D131632
CHAMPAGNE
BUDD HENRY

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

NO D.131632 Rank Trooper Name CHAMPAGNE, Budd Henry

Unit C.A.C. Date of death 1stSept., 1944

Died at Italy

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-C-25,519

N/K Mrs. Berthe Champagne Relationship Widow

Address 4989 - 6th Avenue, Rosemount, Quebec.

Remains buried in N. of Tomba di Pesaro sh 109/1 Row C Cemetery
Grave 1 MR 99810 1/50 000
ITALY.

CJK

Grave location

DUER

BURIAL REPORT TO N.K. OCT 2 1945

RETURN TO BUR. OF STAT. MAY 25 1945

ROYAL MESSAGE DESP'D. MAY 16 1945

CAN. MESSAGE DESP'D. APR 28 1945

Temp B R sent to N K

Reburial

Gradara British Empire Cemetery
Gradara, Italy.
Plot 1, Row H, Grave 6.

HI & CR Form Despd. OCT 21 1946

Photographs
Despatched
MAY 10 1947

10M-1-45 (M-4608)

1-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1926 M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHAMPAGNE, Budd Henry	D.131632	Cav..	4th Recce.Regt.

FILE No. 405-C-25519

WAR SERVICE BADGE (CLASS) NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	2911 6/2/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP
(1)
REGN. NO 8897

(1) MEDALS
PERSON
ENTITLED TO Mrs. Berthe CHAMPAGNE, (Widow)

ADDRESS: 4989 - 6th Ave., Rosemount, P.Q.

(2) MEMORIAL CROSS

WIDOW Mme. Berthe Champagne (FRENCH)

1926

ADDRESS: 4989 - 6th Ave., Rosemount, Que.,

DESP. MAY 5 1945
(2) REGN No. 8450

(3) MEMORIAL CROSS

MOTHER Mme. Mary Champagne (FRENCH)

1926

ADDRESS: 3508 Fullum St., Montreal, Que., (MFM5.)

(3)
DESP. MAY 5 1945
REGN No. 8457

Received Cat A Checked C Card V Observations O

2 ~~ORIGINAL~~ DUPLICATE ~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

WSG COMPLETED

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

Unit C.A.C. (other) C.A. Regimental Number D-131632 01 TPR

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGERPRINTED PHOTOGRAPHED

1. Surname CHAMPAGNE
2. Christian Names BUDD HENRY
3. Present address 4989 6th Avenue, Rosemount, Montreal, Que., Canada.
4. Date of birth 12 September 1912
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Presbyterian
8. Trade or Calling Chauffeur (Trucks)
9. Married, Widower or Single Married
10. Name of next of kin Mrs. Berthe Champagne (Durand)
11. Relationship Wife
12. Address of next of kin 4989 6th Avenue, Rosemount, Montreal, Que., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? NO
    (Yes or No) (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? NO
    (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? NO
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Budd Henry CHAMPAGNE, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 22 MARCH 1943 B H Champagne
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Budd Henry CHAMPAGNE do/sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness (Name) (Rank) B H. Champagne (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL SOUTH this 22nd day of MARCH 19 43

NO. 4-DISTRICT DEPOT A.F. — Signature of Magistrate, Justice or Attesting Officer.

Lt. R de C. Special Recruiting Offi — Officer or Rank and Unit or appointment.

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

Record of Service of CHAMPAGNE (Surname) BUDD HENRY (Christian Names) Regimental Number D-131632

QUALIFICATIONS

Military NIL
Business or Professional NIL
Trade or Civil CHAUFFEUR CAMION
Technical NIL
Languages FRENCH AND ENGLSIH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate 1 YR (years completed)
Graduation or Matriculation NIL (specify)
*College NIL
*University Nil -7th GRADE PUB SCHOOL

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

2503

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment W 22-3-43 DRO TOS NO. 4 DISTRICT DEPOT CA.	TPR	22-3-43	4 DD	MTL STH	4 DD PT II 69	22-3-43
~~SOS on transfer to C.A.(B)T.C. 41 Huntington Que~~		~~1-4-43~~	~~"~~	~~"~~	~~" " 78~~	~~1-4-43~~
3 Apr 43 4 DD Admitted sick to Longueuil Mil. Hospital Longueuil Que	Tpr	31 Mar 43	"	"	" " 79	2 Apr 43
6 Apr 43 " Discharged from Longueuil Mil. Hospital Longueuil Que.	Tpr	3 Apr 43	"	"	" " 81	5 Apr 43
7-4-43 4DD SOS On transfer to CABTC 48 St. Johns Que	"	9-4-43	4 DD	Mtl Sth	4 DD Pt. 11 85	9-4-43
13-4-43 BTC48 Tos on transfer from No. 4DD	"	10-4-43	BTC48	St. Johns	BTC48 Pt.II A-83	13-4-43
27-5-43 " ~~[illegible]~~	"	~~[illegible]~~	"	"	" ~~A-121~~	~~27-5-43~~
1-6-43 " Re-allocated from CAC to CAC(other)	"	29-5-43	"	"	" A-125	1-6-43
" SOS on transfer to C.A.C.T.E., Camp Borden	"	2-6-43	"	"	" A-126	2-6-43
TOS No. 1 CACTR f.a.p. for Adv. Trng.	Tpr.	3-6-43	1 CACTR	Borden	#1 D.O. 9	4-6-43
Qualified Driver Class III (W)	do	9 Jul 43	do	do	do D.O. 37	10 Jul 43
Authorized tp draw $1.40 per deim	do	29 Jul 43	do	do	do D.O. 60	6 Aug 43
S.O.S. to # 2 Transit Camp Debert, N.S.	do	13-8-43	do	do	do D.O. 66A	13-8-43

