	4 Mar 44
		To draw para extra pay 75 per cent	Pte	1 Apr 44	1 Spec Serv Bn	AAI	21	5 Apr 44
		wounded	Pte	D.N.K	1 Spec Ser		CL A-451	10 June 44
		Wounded	Pte	29 May 44		AAI	A-465	
	269 TOS	SOS x4 list (1 Bn) R22R & 1 Cdn Ap Dis Bn	Pte	31 Mar 44	x2 R22R 1 Ap Dis Bn	AAI	29	8 Apr 44
	est	TES TOS x3 list 1 Spec Serv Bn	Pte	11 Jul 44	1 Spec Serv Bn	AAI	46	21 Jul 44
	est	Forf 7 days Pay AA15(1)	Pte	17 Jul 44	1st CSP Serv Bn	AAI	47	25 Jul 44
	est	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	19 Aug 44	1 Spec Serv Bn	AAI	58	29 Aug 44
SOS								
	TOS	TOS CA OS	Pte	31 Aug 44	1 Spec Serv Bn	AAI	60	1 Sept 44
		Died	Pte	30 Aug 44	1 C Gen Rehab.	Cas list "C" 1536	11 Oct 44	

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Adhemard Pollender Mother

ADDRESS: 29 Visitation St., Farnham, Que.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 447

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Alice Pollender (ENGLISH)

1785
ADDRESS: 29 Visitation St., Farnham, Que. (MFM5)

(3)
DESP. JAN 23 1945
REGN No. 11658

2.9.44

D.W.

AWARDS—CANADIAN ARMY (ACTIVE) 1785

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-P-14,554

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
POLLENDER, Paul Emile Maurice	D.129989	Pte.	1st. C.S.S. Battal.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal C.V.S.M. & Clasp	3824 29/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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.

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(1) Name of Officer or Other Rank POLLENDER
(Surname first—Christian names in full—Block capitals)
Paul Emile Maurice

(2) Regimental or Official Number and Rank D-129989 Spr

(3) Unit R.C.E. 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? no

(8) Have you any children? no Number of boys Girls
Names and ages 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

[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 nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Adhemard POLLENDER - Retired

29 Visitation St., Farnham, Quebec, Canada.

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

(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? Yes

If so, state name and address Mrs. Alice POLLENDER

29 Visitation St., Farnham, Quebec, Canada.

(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? 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 nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Prudential Life Ins. Co.
(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.

Maurice Pollender
(Signature of officer or man)

Date Feb. 10th 1943.

R. A. Gauthier Capt.
Officer Commanding

Date Feb. 10th 1943.

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.)

D-129989 | POLLENDER | Maurice | Paul Emile

Regimental Number | Last Name (Block letters) | First Name | Middle Names

R. 22nd Reg T ✓ ~~6 C.I.R.U.~~

Unit

Soldiers Qualification Card

CONFIDENTIAL

CODED

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

3 Father Racial Origin: French Canadian
Mother: French Canadian

4 Language spoken in home: French ✓ English ✓
Other

5 Age 25 2/12 (22 Oct. 18) 6 Height 5 ft. 6½ in. 7 Weight 152 8 Silhouette 1 2 3 4

Eyes 9 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

14 Handedness R L A 15 Med. Category A - 26-10-43

Cause

Attitude to own health Good To Medical attention Reasonable

Health History Normal.

16 Education Level: Illiterate El. ( ) Sec. 11 (17) Grade completed)

Conduct during school life

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) Technical
At Montreal. From—To one year. Completed ? Yes.

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 Construction and Carpentry Materials Seller
Estimate of skill
Duration (from—to) 1935-43. Weekly Wage $55.00
Employer's Name and Address A. Pellender.
Farnham, Q.

50 "M" Canada

Test	Score	S.M.	Test 9 Score
1	15		Sub-total 48
2	18		S.M.
3	15		
4	28		Sub-total
5	26		S.M. 54
6	16		Sub-total
7	19		S.M.
8	30		65
Tot.	167		Grade I

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

1 Corps Gen. Lists.

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 W. 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 ? Yes. By whom? Name A. Pellender.
Job Address: Farnham, P.Q.
Other provision for post-discharge occupation
Type of work desired Construction.
Occupational history: Ambitious Stable Accidental Erratic

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

37 No. of Children 38 No. of Dependents None.
Relationship of Dependents
No. of Brothers 1 No. of Sisters 1 Position in family 3rd.
Status of home in childhood Father & Mother Living.
Religious Denomination R.C.

39 Hobbies: Photography M S Radio Engines
Mechanics Other Reading: Novels.

40 Sports: (1) Tennis (2) Bowling (3) Skating.
Team Games and Position (1)
(2) (3)

41 Ability to Entertain: Music String Brass
Woodwind Percussion Piano Vocal
Theatrical Other

CONFIDENTIAL

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
Inf.	N.R.M.A.	1/12	Pte.	7-11-40	

43 CURRENT SERVICE: Date Enlisted 10 Feb. 43 Place Enlisted Montreal P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
10 Feb. 43	Can.	Inf.	St Jerome Q	Pte.	Basic Trng.	
1 June 43	"	"	Farnham Q	"	Do. "	
2 Nov. 43	"	"	Debert N.S.	"	Battle Drill	
21 Dec. 43	U.K.	"	No. 6 C.R.D.			

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions ..... Major Offences 0 Minor Offences 1/4 dys C.B.

Civil Convictions ..... Fines 20 dys, forf. of pay Hospitalization 1/4 hrs. (Knee Injury)

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR OF BIRTH	P	U	L	H	E	M	S
18						1	

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

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Inf. Rfman.			

55 Type of Service Desired (1) ~~R.C.E.~~ Infantry (2) .....

Remarks re Outstanding or Limiting Factors

Deportment	A man of a good learning ability, a good education and a good appearance. ~~Has~~ Was in Cadet wing at St Jerome and supposed to be sent to O.C.T.U. Has been returned to Basic Training as Cadet for a minor offence. Intelligent, well Trained, good civilian occupational background. But stability is doubtful. The man should be carefully observed on training overseas. If found really stable, promotion to N.C.O. rank is suggested.
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

Reason for Joining Cdn. Army ..... To become an officer

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

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

48 Suggested Possibilities (1) Infantry. If suitable stable, would be for employment (2) Good N.C.O. material.

Interviewed by R. Sumeau Capt Date 23-12-43

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

No D.129989 Rank Private Name POLLENDER, Maurice Paul Emile

Unit 1st Canadian Special Service Battalion. Date of death ~~2nd Sept.~~ 30TH AUG., 1944.

Died at ~~Italy~~. FRANCE.

Cause ~~Killed in action~~ DIED ACCIDENTALLY.

Death occurred on strength of Forces.H.Q. 405-P-14554

N/K Mr. Adhemard Pollender, Relationship Father

Address 29 Visitation Street, Farnham, Quebec.

Remains buried in United States Military Cemetery

Draguignan, France.

Grave location Grave 44, row 4, plot AA

CWK ✓

OVER—

REBURIED: Grave 44, row C
plot 4
Mazargues Cemetery Extension,
Marseilles, France.
20 Jan 48

BURIAL REPORT TO N.K. APR 16 1945

RETURN TO BUR. OF STAT. APR 27 1945

ROYAL MESSAGE DESP'D. OCT 30 1944

CAN. MESSAGE DESP'D. OCT 25 1944

Mrs. Alice Pollender,
29 Visitation Street,
Farnham,
P.Q.

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

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

and the following number quoted:—

H.Q. 405-P-14,554 FD 121

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

12th May, 1945.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

POLLENDER, Paul Emile Maurice, Pte., D-129989

Canadian Army

ESTATES BRANCH MAY 22 1945 H.Q. OTTAWA. NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

GEB/B

L. G. Baird Capt.
Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased e[illegible]r had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	INFORMANT'S STATEMENT: ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Adhémard Pollender	65	29 Visitation Farnham Que.
4	Mother of the Deceased.....		Alice Deslauriers Pollender	52	29 Visitation Farnham Que.
5	Brothers of the Deceased	Full Blood	Roland Pollender	27	Camp. militaire St Polycarpe Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Georgette Pollender Dubois	29	29 Visitation Farnham Que.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	J. Emile. Maurice
9	Date of his birth.	22 octobre 1918
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	St Pie Dié, 6 octobre 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Farnham - Dié.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Québec (b) Missisquoi - (c) (d) 24 ans
14	Nature of employment before enlistment.	Estimateur en construction
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Farnham -

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	non
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$50.00 en ma possession. au porteur
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Insurance Co. of America $986.00 Adhémar Pelletier 105.00 Héritiers légaux
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother ..... of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

M. Alice Pollender ..... Signature of Informant

29 Visitation, Farnham, Que. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....

See above. Alice Pollender {Name of informant} is the Mother .....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Farnham this 19th day of May 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. A. Richambault Qualification Com. Sup. Court Distr. of Bedford

Address Farnham, Que.

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

21) D'Italie, mon fils m'écrivait qu'il avait acheté une obligation de la Victoire de $100.00 que je n'ai pas reçue.

25) Note, Serait-il possible d'avoir quelques détails. On nous a appris que notre fils avait été victime d'un accident le 30 août 1944 en zone méditerranéenne et c'est tout.

DISTRIBUTION OF SERVICE ESTATES
ARMY

AM Estates Form "P. 4"

Name: POLLENDER, Paul E. M., No.: D-129989
Surname Christian Names

Pte. C.A. O/S 30-8-44
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 99.14

Date: 24 July 45

Other Credits .....

Total 99.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Alice Pollender, 29 Visitation St., Farnham, Quebec. (Sole beneficiary under will)	99.14 R

P4. TO TREAS. 19-9-45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	99.14

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name POLLENDER Paul Emile Maurice No. D129969
Surname Christian Names

Pte. C.A. O/S. 30-8-44.
Rank Unit Date of Death

AMOUNT W.S.G. 207.37
L.P.C. ..... $ 99.14

Date September 10th., 1947.

Other Credits .....

Total 306.51
Prev. Dist. 99.14
This Dist. 207.37

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	MOTHER	Mrs. Alice Pollender 29 Visitation Street, Farnham, P.Q. (Sole beneficiary under will)	207.37
			W.S.G.

P4. TO TREAS.
19-9-47

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9998 ~~XX9999~~	245	00	00	001	207.37

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(R. J. Orde) Brigadier
~~XXXXXXXXXXXX~~
(L. M. Firth) Colonel
Director of Estates
JUDGE ADVOCATE GENERAL

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—5-46 (9153)
H.Q.1772-45-27

CFA 187
40 P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

160

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D.129989 Pte. POLLENDER P.E.M. (Dec'd)

RECEIVED FROM ..... Cdn 2nd Ech A.A.I.

CHECKED BY ..... L.74730 Pte. Looker, H.
B.131628 Sgt Smith, E.L. ..... DATE ..... 14 Dec 44

1	Towel		
1	New ~~Sks~~ Testament		
1	Note Book		
1	Leather Photo Folder, with snapshots		
1	Handkerchief		
3	Cdn Identity Discs		
1	U.S. metal Identity Disc		
1	Pipe, smoking		
2	Souvenir Medallions (Italy)		
1	Rosary		
1	Identity Bracelet		
1	50 lire Note		
4	French Coins		

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

TRIPLICATE — with effects.

E Smith Sgt
for OC 1 Cdn KSD

FORM CAS. 1—50M-2-44 (3751) H.Q. 54-27-70-2 VOL. 18 - K.P. 1722

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

WOUND

NUMBER D.129989

RANK Pte.

SERVICE UNIT 1 Canadian Special Service Battalion (C.A.

NAME POLLENDER, Paul Emile Maurice

DATE OF BIRTH 22-10-18

Date of enlistment 10-2-43

Occupation Estimator

MARITAL STATUS PRESENT: Single

MARITAL STATUS ON ENLISTMENT: Single

NEXT OF KIN

ADDRESS Mr. Adhemard Pollender,
29 Visitation St.,
Farnham, P.Q.

Address on enlistment
Farnham, Que.

AUTHORITY CAS. SIG. NO. 6664 H.Q. 405-P-14,554

CASUALTY DETAILS Wounded in Action

DATE Date not yet available

GR/AC

DIRECTOR OF RECORDS
N.D.H.Q.

1/b

Δ-T

DISTRIBUTION

COPY 3 C.R. FILE COPY (1 TO COMMISSIONER OF INCOME TAX, 2 TO DEPT. OF LABOUR)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.129989 RANK Pte SERVICE UNIT 1st Canadian Special Service Battalion (CA)

NAME POLLENDER, Paul Emile Maurice

DATE OF BIRTH
DAY 22nd MONTH October YEAR 1918 Enlisted: 10-2-43

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 29 Visitation St., Fernbox, Que.

