D140008
CHANDONNE
FREDERIC

14-9-44

GEAG.

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-25947

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHANDONNET, Frederick	D-140008	Pte.	R1.22e R.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	Medals Ret'd. undelivered. Ret'd to stock. 8/4/50 CANCELLED 5-125 28/3/50 5066. 11/5/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Joseph CHANDONNET, (Father)

Shawinigan Falls, Sub 4, Que.

ADDRESS: ~~104 Bowie Ave., Toronto 10, Ont.~~

(2) MEMORIAL CROSS

WIDOW (single)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (deceased) (MFM5)

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 1371

(2)

(3)

Regimental No. -140008 Rank Pte Sheet No. 2

M.F.M. 1 & 2 (a)
-5-42 (4722)
4772-39-1646

Name CHANDONNET, F.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
S.O.S. TO SERIAL NO. 3850	Pte	21-9-43	A-12	Farnham	A-222	21-9-43
TOS NO. 1 TRANSIT CAMP		2.29.'43	#1 TRANSIT	WINDSOR N.S.	244	2.30.'43
~~SOS NO. 1 TRANSIT CAMP~~ Delete		~~2.30.'43~~	~~#1 TRANSIT~~	~~WINDSOR, N.S.~~	~~250~~	~~2.31.'43~~
SOS NO. 1 TRANSIT CAMP		4.11.'43	#1 TRANSIT	WINDSOR, N.S.	281	4.11.'43
T.O.S. TRG. BDE. GP.	Pte	NOV 5 1943	Trg Bde Gp	Debert N.S.	45	NOV 8 1943
INCR $1.50 PER DIEM	"	1-10-43	TRBDEGP	DEBERT	14	21.11.43
8/16 DAYS SP LEAVE & R A .50 PER DIEM	"		TR ED GP	DEBERT	30	7.12.43
SOS TO SERIAL 294E	"	14 DEC 1943	"	"	36	13.12.43
SOS Can Army (Can)	"	14Dec43	6CIRU	U.K.	279/43	
TOS " " (Overseas)	"	15	"	"	"	
Disembarked in U.K.	"	21	"	"	"	
Reported for duty at 6CIRU	"	22	"	"	"	
M40 Completed 3" Mortar Local cse & Qual "Q1"	Pte	5 Feb 44	6 C.I.R.U.	UK	35	10 Feb 44
~~SOS~~ ~~Sos to Exercise Webb~~	~~Pte~~	~~17 Feb 44~~	~~6CIRU~~	~~UK~~	~~41~~	~~17 Feb 44~~
~~TOS~~ S.O.S. C.A. (U.K.) on embarkation 6CIRU		17 Feb 44	xL R22R	NA	20	7 Mar 44
T.O.S. C.A. ( )	Pte	18 Feb 44				
Disembarked & TOS R22R xL		3 Mar 44				
SOS C14 TOS SOS TOS. From x List R22R (1 Bn)	Pte	8 Apr 44	R22R	AAI	16	14 Apr 44
M140 Killed	Pte	14 Sept 44	R22R,	AAI	A494	29 Sept 44
M166 Killed in action	Pte	14 Sept 44	R22R	AAI	52	23 Sept 44

Regimental No. D-140008 Rank Pte Sheet No. 2

M.F.M. 1 & 2 (a)
5-42 (4722)
1772-39-1646

Name CHANDONNET, F.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
S.O.S. TO SERIAL NO. 3850	Pte	21-9-43	A-12	Farnham	A-222	21-9-43
TOS NO. 1 TRANSIT CAMP		2.10.43	#1			4.10.43
~~SOS NO. 1 TRANSIT CAMP~~ Ditto		~~2.10.43~~	~~#1 TRANSIT~~	~~WINDSOR, N.S.~~	~~270~~	~~2.11.43~~
SOS NO. 1 TRANSIT CAMP		4.11.43	#1 TRANSIT	WINDSOR, N.S.	281	4.11.43
T. O. S. TRG. BDE. GP.	Pte	NOV 5 1943	Trg Bde Gp	Debert N.S.	# 5	NOV 8 1943
INCR $1.50 PER DIEM	"	1-10-43	TRBDEGP	DEBERT	14	21.11.43
6 DAYS SP LEAVE & R A .50 PER DIEM	"		TR BD GP	DEBERT	30	7.12.43
SOS TO SERIAL 294E	"	14 DEC 1943	"	"	36	13.12.43
SOS Can Army (Can)	"	14Dec43	6CIRU	U.K.	279/43	
TOS " " (Overseas)	"	15 "	"	"	"	
Disembarked in U.K.	"	21 "	"	"	"	
Reported for duty at 6CIRU	"	22 "	"	"	"	

C

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank CHANDONNET
(Surname first—Christian names in full—Block capitals)
Frederic

(2) Regimental or Official Number and Rank D-140008 Pte

(3) Unit INF (R) CA

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

(8) Have you any children? no Number of boys ..... Girls .....

Names and ages nil

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

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

Name nil

Postal Address .....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Joseph CHANDONNET - Laborer Almaville en Haut, Co. St-Maurice, Quebec, Canada.

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

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

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

(14) Is your mother alive? No

If so, state name and address nil

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? no
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? No

If so, in what Company? nil
(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.

x Frédéric Chandonnet
(Signature of officer or man)

Date April 2nd 1943.

[signature] S/L
Officer Commanding
NO. 4-DISTRICT DEPOT A.F.

Date April 2nd 1943.

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'INTÉGRITÉ 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) CHANDONNET Frederic (b) N° matricule D-130008
2. (a) Arme Army (b) Unité INF (R) CA (c) Rang Pte
3. (a) Date de naissance 1924 Jan 19 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Almaville en Haut, Que
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement April 1st 1943.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 8 yrs public school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu no
8. (a) Êtes-vous déjà entré en apprentissage? No (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? French (b) Quelles langues lisez-vous facilement? French

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No

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 Joseph CHANDONNET Adresse Almaville en Haut, 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.) Farm
20. (a) Genre précis de votre occupation Farmer (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 10 yrs
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No (c) Désirez-vous retourner à votre ancien emploi? Yes

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? Yes (b) Vous croyez-vous apte à exploiter une ferme? Yes (c) Si oui, dans quel genre de culture? Gen. cult.
25. (a) Êtes-vous né sur une ferme? Yes (b) Nombre d'années d'expérience effective dans la culture? 10 yrs (c) Dans quelles provinces avez-vous acquis votre expérience? Quebec.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Yes
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 To have my own farm.

DATE April 2nd 1943. SIGNATURE Frédéric Chandonnet

Soldiers Qualification Card

CONFIDENTIAL

Regimental Number: D-140008 | Last Name (Block letters): Phandonnet | First Name: Frederic

Middle Names:

Unit: ~~6 C.I.R.U.~~ R. 22 Regt

1 Corps: Gen. List.

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

3 Father Racial Origin: French Canadian | Mother Racial Origin: " | 4 Language spoken in home: French ✓ English ... Other ...

5 Age: 19 (19 Jan. 1921) | 6 Height: 5 ft. 2 in. | 7 Weight: 130 | 8 Silhouette: 1 2 3 4

Eyes 9 Colour of: 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 (14-9-43)

Cause ...

Attitude to own health ... To Medical attention ...

Health History ...

16 Education Level: Illiterate ... El. ... ( ) Sec. 8 (16) 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: "

24 Main occupation: Description: Machine Operator
Estimate of skill ...
Duration (from—to): 1942-43 2 mths
Weekly Wage: $13.00
Employer's Name and Address: Wabasso Cotton, Shawinigan Falls, P.Q.

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

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

Trade Union or Professional Society ...

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

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

35 Accident Prone ... Teamster ✓

Farming Experience: Wide ✓ Limited ... None ...
District: P.Q. Type: unpaid

Job promised after discharge ? No By whom? Name ...
Job ... Address ...
Other provision for post-discharge occupation ...
Type of work desired: Undecided

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 ...
Relationship of Dependents ...
No. of Brothers 3 No. of Sisters 3 Position in family 7th
Status of home in childhood: Mother 7 yrs ago
Religious Denomination: R.C.

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

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

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

50 "M"

Test	Score	S.M.
1	13	
2	10	
3	16	
4	14	
5	13	
6	9	
7	19	
8	25	
Tot.	119.	

Test 9 Score

Sub-total 39

S.M.

Sub-total

S.M. 27

Sub-total

S.M. 53

Grade "

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 ...

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 1 Apr. 43 Place Enlisted Montreal, P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
1 Apr. 43	Cdn.	G.L.	#45 Sorel	Pte.	Basic Training	
15 Jun. 43	"	"	A-12 Farnham	"	Adv. " "	
22 Dec. 43	U.K	"	#6 C.I.R.U.			

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
3" Mortar —	Farnham & Debert	Inth 21-8-43	Q. 3 —	

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

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

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR OF DIST.	P	U	L	H	E	M	S
'24	1	1	1	1	1	1	1

From W.F.M. 196
E.H.

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

47 Classification: Military Specialties and Trades **CONFIDENTIAL**

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) 3" mortarman Fr. Cdn. C.I.C. (2)
I.U.

Remarks re Outstanding or Limiting Factors

Deportment	A rather small man 5 ft 2¼" but neat and self-possessed; should be able to carry on successfully.
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

Reason for Joining Cdn. Army........ To do his share

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

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

48 Suggested Possibilities (1) 3" mortarman Fr. speaking I.U.
for employment (2) Infantryman

Interviewed by E. Lakerre Capt. P.O. Date........

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

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

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

District.....

Dispersal Area.....

Regtl No. D.140008 Rank and Name CHANDONNET.F.PTE.

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

~~(Transfer~~ or Discharge) ..... to ..... on 14 Sept 19 44.

Reason DEATH. Authority : CCL 'A' 494 d/29 Sept 44.

The following is a statement of the account of the above-named from 1st Sept 44 to 30 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	103	84
First Monthly Payment			Regimental Pay 30 dys @ $ 1.50	45	00
Casual Payments			Tradesmen's Pay ..... days at $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars) :					
To Balance Cr — Free	128	84			
To Balance Cr — Deferred			By Balance Dr		
Total	148	84	Total	148	84

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

Remarks

Assnd Pay of $20.00 (S) stopped eff. August 44.

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

Compiled by A.BELL.

Checked by E.M.Black (pp BMW)

Date 19th April, 19 45.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MJH.

1865

FORM NO. 1

Regis[illegible] No. D-14638

Nominal Roll No. D-353

H.Q. File No. 405-C-25947

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
D140008	Pte	Chandonnet	Frederic

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. 1 April 43	T.O.S.	T.O.S.
S.O.S. 14 Sep. 44 MD o/s	S.O.S. MD	S.O.S. MD
Total Days 533	Total Days	Total Days

Total Service 533 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	258	nil	258
Overseas Service	275	nil	275
Totals	533	nil	533
Add Non-qualifying Service			nil
Total Service			533

EMBARKATION DETAILS: T.O.S. 15 Dec. 43

1. Date S.O.S. Overseas 14 Sept. 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION

Computer's Signature Sgt R.A. Yaeban 14 Sept. 44

Checker's Signature Lucasse Capt

Date Computed 4 May 45

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

P. Vezolaur Capt
for C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	NIL

Overseas: T.O.S. 15 Dec. 43 T.O.S. T.O.S.

S.O.S. 14 Sept. 44 S.O.S. S.O.S.

				Total	NIL

405-C-25947

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: R 22e Regt

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D140008

Rank: Pte

Surname: CHANDONNETT

Christian Names: F.

Died — Date: 14 Sep 44 — Place: Italy

Cause of Death*: Killed in action

Nature and Date of Report: ~~3014A D/16 Sep 44~~ 3011C D/18 Sep 44

By whom made: Unit

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: ~~J.L. Gratton H/Major~~ R22e R Cemetery Grave 5 MR 963882 Italy 1:50,000 109-1 Pesaro — Date: 15 Sep 44

By whom reported: J.L. