D138547
ALBERT
JOSEPH JEAN

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MFM 510
40/P[illegible] S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D.138547 Rank and Name ALBERT. J.J.J. Pte.

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

(Transfer or Discharge).....to.....on 2nd September 19 44.

Reason Death Authority: C.C.L."A" 488 d/10th Sept.44.

The following is a statement of the account of the above-named from 1st.Sept. to 30th.Sept. 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	85	56
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	20	00		Allowances (Give particulars) .....days at .....$		
Regimental Charges						
Public Stoppages (Give particulars):						
To Balance Cr Free	110	56				
To Balance Cr Deferred				By Balance Dr		
Total	130	56		Total	130	56

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

Remarks:

Asmd Pay $20.00 (M) Stopped eff Oct.44.

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

Compiled by L.G.Waldron.

Checked by K.H.Vincent

Date 14th.March. 1945.

MW

Certified correct.....
for Chief Treasury Officer, Overseas

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

~~Wells/239~~ 6787

2
ARMY

DECEASED MEMBER'S NAME: Joseph Jean Julien (CHRISTIAN NAMES) ALBERT (SURNAME)

REGISTER NO. D-3553
FILE NO. 405-A-9337
DATE 20-8-45
SERVICE NO. D-138547
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 2-9-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 2-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 605/30 EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 443 LESS 5 INELIGIBLE DAYS, EQUAL TO 438 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	109.50
	259.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ $	
TOTAL $ 2.75 X7 = $ 19.25	
NO. OF DAYS 443/183 X$ 19.25	46.60
D. WAR SERVICE GRATUITY	306.10
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	306.10

Wells/239

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	[signature]

TREASURY	
CHECKED BY	DATE
J. A. Latimer	24/8/45

[signature]
SERVICE REPRESENTATIVE

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Alex Albert,
Caraquet, Glou. Co. N.B.

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-A-9337 FD 169

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 2 1944

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

ALBERT, Joseph Jean Julien, Pte.

D.138547 Canadian Army.

ESTATES BRANCH
DEC 22 1944
H.Q.
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.

/JL

C A Stevenson Capt
for Director of Estates.

M.F.W. 77
6-44 (4878)
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		Not married.		
2	Children of the Deceased and dates of their Births		Nil		
3	Father of the Deceased		Alex J. Albert	54	Caraquet. N.B.
4	Mother of the Deceased		Mrs Amanda Albert	50	Caraquet. N.B.
5	Brothers of the Deceased	Full Blood	Gabriel Albert	26	Caraquet N.B.
			Sgt R-113663, Albert. J. M	25	R.C.A.F. England.
			Valmond. Albert	19	Caraquet. N.B.
			Adrien Albert	18	Caraquet. N.B.
			Ernest Albert	16	Caraquet. N.B.
			Jean Raymond Albert	10	Caraquet N.B.
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Pauline Albert	28	Ottawa.
			Georgette Albert	23	Bathurst N.B.
			Gilberte Albert	17	St Joseph. Convent. N.B.
			Therese Albert	14	Caraquet N.B.
		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.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Jean, Julien Albert.
9	Date of his birth.	March 5th, 1922
10	Place and date of his marriage.	not married.
11	Place and date of his parents' marriage.	Nov 9th 1915, at Caraquet N.B.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Caraquet, N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) Gloucester, Resided all (c) his lifetime until enlistment. (d)
14	Nature of employment before enlistment.	Labor.
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.	Caraquet. N.B.

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?	not married.
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.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$100.00. Payable to Mrs. Amanda Albert, Caraquet N.B.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Life insurance, L'Assomption, Moncton N.B. $500. to father Alex J. Albert. Not sure to receive it due to war.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

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.	nil. nil.
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

*Father 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.

Alex. J. Albert — Signature of Informant

Caraquet. N. B. — Address

CERTIFICATE

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

*See above.

Alex J. Albert — {Name of informant} is the* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Caraquet this 3rd day of December 19 14

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

Fred LeFrancois J.P. — Qualification Justice of the Peace

Address Caraquet N.B.

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

Deceased had taken a life insurance, signed to his father Alex J. Albert about two months after the beginning of the war, with the L'Assomption Co. Moncton. N.B. It is questionable if they are going to pay this insurance due to the fact the deceased has died at the war and not from natural death.

Director of Estates

Regimental No. D-138547 Rank Private

ALBERT (Surname) Joseph Jean Julien (Christian Names)

Unit The Royal 22nd Regiment (CA)

Date of Death 2-9-44 Place of Death Overseas(Mediterranean)

Next-of-kin Mr. Alex Albert Relationship Father

Address Caraquet, Glou.Co., N.B.

M.F.M. 5 Copy herewith

Will Will d/7-1-43 herewith.

Date 25-10-44

ESTATES BRANCH OCT 27 1944 E.E. O. OTTAWA NATIONAL DEFENCE

HMG/EML

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

COPY

M.F.M. 5
300M—1-43 (7930)
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 the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank ALBERT Joseph Jean Julien
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-138547 Pte.

(3) Unit 4 DD Inf. Ca (R)

(4) Are you married? NO (5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

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

Names and ages

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

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

Name

Postal Address

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

If so, state her full name and postal address

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation Mr. Alexandre Albert Caraquet, Nouveau-Brunswick, Canada. Farmer

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

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

(14) Is your mother alive? YES If so, state name and address Mrs. Amanda Albert (Pailin) Caraquet, Nouveau-Brunswick, Canada.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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?.....

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

Full Name.....

Postal Address.....

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

(18) Are you insured? YES If so, in what company? L'Assomption Ins. Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
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.

Date 7 Jan. 1943 (Sgd.) Julien Albert
(Signature of officer or man)

(Sgd.) R.O. Grothi, Capt.

Date 7 Jan. 1943 Officer Commanding No. 4 Dist. 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.)

H.Q. 405-A-9337 D.R. 2(D)

5th October, 1945.

Mr. Alex Albert,
Box 27, Caraquet,
Gloucester Co., N.B.

Dear Sir:

Information has just been received from overseas that the remains of your son, D138547 Private Joseph Jean Julien Albert, have now been carefully exhumed from the original place of interment and reverently reburied in grave 37, row H, plot 1, of Gradara British Empire Cemetery, Gradara, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EFH

28

File No 405-A-9337

R E B U R I A L

NO D.138547

RANK Private

NAME ALBERT, J.J.J.

NAME OF CEMETERY G D Dragara British Empire Cemetery

LOCATION OF CEMETERY G D Dragara, Italy

GRAVE LOCATION Plot 1, Row H, Grave 37

AUTHORITY 54-27-88-2 Vol. 16.
Reburial list.

27

FORM NO. 1

32

Register No.....

Nominal Roll No.....

H.Q. File No. 405-A-9337

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D138547.	PTE.	ALBERT.	JOSEPH. JEAN. JULIEN

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in Action ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Jan 43.	T.O.S.	T.O.S.
S.O.S. 2 Sept 44 MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 605	Total Days	Total Days

Total Service ..... 605 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	162.	Nil	162
Overseas Service	443.	Nil	443
Totals	605	Nil	605
Add Non-qualifying Service			Nil
Total Service			605

EMBARKATION DETAILS: TOS. O/S. 18 June 43.

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

REMARKS:

Computer's Signature D W Mee Sgt

Checker's Signature [illegible]

Date Computed 31 July 45.

KILLED IN ACTION 2 Sept 44.

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

24

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
					/
					No effect

2nd October, 1944

Mr. Alex Albert,
Caraquet,
Gloucester County, N.B.

Dear Mr. Albert:

It was with deep regret that I learned of the death of your son, D138547 Private Joseph Jean Julien Albert, who gave his life in the Service of his Country in the Mediterranean Theatre of War, on the 2nd day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 28 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

HFL

4

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-138547 RANK Private SERVICE UNIT The Royal 22nd Regiment (CA)

NAME ALBERT, Joseph Jean Julien

DATE OF BIRTH 5th March, 1922 DATE OF ENLISTMENT 7-1-43

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS Caraquet, Glou. Co., N.B.

NAME ADDRESS D.A.B. Mr. Alex Albert,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 482 A H.Q. 405-A-9337

CASUALTY DETAILS Killed in action DATE 2-9-44

MEDITERRANEAN THEATRE OF WAR

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

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

DATE 14-9-44

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

MM

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

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

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
150M—5-44 (4470)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. D-138547 Rank Private DECEASED

Surname ALBERT

Christian names Joseph Jean Julien

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Royal 22e Regt. Date of Enlistment (CA) 1 Jan 43

Date of Discharge 2 Sept 44 Total Service (CA) ..... yrs. ..... days

Place of Discharge Overseas Military District No. .....

1. **DESCRIPTION AT DATE OF DISCHARGE**

Age 20 years ..... months

Height 5 feet 6¼ inches

Complexion Medium

Eyes Brownn

Hair Brown

Descriptive marks:

1 Vacc. left arm Scars on face.

C.A.A.

Intended place of residence .....
(Street and Number)

.....
(P.O., City or Town, etc.) (Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of "DECEASED" DECEASED

Authority for discharge .....

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

REBURIAL

Gradara British Empire Cemetery,
Gradara, Italy.

Plot 1, Row H, Grave 37.

HI & CR Form Despd. OCT 4 1946

Photographs
Despatched
MAY 12 1947

BURIAL REPORT TO N.K. OCT 5 1945

RETURN TO BUR. OF STAT. FEB 23 1945

ROYAL MESSAGE DESP'D. OCT 19 1944

CAN. MESSAGE DESP'D. OCT 3 1944

No D.138547 Rank Private Name ALBERT, Joseph Jean Julien

Unit Royal 22e Regt. Date of death 2nd September, 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 405-A-9337

N/K Mr. Alex Albert, Relationship Father
Box 27

Address Caraquet, Glou. Co., N.B.

Remains buried in Cemetery

MR.029842 sheet 109/1 1/25000 Italy

Grave location

CHK

OVER

Soldiers Qualification Card

CONFIDENTIAL

CODED

D138547 — Regimental Number
ALBERT — Last Name (Block letters)
JOSEPH — First Name
JEAN JULIEN — Middle Names

Unit: Head & C.I.R.U.

2 Nationality: Canadian — By Birth: C — By Naturalization: — Country of Birth: Canada

3 Father Racial Origin: French Canadian — Mother: do.

4 Language spoken in home: French C — English — Other

5 Age: 21 3/12 — 6 Height: 5 ft. 6 in. — 7 Weight: 125 — 8 Silhouette: 1 2 3 4

9 Colour of Eyes: Brown — 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

Cause

Attitude to own health: Normal — To Medical attention

Health History

16 Education Level: Illiterate — El. 6 (15) — Sec. ( ) — 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) — At — From—To — Completed ?
21 2. (Course) — At — From—To — Completed ?
22 3. (Course) — At — From—To — Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently: French — Written well: do.

24 Main occupation: Description: General work in Steel Construction — Estimate of skill — Duration (from—to): 1942 - 1943 — Weekly Wage: $40.00 — Employer's Name and Address: Fraser - Brace Construction, Shawinigan Falls, Que.

50 "M" Test: Cdn. — Score: K — S.M. — Test 9 Score

	Test	Score	S.M.
1		11	
2		14	
3		4	
	Sub-total	29	S.M.
4		22	
5		15	
	Sub-total	37	S.M.
6		7	
7		3	
8		18	
	Sub-total	28	S.M.
Tot.		~~55~~ 94	Grade D

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-LIST

25 Second Most Important Occupation: Description: Lumber Jack — Estimate of skill — Duration (from—to): 1941 to 1942 — Weekly Wage: $19.00 — Employer's Name and Address: International Co. Edmundston

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 D — 29 Auto D — 30 Motorcycle

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

35 Accident Prone: No. — Teamster

Farming Experience: Wide ✓ — Limited — None

District: Gloucester N.B. — Type: Mixed

Job promised after discharge ? No — By whom? Name

Job — Address:

Other provision for post-discharge occupation: None

Type of work desired —

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: 0

Relationship of Dependents

No. of Brothers: 6 — No. of Sisters: 4 — Position in family: 5

Status of home in childhood

Religious Denomination: R.C.

39 Hobbies: Photography — M — S — Radio — Engines — Mechanics — Other

40 Sports: (1) Hunting — (2) Fishing — (3) Swimming — 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

43 CURRENT SERVICE: Date Enlisted 7-1-43 Place Enlisted MONTREAL.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
7-1-43	CANADA	GL	BTC. 45	Pte.	BASIC.	
1-5-43	"	"	NITC - D12	"	ADV. TRNG. A. 1/1	
14-6-43	GB	"	6.C.I.R.U	"	GEN-TRNG. C	
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
6 Pdr GUN. COURSE.	NITC - D12.	23-5-43	F.	937

46 Crime: Courts Martial Convictions — Major Offences 1/1 pay. Minor Offences —

0 Civil Convictions — Fines — Hospitalization —

49 Psychiatric ☐ ☐ ☐ ☐ ☐

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

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) Infantry. 123 (2)

Remarks re Outstanding or Limiting Factors

This man is shy, timid, but is very willing He likes the army. Would like to be a driver.

Deportment	FAIR.
Disposition	EARNEST.
Appearance (grooming)	NEAT.
Physical appearance	SMALL
Map Reading	SAT.
Military Knowledge	SAT.
Mechanical Knowledge	DEF.

Reason for Joining Cdn. Army Called Up.

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

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

48 Suggested Possibilities (1) Infantry Reinf.

for employment (2)

Interviewed by C.A. Lejeune Lieut. Date 30-6-43

Reviewed by — Date —

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1) REGN. NO 1187

(1) MEDALS

PERSON ENTITLED TO Alexander ALBERT (FATHER)

ADDRESS: CARAQUET,
GloucesterCo., N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Amanda Albert (ENGLISH)

1750
ADDRESS: Caraquet, Nouveau-Brunswick,Can., (MFM5.)

(3) DESP. DEC 22 1914
REGN No. 9944

2-9-44

AWARDS—CANADIAN ARMY (ACTIVE) 1750 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
ALBERT, Joseph Jean Julien	D.138547	Pte.	Roy.22nd Regt.

FILE NO. 405-A-9337

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal CVSM & Clasp	10 30-9-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

...IAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-138547 RANK Private SERVICE UNIT The Royal 22nd Regiment (CA)

NAME ALBERT, Joseph Jean Julien

DATE OF BIRTH 5th March, 1922 DATE OF ENLISTMENT 7-1-43

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS Caraquet, Glou. Co., N.B.

NAME ADDRESS D.A.B. Mr. Alex Albert,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 482 A H.Q. 405-A-9337

CASUALTY DETAILS Killed in action DATE 2-9-44

MEDITERRANEAN THEATRE OF WAR

...T WILL ATTACHED TO ...FICATION TO A. OF E.? YES/NO

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

DATE 14-9-44

...D. CAS. 6 ...4184) ...9-1989-1990

MM

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

(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
		6 C I R U	S.O.S. Cdn. Army Cas. on embark.	U.K.	17 Jun 43		
		"	T.O.S. " " Overseas	"	18 " "		
		"	Disembarked in U.K.	"	24 " "		
		"	Reptd for duty to 6 C I R U	"	24 Jun 43	Pte	125 - 26 Jun 43
S.O.S.		"	S.O.S. to Fus. M.R. (Draft Dem. 2356 d/ 4 Jul 43)	"	8 Jul 43	"	134 - 8 Jul 43
T.O.S.	✓	F.M.R.	TOS from 6 CIRU Demand No 2356	Field	9 Jul 43	Pte	39 Jul 43
			Granted Daily Rates of Pay of $ 4.40 per diem	✓	4 May 43	PTE	41 JUL 43
			Granted Daily Rates of Pay of $ 1.50 per diem	✓	1 Jul 43	✓	41 JUL 43
	S.O.S.	✓	S.O.S. to 6 C I R U. Auth: EAS/2811 dt/ 30 Oct 43	✓	1 Nov 43	Pte.	57 d/ 5 Nov 43
		6 C I R U	T.O.S. fr. Fus. M.R.	U.K.	2 Nov 43	"	237 - 4 Nov 43
		"	Dual. "C" Local D. of M. Case 15 Nov - 5 Dec 43	"	5 Dec 43	"	6/44
		"	Prov. on ~~Do/c Case att/a/p to Establ. Qualifying Leave~~ CMH Case No 626 (D. of M. Dual)	"	13 Jan 44	"	11/44
Amd B/O DO 12/44		"	att/a/p to R.A.O.C.				
		"	Dual. Div/c Medical D. of M. Case Jan 13 - 31 Dec 43	"	31 Dec 43	"	28/44
		"	Off. Case fr. C.M.H.Q. Case 626 & cease att a/p to R.A.O.C.	"	15 Feb 44	"	46/44
		6 CIRU	SOS to Exercise "DARK" (Auth: 289/9	U.K.	25 Mar 44	Pte	73/44
			SOS on UK ON EMBARKATION ON 26 Mar 44 CMF 27 Jan 44 TOS on ON AND DISEMBARKED ON 9 Apr 44				
		R 22 R	x 4 (4 Rs) TOS 1 Bn on Duties	M.	9 Apr 44	Pte	x 30/44.
2 May 44	CR 15	x 4 (4 Rs)	Posted to 4 Bn	M.	22 May 44	Pte	x 49/44.
22 May 44	CR 17		SOS to Rear		22 May 44		x 51/44
22 May 44	3011 A	R 22 R	T.O.S. from X-4 R 22 R (4 Rs)	Fld	23 Oct 44		22/44
AFW 3011 Sec	359 P 43	8 Sept 44	SOS - Killed in action	✓	2 Sept 44	✓	50/44.

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 INF (R) CA. G.S. Regimental Number D-138547

		(17) Regiment or Corps	Unit (Battn., etc.)
1.	Surname ALBERT		
2.	Christian Names JOSEPH JEAN JULIEN	~~Fus M.R.~~	
3.	*Substantive Rank and Appointment		
	*Acting Temporary or Local Rank Pte		
	giving date 7 jan 43		
	*To be entered in pencil to facilitate alteration.		
4.	Place of birth CARAQUET N.B. CAN.	(18) Medical	
5.	Date of birth as declared on attestation 5 mar 1922		
	(A)	Category "A" 5 / Date jan 43 / Authority MFM 2.	
6.	Date of enlistment 7 jan 43.		
7.	Place of enlistment MTL STH QUE CAN.		
8.	Residence at time of enlistment 1346 RUE ST-ANTOINE MONTREAL 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	(19) Next of kin (entries to be made in pencil)	
13.	Trade on enlistment JOURNALIER.	M. Alexandre Albert (père)	
14.	Corps, trade and grade [redacted]	Caraquet, N.B. Can.	
15.	(D) Qualifications		
16.	(E) Miscellaneous entries Dvr Vc included	(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.

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

ORIGINAL
DUPLICATA
TRIPLICATA

OCCUPATIONAL HISTORY FORM COMPLETED

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

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

Unité INF(R) CA. N° matricule D-138547

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGER-PRINTED

1. Nom ALBERT
2. Prénoms JOSEPH JEAN JULIEN
3. Adresse actuelle 1346 Rue St. Antoine, Montreal, Que., Canada.
4. Date de naissance 5 Mars 1922
5. Lieu de naissance Canada (Pays) N.B. (Comté ou province) Caraquet (Ville ou canton)
6. Citoyenneté Canada (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession) Catholique Romain
8. Métier ou profession Journalier
9. Marié, veuf ou célibataire Celibataire
10. Nom du plus proche parent M. Alexandre Albert
11. Degré de parenté Pere Canada.
12. Adresse du plus proche parent Caraquet, N.B. Canada
13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? Non
    (Si oui, spécifiez l'unité et les dates de service)
14. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (b) Quelque autre armée de mer, de terre ou de l'air? Non (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
15. Avez-vous servi pendant la Grande Guerre de 1914–1918? Non
    (Si ou, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Joseph Jean Julien ALBERT, 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 7 JANVIER 1943 Julien Albert
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Joseph Jean ~~XXXX~~Julien ALBERT, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin ..... Julien Albert
(Nom) (Grade) (Signature de la recrue)

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

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

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

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

à MONTREAL SUD ce 7 ième jour de JANVIER 19 43

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

NO. 4-DISTRICT DEPOT A.F.

.....
(Titre ou grade et unité ou emploi)

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

5600 -

État de service de ALBERT (Nom) JOSEPH JEAN JULIEN (Prénoms) N° matricule D-138547

APTITUDES		DEGRÉ D'INSTRUCTION	
Militaires	NIL	École secondaire ou Académie	NIL (années achevées)
Professionnelles ou commerciales	NIL	Diplôme ou Immatriculation	NIL (Spécifier)
Civiles ou de métier	JOURNALIER	*Collège	NIL
Techniques	NIL	*Université	NIL - 6 ANS EC. PUB.
Langues	FRANCAIS		

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

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

État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la prise à l'effectif d'une force constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation: N° de la décision, Partie II, Liste des morts et blessés, etc.	Autorisation: Daté le
Affecté lors de son enrôlement 7-1-43 DRO TOS NO. 4 DISTRICT DEPOT CA.	PTE	7-1-43	4 DD	MTL STH	4 DD PTII 5	7-1-43
17 Jan 43 4 DD SOS on trans. to CA(B)TC #47 Valleyfield Que	Pte	20 Jan 43	"	" "	" " #16	20 Jan43
21-1-43 TC.47 TOS and Att for all purposes to TC.47 Valleyfield on trans from DD4 AuthM.S2-44-2 MS.2-80	" "	21-1-43	TC.47	Valleyf	PartII NO.14	21-1-43
31-3-43 " S.O.S. Tc 47 Valleyfield on transfer to C.I. T.C. A-12 Farnham Que.	"	31-3-43	"	"	Part II No. 67	31-3-43
T.O.S. on temp. attach. from B.T.C. ~~41 Huntington Que.~~ 47 Vallyfield Que.	Pte.	2-4-43	A-12	Farnham	A-12 PP II 76	2-4-43
Qualif. under R.O. 2772 and served 4 months and under 6months granted rates of pay of $1.40 pe diem under Art. 144 F.R.&.I.	"	7-5-43	"	"	A-117	21-5-43.
S.O.S. on proceeding to Serial No. 294E C.A.O.	Pte.	15-6-43	A-12	Farnham	A-138a	15-6-43.
Granted leave from 10-6-43 to 12-6-43 ration all .50 per diem.	Pte.	10-6-43	A-12	Farnham	A-135	11-6-43.

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

Recheck 10-6-43 Sg impulse Rt ing. ring no hernia.

CERTIFICAT DE VISITE MÉDICALE

Nom en entier ALBERT JOSEPH Jean Julien — Date de la visite Montreal. Jan 5th 1943

Lieu Montreal.

PARTIE 1. Renseignements obtenus de la recrue.

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

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

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

Julien Albert
(Signature de la recrue)

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

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

1. Marques particulières ou cicatrices 1 vacc left arm. Scars on face.
2. Taille 5 pieds 6¼ pouces — 3. Poids 121 livres
4. Teint Medium Yeux Brown Cheveux Brown
5. Développement Good. (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 33½ pouces. Degré d'expansion 2½ pouces
7. Vue, droite 20/20 gauche 20/20 — 8. Ouïe, droite CV20 gauche CV20
   Avec lunettes, droite gauche
9. État de la bouche et des dents Fair. Several Caries Reflexes normal
10. Pression artérielle:—S D (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée)
11. Analyse d'urine N.
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
    COLOR VISION ISHIHARA (C.N.) Ears nose & throat negative W.G.DalPe
    Soft inconsistent systolic murmur at apex. (Functional)
13. Radiographie de la poitrine N N° 164600 Prise au laboratoire de D.P. & N.H. MONTREAL.

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

H. AUBERT MAJOR grade (Président) — W. TREMBLAY LT COL grade (Membre) — J.M. ROUSSEL CAPT. grade (Membre)

Date Jan 5th 1943

Reched 10-6-43 Sy impulse Rating. No hernia.