NAME ADDRESS D.A.B. Mr. Adhemard Pollender

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Ak 1481A H.Q.405-P-14,554

CASUALTY DETAILS Killed in action DATE 2-9-44

MEDITERRANEAN

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

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3445 O/S with 6 CIRU

DATE 9-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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

WILL

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

(1) I, Paul Emile Maurice POLLENDER, of the town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Farnham, in the County District of Missisquoi

Province of Quebec, Estimator
(Civil Occupation)

Regimental No D-129989, Unit R.C.E. CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY MOTHER" Mrs. Alice POLLENDER.

Residing at: 29 Visitation St., Farnham, Quebec, Canada.

All my estate both real and personal.

mpe

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

MP

(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 10th day of Feb.
19 43.

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.

Maurice Pollender
(Signature of soldier)

First witness sign here.

(5) Signature J. Champagne
Civil Address 1667 Bennett Montréal
Civil Occupation Clerk

Second witness sign here.

Signature V. Dugas
Civil Address 7108 Dempsmarville Montreal
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

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) POLLENDER Paul Hille Maurice (b) N° matricule D.[illegible]
2. (a) Arme Army (b) Unité R.C.A.M.C. (c) Rang Spr
3. (a) Date de naissance 1918 oct 22 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Brosbum, Quebec.
4. (a) Lieu d'enrôlement Montreal North, Quebec. (b) Date d'enrôlement Feb. 10th 1945.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 17 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
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.) 7 yrs public school 5 yrs High school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu nil
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? [illegible] (c) Avez-vous complété votre apprentissage? No (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? nil
9. (a) Quelles langues parlez-vous couramment? English & French (b) Quelles langues lisez-vous facilement? English & French

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) Not Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? nil

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? Yes
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé [illegible] (b) Durée d'emploi dans cette occupation ou métier? 5 yrs
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent nil
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 Since April 1940.
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom [illegible] Adresse [illegible]
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.) [illegible]
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise nil (b) Quand l'avez-vous abandonnée? nil

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 Adresse
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.)
20. (a) Genre précis de votre occupation (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? (c) Désirez-vous retourner à votre ancien emploi?

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? No (b) Vous croyez-vous apte à exploiter une ferme? No (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

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? No
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 No be an estimator.

DATE Feb. 10th 194[illegible] SIGNATURE Maurice Pollender

405-P-14554

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME POLLENDER, Paul Emile Maurice PLACE & DATE OF BIRTH FARNHAM, QUEBEC, CANADA 22 Oct 1918

RANK PTE REGIMENTAL NO D.129989

UNIT 1 CDN SPEC SERVICE BN NEXT OF KIN & ADDRESS FATHER:

Mr M Adhemard POLLENDER - 29 RUE VISITATION, FARNHAM, QUEBEC, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____

DIAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 30 Aug 44 PLACE OF DEATH FRANCE

HRS _____

CAUSE OF DEATH DIED (ACCIDENTALLY)

PARTICULARS OF BURIAL

DATE OF BURIAL 2 Sep 44 CEMETERY Draguignan SH 15 M.R. US Mil Cem.

PLOT NO AA ROW 4 GRAVE 44

DEATH CERT.NO _____

RELIGION R.C.

DATE 15 Oct 45

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

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

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: POLLENDER (*Block letters*)

Given names: Paul Maurice Emile

4. RESIDENCE

Street: Visitation No. 29

Official name of civil municipality or township: Farnham

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: October (Month) 22nd (Day) 1918 (Year)

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

OCCUPATION

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

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	POLLENDER M.A.	
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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 30th (Day) 1944 (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) Pistol Wound

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: Accident (State which) Date....19....

Manner of injury: Shot by a companion (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.)

C Quinn C.S.

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

APR 27 1945

Director of Records, Dept. of National Defence

COPY OF INCOMING MESSAGE

FROM: 1 Cdn Spec Serv Bn CA(A)

7 Nov 44

TO: CANDEX AAI

INFM: CDN O2E AAI

Ref your TCA 5472 dated 20 Oct 44, and further to our 4-O-5 d/29 Oct 44. Please be advised that 6977739 Pte Blankschen ME was tried before General Court Martial under Article of War 93, with manslaughter, involuntary result of culpable negligence, in killing Pte Pollender in shooting him in the chest with a pistol .45 calibre. Was found guilty and sentenced to be discharged from the U.S. Army, to forfeit all pay due or to become due and be confined at hard labour for a period not to exceed 3 years. The case has not yet been reviewed, but it is expected the Discharge will be suspended.
This was the maximum sentence that could be awarded under the charge.

(Signed)"JVJ BISCOE" Major
Administration Officer
First Canadian Special Service Battalion
C.A.(A).

Certified True Copy.

.....Capt.
Staff Captain (A)
Cdn Sec G.H.Q. 1 Echn.
16 Nov 44

DEPARTMENT OF NATIONAL DEFENCE
(ARMY)

Admin. Reg. No. . .30,734. . .

COURT OF INQUIRY - DEATH
D-129989 Pte POLLENDER P.E.M.

HQ .405-P-14,554 Admin 4(b)3.

OTTAWA, Ont. 19 Feb 45 . . . . .

SOURCE . .OVERSEAS. . . . . .

DATE OF ACCIDENT . 30 Aug 44 . .

PROCEEDINGS SIGNED 23 Sep 44 . .

PROCEEDINGS APPROVED
BY D.O.C. . 16 Nov 44. . . .

COURT SAT . . 2 Sep 44 . . . . . .

PROCEEDINGS FORWARDED 18 Dec 44. .

PROCEEDINGS RETURNED FOR FURTHER INFORMATION OR DIRECTION . . . . .

PROCEEDINGS RETURNED NDHQ . . . . .

OTHER DELAYS:

PRECIS OF EVIDENCE :- On 30 Aug 44, near FALICON, FRANCE, D-129989 Pte Pollender P.E.M. #1 Cdn Sp'l Service BN CA(A) while sitting beside a road discussing pistols with Ptes Merabella and Blankshen handed his pistol to Pte Blankshen who pointed it in his direction and it discharged, killing him.

FINDINGS OF THE COURT: The Court finds that D129989 Pte Pollender P.E.M. and 6977739 Pte Milton E Blankschen were negligent and careless in the manner in which they handled the pistols. The death of D129989 Pte Pollender P.E.M. was purely accidental.

COPY OF INCOMING MESSAGE:
FROM 1 Cdn Spec Serv Bn (CA)(A)
TO: CANDEX AAI
INFM: CDN 02E AAI

Ref your TCA 5472 dated 20 Oct 44, and further to our 4-0-5 d/ 29 Oct 44. Please be advised that 6977739 Pte Blankschen ME was tried before General Court Martial under article of War 93, with manslaughter, involuntary result of culpable negligence, in killing Pte Pollender in shooting him in the chest with a pistol .45 calibre. Was found guilty and sentenced to be discharged from the U.S. Army, to forfeit all pay due or to become due and be confined at hard labour for a period not to exceed 3 years. The case has not yet been reviewed, but it is expected the Discharge will be suspended. This was the maximum sentence that could be awarded under the charge. (Sgd) JVJ BISCOE Maj. Administration Officer.

OPINION OF LT COL DH JUPP AAG: I concur. Disciplinary action has been taken against 6977739 Pte Blankschen M.E.

(H. A. NEWALL) LIEUT ADM 4(b)3

HAN/MV

CANADIAN NATIONAL TELEGRAPHS

CC

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA

JUNE 10 1944

TO:-

MR ADHEMARD POLLENDER
29 VISITATION ST
FARNHAM QUE

3729 SINCERELY REGRET INFORM YOU D129989 PRIVATE PAUL EMILE MAURICE POLLENDER OFFICIALLY REPORTED WOUNDED IN ACTION DATE AND NATURE OF WOUNDS NOT YET AVAILABLE STOP WHEN ADDRESSING MAIL ADD WORDS IN HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR QUICK DELIVERY STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

3

PREPAID

OFFICER I/C RECORDS

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

EMG

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA

JULY 7 1944

TO:-

MR ADHEMARD POLLENDER
29 VISITATION STREET
FARNHAM QUEBEC

9272 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT D129989 PRIVATE PAUL EMILE MAURICE POLLENDER PREVIOUSLY REPORTED WOUNDED IN ACTION NATURE OF WOUND NOW REPORTED BULLET WOUND LEFT HIP STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID 15

OFFICER I/C RECORDS ~~XXXXXXXXXXXXXX~~ 13

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

JJ

DAY LETTER ☐

NIGHT LETTER ☐

HQ.405-P-14,554

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

2 OCTOBER 1944

MR ADHEMARD POLLENDER
29 VISITATION ST
FARNHAM QUE

13914 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D129989 PRIVATE PAUL EMILE MAURICE POLLENDER HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SECOND SEPTEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

H.Q. 405-P-14,554 (Records C)

12 October 1944

Mr. Adhemard Pollender,
29 Visitation Street,
Farnham, Quebec.

Dear Mr. Pollender:

With reference to my telegram of the 2nd instant, I am directed to inform you that official information has now been received from Canadian Military Headquarters Overseas, advising that it has been ascertained that your son D129989 Private Paul Emile Maurice Pollender was not killed in action as previously reported but died on the 30th day of August 1944 as a result of an accident.

You may be assured that any additional details received regarding your son's regretted death will be forwarded to you.

Please accept my deepest sympathy in your bereavement.

Yours sincerely,

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

Mom x mother
28.11.44

ND:NB

24th October, 1944

Mr. Adhemard Pollender,
29 Visitation Street,
Farnham, Quebec.

Dear Mr. Pollender:

It was with deep regret that I learned of the death of your son, D129989 Private Paul Emile Maurice Pollender, who died while in the Service of his Country in the Mediterranean Theatre of War on the 30th day of August, 1944.

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.

Yours sincerely,

Act 19-10-44

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

24

405-P-14554

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: 1 Cdn Spec Ser Bn

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D129989

Rank: Pte

Surname: POLLENDER

Christian Names: P.E.M.

Died — Date: ~~XXXXXX~~ 30 Aug 44

Place: France

Cause of Death*: KILLED (ACC)

Nature and Date of Report: 3011c 137

By whom made: Unit

* 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: US MIL CEM DRAGUIGNAN sh 15 MR 342458 Plot AA Row 4 Grave 44

Date: ?

By whom reported: ?

State whether he leaves a Will or not

(a) in Army Book 64: Not known

(b) as a separate document: Not known

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.

Noted 2D

Station and Date: Field 10 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: E Maflen Capt

for Officer ci/c
Cdn Sec GHQ 2nd Echelon AAI

47

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

OTTAWA, 20th January, 1948.

D.V.A. 405-P-14,554
R. 4 (B)

Mr. Adhemard Pollender,
29 Visitation Street,
Farnham, P.Q.

D.129989, Private Paul E. POLLENDER

Dear Mr. Pollender:

I am sorry it is necessary to write to you again in connection with your late son, the marginally named, but owing to the United States policy of repatriating their dead to the U.S.A., it has been found necessary to remove certain graves from U.S. Military Cemeteries for concentration elsewhere in order that they might receive proper care and attention.

The Department has recently been informed that in carrying out this work the remains of Private Pollender were exhumed from the United States Military Cemetery at Draguignan, France, and reburied in grave 44, row C, plot 4, of Mazargues Cemetery Extension, Marseilles, France. This is a recognized military burial ground containing more than 1,200 graves of the 1914-18 war and the cemetery will, of course, be maintained in perpetuity.

Yours faithfully,

WBR.

A/Director,
War Service Records.

MH

5-1

No D.129989 Name POLLENDER, P.E.M. Sqn, Battery, or Company Corps C.I.C Date of enlistment 10 Feb 43 GC Badges Service or Proficiency Pay

MFM 6 (AFB 122) 40/P&S/136 (3438)

Date of last entry in Company Conduct Sheet N/A No and date of last drunk N/A Period not reckoning towards freedom from extra fine N/A Sheet No one Signature OC Company, etc. [signature] Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	4-1-44	[illegible]		AA SEC 40 WOAS did not appear on night trg - on the 4-1-44 at 1800 hrs.	Lieut. Stevenson	7 days C.B.	5 Jan 44	Major Dugal	
Field	15 Jul 44	[illegible]		AWL from 1130 hrs 15 Jul 44 to 1830 hrs 16 Jul 44 (Absent 1 day 7 hrs)	1st Sgt. Potz.	8 orfo 5 days pay 8. R. + I 149(2)	17 Jul 44	[signature] Akehurst Lt. Col.	8 orfo 2 days pay 8. R. + I 149(1) [signature]

(PTO)

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

468

REGIMENTAL No. D 512472

Militia Unit taken On Strength Sher. Regt.

---

1. Surname (Block Letters) Pollender M
2. Christian Names (In Full) Maurice
3. Present Address 29 Visitation ST. Farnham Que.
4. Place of Birth Canada Date of Birth 22 Oct. 1918.
5. Religion R.C. 6. Occupation Estimator.
7. Next-of-Kin Alice Pollender
(NAME AND ADDRESS)
29 Visitation ST. Farnham Que.
8. Physical Description: Height Weight
Color of Eyes Color of Hair
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
Army.

Dated this ninth day of October 1940

Training Centre No.

Maurice Pollender
(SIGNATURE OF MAN)

M. G. Macdonell Maj
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP

No. 40 CANADIAN MILITIA TRAINING CENTRE

C. G. Howard
Lieut, Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

TRAINING CENTRE STAMP
N.P.A.M. No. 40 COURSE ENDING NOV 7 1940

Discharged as Med. Unfit 5-11-40

DOF#87.

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D129989 Rank and Name POLLENDER P.E.M. Spr.

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

(Transfer or Discharge).....to.....on 30th August. 19 44.

Reason Death Authority : C.C.L."C" 1536 d/11th.Oct.44.

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

Dr				Cr		
Particulars		Amount		Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	49	39
First Monthly Payment				Regimental Pay 31 days at $ 1.50	46	50
Casual Payments				Tradesmen's Pay ..... days at $		
Payments on Transfer or Discharge				Additional Pay (Give Particulars) Para Pay 31 days at $0.75¢	23	25
Assigned Pay		20	00			
Regimental Charges				Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars) :						
To Balance Cr	Free	99	14	By Balance Dr		
	Deferred					
	Total	119	14	Total	119	14

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

Remarks

(1) Assnd Pay $20.00 (F) Stopped eff September.1944.

(2) Assnd Pay $16.80 (6th.V.L.) Cancelled eff May.1944.

Compiled by B.Mc.Kercher.

Checked by J Redmond

Date 6th.April. 19 45.

Certified correct R W Montgomery
for Chief Treasury Officer, Overseas

MW.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

2
ARMY

DECEASED MEMBER'S NAME: Paul Emile Maurice (CHRISTIAN NAMES) POLLENDER, (SURNAME)

PAYEE

ADDRESS: Director of Estates,

REGISTER NO. D-24659
FILE NO. 405-P-14554
DATE 19-7-47
SERVICE NO. D-129989
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 30-8-44

DATE OF TERMINATION OF OVERSEAS SERVICE 30-8-44

		$ ¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 559/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50		135.00
B. QUALIFYING OVERSEAS SERVICE		
No. OF DAYS 253 LESS 19 INELIGIBLE DAYS, EQUAL TO 234 DAYS @ 25c. PER DAY		58.50
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		193.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$ .75	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 3.50 X7 = $ 24.50	
NO. OF DAYS 253/183	X$ 24.50	33.87
D. WAR SERVICE GRATUITY		227.37
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$ 20.00	20.00
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		207.37

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH SEP 5 1947 H.Q. OTTAWA NATIONAL DEFENCE

W.S.G. 51-1865

△T

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
	MJK

TREASURY

CHECKED BY	DATE
[signature]	12/8/47

[signature] Capt.
SERVICE REPRESENTATIVE

P.A

File No 405-P-145754

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D129989 Name POLLENDER PAUL EMILE MAURICE

Rank on Discharge Pte Date of Discharge 30-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 10-2-43	to	14-12-43	
	from	to		
United Kingdom	from 15-12-43	to	17-2-44	
	from	to		
Italy	from 18-2-44	to	30-8-44	KiA
Northwest Europe	from	to		
---------	from	to		
-- ------	from	to		

Eligible for award of:

1939 - 45 Star ok ✓

Italy Star ok ✓

~~France-Germany Star~~

Defence Medal NE ✓

War Medal ok ✓

Canadian Volunteer Service Medal

with clasp for BP

M

NC RIBBON DESPATCH

Verified by W. G. Palen

Date 2-8-46

Carded AUG 2 1946

IIA 165

MILITIA BOOK M. 1

PART I

50M—5-43 (9993)
H.Q. 1772-39-1672
K.P. 79767

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your Next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

Reg. No. D-129989

Surname (Capitals) POLLENDER

Christian Names in full Paul, Emile, Maurice

3

ADMINISTERED BY N. D. H. Q., OTTAWA. FORWARD ALL INQUIRIES REGARDING PAY OR RECORDS TO THAT H. Q.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-129989.

Surname (in capitals) POLLENDER.

Christian Names (in full) Paul, Emile, Maurice

Date of Birth 22-Oct-1918.

Place of Birth Farnham, Que. Can.