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

Authorized tp draw $1.40 per diem
S.O.S. to # 2 Transit Camp Debert, N.S.
D.O. 66A 13-8-43 D.O. 60 6 Aug 43
do do do do do do do
Additional entries use M.M. 1 and 2 (2) Jul 43 13-8-43

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CHAMPAGNE Budd Henry Place Montreal. Date of Medical Examination March 18th 1943

Part 1. Information obtained from the recruit.

1. Age 30 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble no
g. Rupture no
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease no
l. Eye disease left
m. Fits no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no
r. Are you now or have you in the past received disability pension or compensation? If so, give details no

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

J.A. Champagne
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars One vacc left arm.
2. Height 5 feet 7 inches. 3. Weight 157 pounds.
4. Complexion Medium Eyes Blue Hair Brown
5. Development Good. (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 38 inches. Range of expansion 2 inches.
7. Vision, right 20/40 left 20/80
   With Glasses— right left
8. Hearing, right CV20 left CV20
9. Condition of mouth and teeth Good. Reflexes normal
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis - N -
12. The abnormalities (congenital and pathological) found on examination are as follows:—
    COLOR VISION ISHIHARA (C.N.) Ears nose & throat negative J.C.Calhoun Major.
13. Chest X-Ray N No 17737 Laboratory at which taken D.P. & N.H. MONTREAL

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category "A"

Special remarks when category lower than A

H. Aubry Major rank — President
W. Tremblay rank — Member
P.G. Weil rank — Member

H. AUBRY MAJOR — W. TREMBLAY LT COL — P.G. WEIL M.D.

Date March 18th 1943

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAR 22 '43	TAB. T ICC — Lt Harrington RCA		
MAR 22 '43	VACCINATION		
23-4-43	T+A B T I C C T 7d		
22-5-43	T+A B T I C C F 7d.		
JUN 3 1943	RE-EXAMINED CAT. A CONFIRMED		
AUG 1 1943	RE-EXAMINED CAT. A CONFIRMED		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-131632 Rank TPR Surname CHAMPAGNE Christian Name BUDD HENRY

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Mtl South		31	3	43	3	4	43	Contusion right big toe	4	Longueuil Mil Hosp., (Improved)	

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

Regimental No. D 131632 Rank Tpr. Sheet No. 4

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

Name CHAMPAGNE BUDD HENRY

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S. No.2(Temp.)Transit Camp DEBERT N S		[illegible]			[illegible]	16AUG43
S.O.S. No.2(Temp.)Transit Camps TOCDNARMYO/S		26AUG43			79	25AUG43
S.O.S. C A (C) and Embarked 27 Aug 43						
T.O.S. C A (C) 27 Aug 43						
Disembarked 1 Sept 43	Tpr ✓	2 Sept 43	#3 CA CRU	U/K	209	8 Sept 43
T.O.S. 3 C.A.C.R.U.						
SOS. SOS TO 2 CBRD.	Tpr.	18 Dec 43	3 CACRU	U.K.	243	19 Dec 43
C10A. Tos. Tos. 5 Bn. 2 CBRD from 3 CACRU.	Tpr.	19 Dec 43	2 CBRD. CAC	CMF	1	2 Jan 43
C10A. SOS SOS to X 3 List D. CAC.	Tpr.	22 Jan 43	X4 LIST DCAC	CMF	3.	9 Dec 43
C10A. Tos. Tos from X 4 List.	Tpr.	23 Jan 43	X LIST D 2 CBRD 3rd List	CMF	3	9 Dec 43
SOS SOS to X 4 LIST. D C MC	Tpr	8 Dec 43		CMF	7	17 Dec 43
TOS TOS from X 3 LIST. D CAC.	Tpr	9 Dec 43	X LIST D CAC 5th Bn.	CMF	4	17 Dec 43
Rgtl rate of pay 1.50 per diem	Tpr.	22 Sept 43	X LIST D CAC	CMF	18A.	30 Dec 43
SOS. SOS to CAC A. Sec X H List (HBN)	Tpr.	24 Dec 43	X H List D CAC.	CMF	1B	5 Jan 44
Tos. Tos from						
SOS						
M18 Tos Tos from CAC X H LIST - A SEC (HBN)	Tpr	5 Jan 44	H Recce R	CMF	5	22 Jan 44
CS) Awd. 4 days F.P. 4 ods. 4 days pay. 2 att. AA 40.	Tpr	8 Feb 44	H Recce.	CMF	9	18 Feb 44
~~AA 40 to 2 days F.P. 2 ods 2 days Pay 5 Stat Pay 14 Stat Leave~~	~~Tpr~~	~~19 May 44~~	~~3 CMR~~	~~CMF~~	~~25~~	~~5 June 44~~
Canc. DO 43 14 Sep 44 ~~Granted 5 Days Leave Ex Italy CAC (A) 4 days Travel~~	~~Tpr~~	~~19 May 44~~	~~4 Recce R.~~	~~CMF~~	~~25~~	~~5 June 44~~
M106 SOS SOS. to X 4 L 48 Highrs.	Tpr	21 Jul 44	X L CAC (A)	AA1	62	28 Jun 44
~~Tpr~~ TOS. TOS from X 4 List CAC "A" Trans to CIC	Pte	22 Jun 44	X 4 List 48 Highrs	AA1	50	6 Jul 44
Adm 3 Coln Gen Hosp		30 May 44			C1457	13 Sep 44
SOS SOS X 4 L to 4 PLDG	Tpr	28 Jul 44	X L 48 Hrs.	AA1	89	2 Aug 44
~~DO 3 CBRD 9 Aug 44~~ ~~TOS~~ ~~TOS from X 4 List 48 Hours (3 Bn.)~~	~~Pte~~	~~29 Jul 44~~	~~1 Bn 4 PLDG~~	~~AA1~~	~~1439~~	~~31 Jul 44~~ 30 Aug 44
SOS SOS to X 6 List (Missing) - (W B/K)	Tpr	15 Sep 44	4 PLDG	AA1	42	11 Sept 44
TOS. TOS X 6 List from 4 Cdn. Pl. O. Bn. Wounded Believed Killed	Pte	2 Sep 44	X List DLDG	AA1	12	16 Sep 44

Regimental No. D131632. Rank —

Sheet No.

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

Name Champagne B.H.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Canc. AFW 5169 M141 AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
~~S.O.S. C.A. (U.K.) on embarkation 24 Oct 43~~						
~~T.O.S. C.A. (CMF) 25 Oct 43~~						
~~Disembarked Italy 8 Nov 43~~	~~Tpr~~		~~X hist CAC (D)~~	~~AAI~~	~~118~~	~~8 Aug 44~~
M164 Missing		1 Sep 44		A A I	A481	
S.O.S. C.A. (U.K.) on embarkation 26 Oct 43						
T.O.S. C.A. (CMF) 27 Oct 43						
Disembarked 10 ~~Mar~~ Nov 43	Pte		X hist 4 PLDG	AFHQ	7	26 Jan 45
Killed	Pte.	1 Sep 44	4 PLDG	Cas L.	A564	12 Apl 45

Gen Duty

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 C.A.C. C.A. (other) Regimental Number D-131632

		(17) Regiment or Corps	Unit (Battn., etc.)
1.	Surname CHAMPAGNE		
2.	Christian Names Budd, Henry	C.I.C.	48th Highrs
3.	*Substantive Rank and Appointment PTE	C.I.C.	4 P.L.D.G.
	*Acting Temporary or Local Rank		
	giving date		
	*To be entered in pencil to facilitate alteration.		
4.	Place of birth MTL., Que., Can.	(18) Medical	
5.	Date of birth as declared on attestation 12-Sept-12		
	(A)	Category "A"	Date 18-3-43 / Authority M.F.M. 2
6.	Date of enlistment 22-3-43	A	M.D. 43 / " 20
7.	Place of enlistment Montreal, South Que., Can		
8.	Residence at time of enlistment 4989-6th AVE.; Rosemont, Mtl., Que., Can.		
9.	(B) Special conditions (if any) of enlistment or rate of pay 1.40 per day		
10.	(C) Any subsequent variations of conditions of service		
11.	Religion Presbyterian		
12.	If married, state date 31-Oct.40	(19) Next of kin (entries to be made in pencil)	
13.	Trade on enlistment Chauffeur (Trucks)	Mrs Bertha Champagne (Retained)	
14.	Corps, trade and grade	4989 6th Ave	
15.	(D) Qualifications	Rosemont, Mtl., Que., Can	
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
			S.O.S. C A (C) and Embarked	U.K.	27 Aug 43	TPR	O.O 209 a/8 SEP 43
			T.O.S. C.A (C)	U.K.	28 Aug 43	do	do do
			Disembarked	U.K.	1 SEP 43	do	do do
			T.O.S. 3 C.A.C.R.U.	U.K.	2 SEP 43	do	do do
		3 CACRU	S O S To 2 C B R D	"	18 Oct 43	"	243 d/19 Oct 43
	5 Bn 2CBRD		TOS from 3 CACRU (X-4 List "D" CAC)	Field	19 Oct 43	Tpr	1 d/21 Nov 43
	do. 5 Bn 2CBRD		S.O.S. X-4 List "D" CAC to X-3 List "D" CAC	"	23 Nov 43	"	3 x 79 Dec 43
	"	"	T.O.S X-3 List "D" CAC	"	23 Nov 43	"	3 x 79 Dec 43
	"	"	SOS X-3 List to X-4 List "D" CAC	"	8 Dec 43	"	4/17 Dec 43.
	"	"	TOS X-4 List "D" CAC from X-3 List "D" CAC	"	9 Dec 43	"	4-17 Dec 43.
24 Dec 43	X List "D"		Granted a daily rate of pay $1.50 per diem.				
			completed 6 months proj service	M	22 Sep 43	Tpr	184/43.
CAC	Daily	X list	SOS from CAC "D" X-4 list (5 Bn) to				
			CAC "A" see X-4 List (4 Bn)	M	24 Dec 43	"	1-44.
	CAC "A" X-4 (4 Bn)		TOS from CAC "D" X-4 (5 Bn)	"	25 Dec 43	"	1A/44
		4 Bn.	SOS to 4 Recce Regt.	"	4 Jan 44	"	5A/44
		4 Recce	TOS from CAC X-4 List A Sec (4 BN)	"	5 Jan 44	"	5/44
13 FEB 44	CR	"	AWARDED 7 DAYS F.P. AND A FOR F OF	"	8 FEB 44	"	9/44
			7 DAYS PAY FOR OFF UNDER AA 40				
	CR	"	Granted daily regt'l rate of 1.50 per diem	"	12 May 44	"	25/44
	"	"	SOS to X-3 List CAC(A)	"	29 May 44	"	28/44
	CAC A	X-3 List	TOS from 4 Recce Regt.	"	30 May 44	"	54/44
	CR	4 Bn.	Posted to 4 Bn	"	6 June 44	"	51/44
	"	5 Bn.	Posted to 5 Bn.	"	7 Jun 44	"	57/44
	"	"	SOS to 48 Highrs X-4 (3 Bn)	"	21 June 44	"	62/44
	3 Bn	48TH Highrs	TOS X-4 (3 Bn) on trans from CAC to CIC	"	22 Jun 44	"	X 80/44
29 Jul 44	3 Bn	X List	SOS X-4 (3 Bn) to 1 Bn. 4 P.L.D.G.	Field	28 Jul 44	Pte	X 89/44
	CR	4 P.L.D.G.	TOS from X-4 (48 Highrs) 3 Bns	"	29 Jul 44	"	39/44
	"	"	SOS to X-6 list 4 PLDG	"	1 Sep 44	"	42/44
	X-6	4 P.L.D.G.	TOS FROM 4 Cdn PLD G BN.				
			(WOUNDED BELIEVED KILLED)		2 SEP 44	PTE	X 12/44
			Embarked 26 Oct 43 and SOS Cdn. Army (UK) on that date TOS Cdn. Army (CMF) 27 Oct 44 Disembarked 10 Nov 43. (C.M.F.)		10 Nov 43	Pte	X-7/45
	X-6	4 PLDG	SOS Cancel (Killed)	Fd	2 Sep 44	Pte	7/may 45

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps: 4 Recce (4 PLDG) Regimental Number: D131632

Substantive Rank: TPR Surname: CHAMPAGNE Christian Names: B. H.

Acting Temporary or Local Rank: .....

(To be entered in pencil to facilitate alteration)

(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 shown
275/16	CAC "A"	X-3	Admitted to 9 CFA	Field	29 May 44	TPR	56/44
"	"	"	" " 3 CGH	"	30 May 44	"	"
"	"	"	" " 1 CFDS	"	30 May 44	"	"
"	"	"	" " 3 CFDS	"	30 May 44	"	56/44
282/9	"	"	Adm to Cdn VDTC	"	21 May 44	Tpr	59/44
282/9	"	"	Disch from Cdn VDTC	"	6 Jun 44	Tpr	59/44

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 ..... CHAMPAGNE, Budd Henry.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-131632. TPR.

(3) Unit C.A.C.. CA.

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife ..... Mrs. Berthe CHAMPAGNE, (DURAND).

(*b*) Present postal address of wife ..... 4989-6th. Avenue Rosemont, Que. Canada.

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

(7) Are you a widower? no

(8) Have you any children? YES. Number of boys ..... Girls 1

Names and ages Miss. Aline CHAMPAGNE, 1yr. Old.

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

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. William Joseph CHAMPAGNE,(FOREMAN).
3508-Fullum St. Montreal Que.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. Mary CHAMPAGNE (BURNS).
3508-Fullum St. Montreal Que.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

nil

(18) Are you insured? no

If so, in what Company?

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? nil
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.

R B H. Champagne
(Signature of officer or man)

Date 22nd. March, 1943.

P Weisenberger Lieut
Officer Commanding

Date 22nd. March, 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.)

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

DEPARTMENT OF NATIONAL DEFENCE (Army)

IQ CARD COMPLETE

C.A.C. (O) — Arm or Corps

AUTOMOTIVE GR. — Trade (if Tradesman or Trade Trainee)

NON-TRADESMAN — Work in Arm (if Non-Tradesman)

Personnel Selection Record

I. A-131632 | Pte. | CHAMPAGNE, Henry | A | 30 | Med. Cat.
Regt. No. | Rank | Name (surname first) | A or R | Age

English. | French. | Montreal South, Que. | 22-3-43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D. 4 (Place Tested) | 19-3-43 (Date Tested) | L.Breton, Capt. (By Whom)

96 (Total) | V (Group) | Subtests 1 14 | 2 11 | 3 3 | 4 12 | 5 15 | 6 9 | 7 14 | 8 18 | Subtotals 1–3 28 | 4–5 27 | 6–8 41 | English (English or French)

Other Tests

III. Educational Background

Born in Montreal, attended English school from ages 6 to 14. Grade 8 completed. Speaks French fluently. Attended school 6 months in California in 1927 and completed only part of grade 9.

IV. Occupational Background

M.B

18 months - Stock Broker's office - marking board and office boy.
18 months - Electrical helper - T.Eaton, Co.
11 years - Ice manufacturing Co. Ltd. - chauffeur on truck - no accident Held licence. Can do minor repairs.
3½ months - C.P.R. - Brakeman.

V. Military Background

Received letter and enlisted active 4-D.D. 22-3-43.
T.O.S. on ... 22/3/43

VI. Other Personal History and Appraisal

Married - 2½ years - 1 daughter - wife house keeping. Family of comfortable circumstances and happy in childhood. Has brother in R.C.A.F. in England. Stocky built. (5' 7" - 157 lbs) Healthy and robust in appearance. Says he is never sick. Well developped. Has done baseball in the past. Quiet normal habits. Does not drink. Home loving. Average learning ability. Could be used as driver I.C. - non-Tradesman.

VII. Recommendations

D+M
Emg
3-4-43

C.A.C. (O) AUTOMOTIVE GR. NON-TRADESMAN

(Signed) R.E. LeBrun, Lieut.
Army Examiner

MB. R.E. LEBRUN, Lieut.

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-131632 - Pte. CHAMPAGNE, H.-first interviewed at M.D. 4 on 23 Mar 43:.
"M" Test:-96-14/11/3/12/15/9/14/18.

Has done satixfactorily at Basic Training Centre. Conduct is good.
Understands allocation and there is no need for change.

CAC (OTHER) (B) - Automotive Group, Non Tradesman.

C.A.(B).T.C. 48
St. Johns, Que.

28 Apr 43

W.A. Wilkinson
(W.A. Wilkinson) Capt.A.E.

Aug. 12th, 1943. C.A.C. T.E., Camp Borden, Ont.

Qualified Driver Class III, wheeled~~xandxtracked~~. Has passed T's.O.E.T. and G.M.T. Suitable for Driver i/c wheeled.

E M Greaves Capt
Capt. E. M. Greaves
Army Examiner

Suitable for Overseas Service
Debert N.S. 18 Aug 43 R. Reid (capt) A.E.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full CHAMPAGNE. Budd. Henry. (b) Reg'l. No. D-131632.
2. (a) Arm of service Army. (b) Unit C.A.C. CA. (c) Rank TPR.
3. (a) Date of birth 12Sept.1912 (b) Have you any dependents? YES. (c) Place of residence at time of enlistment Montreal Que.Canada.
4. (a) Place of enlistment Montreal South, Que.Canada. (b) Date of enlistment 22-3-43.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14yrs. old. (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7yrs. Pub.School. 1yr. High School.
7. If you attended a university, give name of university and standing or degree secured nil
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? nil (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French & English. (b) What languages do you read well? French & English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING. (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer CANADIAN PACIFIC RAILWAYS CO. Address MONTREAL QUE.CANADA.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RAILWAYS.
20. (a) Your specific occupation Break-man. (b) Number of years' experience at this occupation with any employer 3½months.
21. (a) Did your employer promise definitely to give you employment on discharge? yes. (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? YES.

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? nil (c) If so, in what kind of farming? nil
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? nil (c) In what provinces did you have experience? nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Back to same position at C.P.R.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form nil

DATE 22nd. March, 1943. 194.....

SIGNATURE B.H. Champagne

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 22 MAR 43 Place Enlisted MONTREAL S., P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
22 3/43 - 1 6/43	CAN.	INF.	#4 B.T.C.	PTE.	BASIC	
2 6/43 - 27 8/43	"	C.A.C.	1 C.A.C.A.T.R.	TPR.	D & M WHEELED + TRACKED	
28 8/43 - 1 9/43	S.O.S.	C.A.C.	TOS. C.A.O.	"	IN TRANSIT	
2 9/43 - 17 10/43	ENG.	C.A.C.	3 C.A.C.R.U.	"	BASIC RECAP. CAC TRNG.	
18 10/43 -	"	"	2 C BRD	"		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions — Major Offences — Minor Offences —

Civil Convictions — Fines — Hospitalization —

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
DVR. I/C III (W)		9 JUL 43	M.B.M. PT I

55 Type of Service Desired (1) Brakeman Rail (2) Transport Unit.

Remarks re Outstanding or Limiting Factors

Deportment	GOOD	Sensible type - higher ability than "M" tests suggests. Experienced brake man would like to get to railway unit. Ambitious, frank, healthy, well built type.
Disposition	FRANK	
Appearance (grooming)	GOOD	
Physical appearance	GOOD	
Map Reading		
Military Knowledge		
Mechanical Knowledge		

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

Reason for Joining Cdn. Army (if ascertainable) Called up.

48 Suggested Possibilities for Employment (1) Dvr. I.C. (W), C.A.C.

(2) Rly Trnspt. Unit. R.C.E.

Tests Indicated: 2nd Mental ____ Mech. Apt. ____ Clerical Apt. ____

Other Apt. ____ Pers. ____ Trade Test as ____

Interviewed by P. J. Sutcliffe Lieut. Date 29 SEP 43

Reviewed by ____ Date ____

AT 61 "B"

Soldiers Qualification Card

CONFIDENTIAL

CODED

D-131632 — Regt'l. Number | CHAMPAGNE — Last Name (Block letters) | BUDD — First Name | HENRY — Middle Names

Unit: #3 C.A.C.R.U. (R)

1 Corps: C.A.C.

2 Nationality: 08 CANADIAN | By Birth: ✓ | By Naturalization: | Country of Birth: CANADA

3 Father Racial Origin: ENGLISH / Mother: ENGLISH

4 Language spoken in home: French ✓ English ✓ Other: 5

5 Age: 31 12SEP12 | 6 Height: 5 ft. 7 in. | 7 Weight: 170 | 8 Silhouette: 1 2 3 4

Eyes: 1 | 9 Colour of: BLUE | 10 Acuity: LEFT 1 2 3 | 10 Glasses: 2 | 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 | 13 Speech Defects: —NIL— | 1

14 Handedness: R L A | 15 Med. Category: A

Cause:

Attitude to own health: NORMAL | To Medical attention:

Health History: GOOD T.B. MOTHER SEVERAL YEARS AGO

16 Education Level: Illiterate: El. ( ) Sec. 9 (15) (Grade completed)

Conduct during school life: FED UP WITH SCHOOL

17 University or Institution / 18 Professional —	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: ENGLISH FRENCH — 02

Written well: ENGLISH FRENCH — 11

24 Main occupation: Description: BRAKEMAN ON RAILROAD — 0904

Estimate of skill:

Duration (from—to): NOV '42 - MAR '43 (4 MOS.) | Weekly Wage: $70.00

Employer's Name and Address: CANADIAN PACIFIC RY. MONTREAL, P.Q.

50 "M" CANADA

Test	Score	S.M.	Test 9 Score
1	14		Sub-total 28
2	11		S.M.
3	3		
4	12		Sub-total 27
5	15		S.M.
6	9		Sub-total 41
7	14		S.M.
8	18		
Tot.	96	S.M.	Grade E

51 OTHER MENTAL — ENGLISH.

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: ICE SERVICE MAN — Estimate of skill:

4168 Duration (from—to): '33 - NOV '42 (9 YRS.) | Weekly Wage: $25.00

Employer's Name and Address: ICE MANUFACTURING CO. LTD. MONTREAL, P.Q.

26 Third Most Important Occupation: ELECTRICIAN'S HELPER — Estimate of skill:

2776 Duration (from—to): '31 - '33 (2 YRS.) | Weekly Wage: $28.00

Employer's Name and Address: T. EATON CO. LTD. MONTREAL, P.Q.

Trade Union or Professional Society: —

Vehicles: 27 2 Heavy Truck W | 28 1 Light Truck D | 29 2 Auto W | 30 Motorcycle —

31 Farm Tractor — | 32 Tracked Vehicle — | 33 Power Launch — | 34 Aeroplane —

35 Accident Prone: / TEAMSTER:- W

Farming Experience: Wide Limited None ✓

District Type

Job promised after discharge? YES By whom? Name: ART. 24

Job: BRAKEMAN Address:

Other provision for post-discharge occupation: NIL

Type of work desired: A.S. A/M

Occupational history: Ambitious ✓ Stable Accidental Erratic

36 / Marital Status: M ✓ S W D Sep.

Marital Problems

Age of wife: 32 | Wife's attitude to Service | Wife's Health

37 No. of Children: 2 | 38 No. of Dependents: 3

Relationship of Dependents: 1 BOY 1 GIRL WIFE

No. of Brothers: 2 | No. of Sisters: 2 (1 DECEASED) | Position in family: 4TH

Status of home in childhood: NORMAL

RELIGION:- PRES.

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) (2) (3)

3 Team Games and Position: (1) BASEBALL (1ST)

(2) (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

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, Budd Henry Champagne, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County ~~District~~ of
Province of Quebec, Broakman
(Civil Occupation)

Regimental No D131[illegible], Unit No 1 Can T R V, 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 Wife, Berthe Champagne. D/4989 6th Ave Rosemount Montreal all my property real and personal.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Berthe Champagne 4989 6th Ave. Rosemount montreal
(Name) (Address)
Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 10 day of August 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.

Budd H. Champagne
(Signature of soldier)

First witness sign here.

(5) Signature [illegible]
Civil Address 8 Colonial Estates Montreal
Civil Occupation Guard

Second witness sign here.

Signature [illegible]
Civil Address Riverfield Quebec
Civil Occupation Office Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D- 131632

Surname (Capitals) CHAMPAGNE

Christian Names in full BUD HENRY

ook M. 1 (Part I) Revised 1-10-42
43 (9189-90)
-39-1672

ERVICE BOOK

ilitia Book M. 1 (Part II)
or active service.)

(other than those on page 24
k M. 1, connected with the
form of Will) is to be made
of the Officer Commanding
ompany to which the man

entries will be initialled by

IS TO SOLDIER

nally responsible for the safe

y this book on your person
e service.

book whenever called upon to
itary authority, viz.: Officer,
Military Policeman.

make any entry in this book
rm of Will on page 24; see
23), and disobedience of this
rious offence.

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

to retain this book after dis-
services, but should you lose
annot be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-131632.

Surname (in capitals) CHAMPAGNE

Christian Names (in full) Budd Henry.

Date of Birth 12 Sept. 1912.

Place of Birth Canada

Citizenship Canada

Trade on Enlistment Chauffeur

Nationality of Father at Birth French Canadian

Nationality of Mother at Birth Canadian

Religion Presbyterian

Enlisted at Montreal South #4 DD

Date 22 Mar 43.

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

Signature of Soldier B H Champagne

Signature of Officer R B Halleran Lieut

Place #4 DD Montreal Date

(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)

NOW LIVING

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife	Mrs Bertha Champagne		4989 6th Avenue. Rosemont Montreal Quebec. Canada
	Children	Alvie Champagne		do
		Arthur "		do
2nd	Father	Mr. W. J. Champagne	D	3508 Fullum St. Montreal P.Q.
	Mother	Mrs. E. Champagne	D	do.
3rd	*Brothers and Sisters	Leslie Champagne		R.C.A.F. Overseas.
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
3-43	Gr.	W.P.	69	G. Weggett

(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:—*~~*

Qualified in addition as under:—

Dr. i/c Cl. III (W)

Date.....

Commanding.....

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

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Lyr. High School	Montreal, Que.	1926	G. Wegg Ewart

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
22.3.43	June 43	Basic Emg. - St. John's	
June 43	Sept 43	Adv. Emg. - Borden #3 CACRU	G. Wellwood
Sept 43			

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
		MFM 2		
JUN 3/43	A	M.F.M 2		
MAR 22/43				

13

(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	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
19-8-43	✓	✓	1F. PR	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1	22/3/43	S A Simon
2	23/4/43.	
3.	22/5/43	
Typhus 1cc	19.10.43	C Green
Typhus 0.5cc	1/12/43	H S Richard Capt
1cc (1cc COX)	9 Jan 44	[illegible]
T.T. + T.A.B.	4 Mar 44	[illegible]
Typhus 1cc	8-6-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
22/3/43.	S A Simon
4/44	[illegible]

(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
Fingerprinted in Canada		G.W.
Rifle No 52C-5124	10-9-43	B Kashby
"M" TEST (REV.) COMPLETE	[illegible]	[illegible]
"Q" CARD COMPLETE	29 SEP 43	
Gas Chamber	15 Oct 43	R.D. [illegible]
Thompson Sub. no 24675		
RIFLE No. 27435		

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.

To

No. Rank Name

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

at

Date

Signature of Officer.
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 Ottawa.

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted .....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give 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.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D.131632 Pte. CHAMPAGNE B. H. (Missing) .....

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

CHECKED BY ..... A.3151 Pte. Smith, J. J.
B.131628 Sgt. Smith, E.L. ..... DATE ..... 24 Jan 45 .....

	Personal Letters		
	Snapshots		
1	Postcard		
1	Note Book		
1	pr Spectacles, in case		
1	~~Lgh~~ Lighter		
1	Wallet		
1	Change Purse		
2	sets Shoulder Flashes (CAC)		
1	set Div Patches		
3	~~sets~~ Canada Patches		
3	USA Coins (55c)		
3	Eng. ~~2~~ (o.3.3)		
15	Italian Coins (5 lire 45 cent.)		
1	Souvenir Medal		

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

TRIPLICATE — with effects.

E Smith Sgt
.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: CHAMPAGNE, Budd H., No.: D-131632
Surname Christian Names

Tpr. C.A. O/S 1-9-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 174.78

Date: 24 July 45

Other Credits

Total 174.78

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Berthe Champagne, 4989 - 6th Avenue, Rosemont, Quebec. (Sole beneficiary under will)	174.78

P4. TO TREAS. 10-10-45, A.M.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	174.78

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

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Budd Henry (CHRISTIAN NAMES) CHAMPAGNE (SURNAME)

REGISTER NO. D-20480
FILE NO. 405-C-25519
DATE 9-3-46
SERVICE NO. D-131632
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 1-9-44

PAYEE Mde. Bertha CHAMPAGNE,
ADDRESS 4989 - 6th Ave., Rosemount, Montreal, P.Q.
DATE OF TERMINATION OF OVERSEAS SERVICE 1-9-44

	$	¢
A. TOTAL QUALIFYING SERVICE 510 NO. OF DAYS 523/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50	
B. QUALIFYING OVERSEAS SERVICE No. of Days 364 LESS 13 INELIGIBLE DAYS, EQUAL TO 351 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	87.75	
	215.25	
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 $63.12 $ 2.10		
TOTAL $ 4.85 X7 = $ 33.95		
NO. OF DAYS 364/183 X$ 33.95	67.53	
D. WAR SERVICE GRATUITY	282.78	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	282.78	

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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
[redacted]	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible] Birmingham	13/3/46

[illegible]
SERVICE REPRESENTATIVE

FORM No. 1

Register No. C.D. 1648 Nominal Roll No. D-883

To: P.M.G. H.Q. File No. 405-C-22519

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D131632	Pte	CHAMPAGNE	BUDD HENRY

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. 22 Mar 43	T.O.S.	T.O.S.
S.O.S. ✓ 1 Sep 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 530	Total Days	Total Days

Total Service 530 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	159	Nil	159
Overseas Service	371	7	364
Totals	530	7	523
Add Non-qualifying Service			7
Total Service			530

EMBARKATION DETAILS: T.O.S. 28 Aug 43

1. Date S.O.S. Overseas 1 Sep 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 1 Sep 44

Computer's Signature Peter Monk (Cpl)

Checker's Signature Donald Sgt

Date Computed 14 June 45

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

for J L Rouillard Lt

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

Overseas: T.O.S. 28 Aug 43 T.O.S. T.O.S.

S.O.S. 1 Sep 44 S.O.S. S.O.S.

Forfeits for	From	To	Effective Date	Days	Total
AA40			8 Feb 44		7

Total 7

MFM 510
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D131632 Rank and Name CHAMPAGNE. B.H. Tpr.

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

(Transfer or Discharge).....to.....on 1st September 1944.

Reason Death Authority : C.C.L."A" 564 d/12th April.45.

The following is a statement of the account of the above-named from 1st Sept. to 30th Sept. 1944. the inclusive date of transfer or discharge.

Dr				Cr		
Particulars	Amount			Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	150	17
First Monthly Payment				Regimental Pay 30 days at $ 1.50	45	00
Casual Payments				Technical Pay .....days at .....$		
Payments on Transfer or Discharge				Additional Pay (Give particulars) ..... days at .....$		
Assigned Pay	23	00				
Regimental Charges				Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars) :						
				Cash Effects SOCR 24944	2	61
To Balance Cr Free	174	78				
To Balance Cr Deferred				By Balance Dr		
Total	197	78		Total	197	78

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

Remarks :

Assnd Pay $23.00 (W) Stopped eff October 1944.

Assnd Pay $8.40 (6th V.L.) Cancelled eff May .1944.

ESTATES BRANCH JUN 12 1945 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by A. Bell.

Checked by L Broughton

Date 25th May .1945. 19.....

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW

le 18 avril 1945.

Chère madame,

C'est avec un profond regret que j'ai appris le décès de votre mari, le cavalier Budd Henry CHAMPAGNE, matricule D-131632, qui a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 1er septembre 1944.

D'après les renseignements officiels que nous avons reçus, votre mari a été tuéau combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

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

Nous rendons hommage au cavalier Champagne pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

(A.E. Walford)
major général.

Mme Berthe Champagne,
4989, 6ème avenue,
Rosemont, Qué.

mem-x-Wife
mother

20 - H - 45

21

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-131632 RANK Trooper SERVICE UNIT 4th Reconnaissance Regiment C.A.C. (CA)

NAME CHAMPAGNE, Budd Henry

DATE OF BIRTH DAY 12th MONTH September YEAR 1912 Date Enlisted: 22-3-43

MARITAL STATUS Married Religion: Presbyterian

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

ADDRESS 4989 - 6th Avenue, Rosemount, Quebec.

NAME ADDRESS D.A.B. Mrs. Berthe Champagne,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 7960A H.Q.405-C- 25,519

CASUALTY DETAILS Previously reported missing and wounded believed killed, now officially reported killed in action.

DATE 1-9-44

F.T.

MEDITERRANEAN

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

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

O/S with #3 CACRU S/L3073

DATE 13-4-45

OFFICER I/C RECORDS

Cl. 5

COPY FOR C.R. FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

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: CHAMPAGNE, (Block letters)

Given names: Budd Henry,

Do not write in this space

4. RESIDENCE

Street: 6th Avenue, No.: 4989

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.			Married.

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: September (Month) 12th (Day) 1912. (Year)

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

OCCUPATION

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

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	CHAMPAGNE, William J.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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: September (Month) 1st (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)

OVERSEAS CANADIAN ARMY

MAY 25 1945

Director of Records, Dept. of National Defence.

Mrs. Berthe Champagne,
4989 - 6th Ave.,
Rosemount, Que.

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-C-25,519 FD 329

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 27 1945

ESTATES BRANCH
MAY 25 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

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

CHAMPAGNE Budd Henry, Tpr.

D-131632 C.A.

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.

EDM/BJH

E. D. Smith Col.

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 ever 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	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.....		Berthe Lemaire	33	4989-6th Ave Rosemont, Montreal.
2	Children of the Deceased and dates of their Births.....		Alice Champagne	3	" " "
			André Champagne	2	" " "
3	Father of the Deceased.....		Wm. J. Champagne	62	3508 Fredéric Montreal
4	Mother of the Deceased.....		Mrs Helen Champagne	60	deceased 20 Sept 1944
5	Brothers of the Deceased	Full Blood	Leslie Champagne	30	R.C.A.F. in England. c/o 3508 Fredéric.
			Kennie " "	37	Blind Deceased 5555
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	Mrs Thelma Ratovick 11 Underwood St Newyork. New Jersey. U.S.A.	39	
		Half Blood	nil		
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
			nil		nil

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Budd Henrie Champagne
9	Date of his birth.	1912 – Sept 12
10	Place and date of his marriage.	St. Philomene church Rosemont
11	Place and date of his parents' marriage.	Glen-Contry-ap.-Argenteuil Co.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	City of. Montreal Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Gatineau County C.P.R. (b) (c) (d)
14	Nature of employment before enlistment.	Brakeman from C.P.R.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal City Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
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?	no
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?	no — He was supposed to have a bank account in Italy.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50. is supposed to have been subscribed by deceased through army (6th Loan)
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no

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.	no
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.	no

(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

*Widow 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.

Mde Berthe Champagne {Signature of Informant}

4989 6e. Rosemont. Address

CERTIFICATE

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

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

Dated at Montreal this 9th day of May 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Qualification Commissionner of the Superior Court District of Montreal

Address 2937 Grasson St. Rosemont Montreal

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