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JAN 8 '43	TAB. T ICC Sheehan Capt		
JAN 8 '43	VACCINATION Sia		
FEB 5 1943	TABT. 1cc Ellcott		
19-2-43	1cc Gilmore capt		
10-6-43	Re-check Cat. A [illegible]		

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

N° matricule D-138547 Grade PTE Nom ALBERT Prénoms JOSEPH JEAN JULIEN

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. S'il s'agit d'accident, spécifiez s'il s'est produit au service et si une cour d'enquête a été tenue. Détails et dates au sujet des dentiers et des appareils chirurgicaux fournis.	Signature du médecin

M.F.M. 1 & 2A
40/P & S/119 (12/42)

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

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
M127		Killed.	Pte	2 Septem	R.22-R.	AA1	A-488.	10 Sept 44.
Ab. 30/5.		SOS Killed In Action	Pte	2 Sept 44	R22R	AA1	50	13 Sept 44

Statement of the Service of No. D-138547 Rank PRIVATE Sheet No. 1

Name Joseph Jean Julien Albert.

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
	S.O.S.	Can. Army Canada on embark.	Pte	17 Jun 43	6 C.I.R.U	U K	# 125	26 Jun 43
	T.O.S.	" " Overseas.	"	18 Jun 43	"	"	"	"
		Disembarked in U.K.	"	24 Jun 43	"	"	"	"
		Reported for duty at 6 C.I.R.U.	"	24 Jun 43	"	"	# 125	26 Jun 43
S.O.S.		S.O.S to Fus. M.R	Pte	8 July 43	6 C.I.R.U	U.K	134	8 July 43
	T.O.S	T.O.S from 6 C.I.R.U	Pte	9 July 43	L. & M.R	U.K	39	16 July 43
		Granted daily rate of pay $1.40	Pte	4 May 43	L. & M.R	U.K	41	28 July 43
		granted daily rate of pay $ 1.50	Pte	4 July 43	L. & M.R	U.K	41	28 July 43
SOS		SOS to 6 C.I.R.U	Pte	1 Nov 43	F.M.R	U.K	57	5 Nov 43
	TOS	TOS from F.M.R	Pte	2 Nov 43	6 C.I.R.U	U.K	237	4 Nov 43
C-80		Compl Local D & M. use. Qual "C"	Pte	15 Nov 43 5 Dec 43	6 C.I.R.U	U.K	6	7 Jan 44
M40		On C.M.H.Q use 626 D & M cat A(a) p/o R.A.O.C. Qualified D/R/C. wheeled	Pte	13 Jan 44	6 C.I.R.U	U.K	11	13 Jan 44
C19		Having completed local D & M. course	Pte	13/31 Dec 43	6 C.I.R.U	U.K	28	2 Feb 44
C80		Of C.M.H.Q. Ltr 626 D & M + cease att A(a) p/o R.A.O.C	Pte	15 Feb 44	6 C.I.R.U	U.K	40	16 Feb 44
		S.O.S. C.A. (U.K.) on embarkation 26 Mar 44						
		T.O.S. C.A. (M) 24 Mar 44	Pte		L. & M.R	A.A.I	30	10 Apr 44
		Disembarked a TOS x List (1 Bn) 9 Apr 44						
C19. SOS		SOS to Exercise "Dark"	Pte	25 Mar. 44	6 C.I.R.U	U.K	75	25 Mar. 44
	TOS	TOS found x 4 List	pte	23 May 44	L. & M.R	A.A.I	22	26 May 44

4 2

"Q" CARD COMPLETE

DEPARTMENT OF NATIONAL DEFENCE

(Army)

Q-42

INFANTRY (R)

Arm or Corps

Trade (if Tradesman or Trade Trainee)

DRIVER

Work in Arm (if Non-Tradesman)

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

M. Ray 22 E. Rgt

Personnel Selection Record

I. D-138547 Pte A L B E R T Joseph Jean Julien A 20 A

Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | | District Recruiting Centre | 8 Jan 43

Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D. 4 | 6 Jan 43 | L.Breton, Capt.

Place Tested | Date Tested | By Whom

Total	Group		1	2	3	4	5	6	7	8		1–3	4–5	6–8	
95	IV	Subtests	11	14	4	22	15	7	3	18	Subtotals	29	37	28	(F)

Other Tests

III. Educational Background

Grade 6 at 15 years old. Doubled 5th grade.
Left school to go to work.

IV. Occupational Background

Farmer 3 years.
Bushwork 1 year.

V. Military Background

None.

VI. Other Personal History and Appraisal

Sports: hockey, hunting,
Interest: likes to read, newspapers novels.

Single.
Good health. Never been sick.
Can drive trucks and cars. No licence.
Does minor repairs.
Intelligence and learning ability: Below average.
Shy, timid, willing, Wants to learn mechanic in the army.
Good stability. Fair Appearance.

VII. Recommendations

INFANTRY (R) DRIVER NON TRADESMAN.

(Signed) L.Breton Capt

L.Breton, Capt. Army Examiner

Y1 See reverse side for further information and follow-up

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

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 ALBERT
(Surname first—Christian names in full—Block capitals)
Joseph Jean Lucien

(2) Regimental or Official Number and Rank D-138547 Pte

(3) Unit 4DD Inf. Ca (R)

(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? Nil 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.Alexandre Albert,
Caraquet, Nouveau-Brunswick, Canada Farmer

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment Nil

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

(14) Is your mother alive? Yes

If so, state name and address Mrs Amanda Albert (Pailin)
Caraquet, Nouveau-Brunswick, Canada.

(15) If your mother is a widow, are you her sole or partial support? No

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? Nil
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes- L'ASSOMPTION INS. LIFE.

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

Have you made arrangements for payment of your Insurance Premium? No
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.

Julien Albert
(Signature of officer or man)

Date 7 Jan. 1943

R. A. Gauthier Capt.
Officer Commanding

Date 7 Jan. 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.)

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

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

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

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) Joseph Jean Julien ALBERT (b) N° matricule D-138547
2. (a) Arme Armee (b) Unité 4DD INF.(R) CA (c) Rang Pte
3. (a) Date de naissance 5 Mar 1922 (b) Avez-vous des personnes à votre charge? Non (c) Domicile au moment de l'enrôlement Montreal, Que.
4. (a) Lieu d'enrôlement Montreal Sud, Que. (b) Date d'enrôlement 7 Jan. 1943

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Non
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 6 ans Ec. publique.
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? Non (b) Si oui, dans quel métier? Nil (c) Avez-vous complété votre apprentissage? Nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? Nil
9. (a) Quelles langues parlez-vous couramment? Francais (b) Quelles langues lisez-vous facilement? Francais

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

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

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

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

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

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

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

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

18. Nom du patron FRASER BROS LTD. Adresse La Tuque, Que.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.)
20. (a) Genre précis de votre occupation Journalier (fer) (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 4 mois
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Non (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Non (c) Désirez-vous retourner à votre ancien emploi? Oui

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

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

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Oui (b) Vous croyez-vous apte à exploiter une ferme? Oui (c) Si oui, dans quel genre de culture? En general
25. (a) Êtes-vous né sur une ferme? Oui (b) Nombre d'années d'expérience effective dans la culture? 8 ans (c) Dans quelles provinces avez-vous acquis votre expérience? Nouveau-Brunswick

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Non
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) 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 mecanicien

DATE 7 Janvier 1943. SIGNATURE Julien Albert

ad this whole Form and Instructions
n other side before commencing to
complete.

WILL

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

(1) I, Joseph Jean Julien ALBERT (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Jacques-Cartier

Province of Quebec, Laborer (Civil Occupation)

Regimental No D-138547, Unit 4DD INF.(R) 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 "FATHER" Mr.Alexandre Albert,

Residing At;- Caraquet, Que. Canada.

J a

All my estate both 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

J a

(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 7 day of Jan.

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.

Julien Albert
(Signature of soldier)

First witness sign here.

(5) Signature A Masson
Civil Address 1586 Cartier Montreal
Civil Occupation Ass't Engr.

Second witness sign here.

Signature Cecile Bourgoyne
Civil Address 3694 Jacques Montreal
Civil Occupation accountant

(Witnesses are not to be beneficiaries.)

[OVER]

Z

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10 JAN 16 1946