Citizenship Canadian

Trade on Enlistment Estimateur

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion Roman Catholic

Enlisted at Montreal Sth. Que Can.

Date 10-2-43.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. NTC-4-12. Farnham, Que). 7-10-40 to 7-11-40.

Signature of Soldier X M Pollender

Signature of Officer Recruiting Unit

Place Farnham, Que. Date 1 Nov 43.

(IV) 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	Mr Adhemard. Pollender.	
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

effect as a WILL (see pages 20 to 23)

Latest known Address in full

29. Visitation, St Farnham, 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
10-2-43	Spy.		450 #34.	[signature]
21-5-43	Cpl.		TC44 #61	[signature]
21-6-43	Spy.		TC44 #122.	[signature]
22.12.43	Pte		29/43	[signature]

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

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

Completed Basic training as per MFM. 105 CGBTC-44.
23-6-43.
[signature]

Qualified in addition as under:—
Completed advanced training in accordance with standard syllabus. A-12 Cpl 36 - Infl
[signature]

Date 28-9-43.

Commanding [signature]

*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
Local 3" M.C. #6. C.I.R.U. D.O. Part II Q.I.	10 Fev 44	[illegible]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	2nd Class	Rifle		[illegible]
1943.	" "	L.M.G.		

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
27-1-43	"A"	MO MB		Edwd Stubbs Capt
26/10/43				
18	1 1 1	1 1 1 1		
27-3-44	Reexam	Lit Sect VI S Serv B.		W.F.F. Shone

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
27.10.43	✓		S.F. Pol. Prov.	J.P.M. Bezuidenhout Capt
29.10.43	✓	✓	S.F.	
10 FEB 44	✓	✓	A.F.	J.P.M. Bezuidenhout Capt (SAMC)

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	10-2-43	
2.	26-2-43	Albert Bulbeck
	12-3-43	Capt
Typhus 1 cc	9.2.44	[illegible]
" 1 cc	20-2-44	
" " "	26 2 44	
T. A. B. T. 1/2 cc.	10-3-44	D. Wilson

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-2-43	Albert Bulbeck 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
Ref # 169296	22-1-43	Albert Bulbeck Capt
"M" TEST (REV.) COMPLETE		
"O" CARD COMPLETE	23-12-43	R. Summers Capt
FINGERPRINTED—CAIB		

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. 10 received and forwarded to the Officer i/c Records at
Signature of Officer.
Rank or Appointment.

H.Q.M.O.4.

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.

NAME AND ARMY SERIAL NUMBER

POLLENDER, MORRIS M. P. O-1299[illegible]

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
PVT	54th Inf Regt	24	W	CANADA	1½

LOCATION WHERE TAGGED:	DATE	HOUR
2nd Bn Hd 5th	28 MAY 44	2200

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

W/A GSW, LT HIP, PERT. W.
WHEN SOLDIER WAS ADV. WITH HIS
C.P. VIC ARNITINO: 28-MAY-44

LINE OF DUTY: Yes

TREATMENT GIVEN:

Dressing

TETANUS TOXOID: OR ANTITETANIC SERUM:	DOSE	TIME:
MORPHINE:	DOSE —	TIME: —

DISPOSITION:	DATE	HOUR
Evac to Hosp	28 MAY 44	2200

SIGNATURE AND RANK: [illegible] Capt MC

Form No. 52b— MEDICAL DEPARTMENT, U. S. A.
(Revised November 5, 1942) 16—15434-1

SUPPLEMENTAL RECORD

Ord B - 3rd Inf Bn - 29 Jan 44 - 1230
Dooley (Pvt)
Chesty Puller

Chesta apo 3 29 May 44
T-T. 1.0 Trng 0315

R. Stroumen
Captain

X

NAME AND ARMY SERIAL NUMBER

POLLENDER M D-127789

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt	5-2 FSSF		W	Calif	

LOCATION WHERE TAGGED:	DATE	HOUR
APO 4004 X9 FSSF COLL STA STROMAN	30 Aug 44	0730

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Dual GSW, rt chest accidentally incurred when another soldier's gun went off At Fallieux, France

X LINE OF DUTY: Yes

TREATMENT GIVEN:

TETANUS TOXOID: DOSE TIME:
OR
ANTITETANIC SERUM: DOSE TIME:

MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR
GRS.	30 Aug 44	1930

SIGNATURE, WITH RANK: Woodstock 1Lt MC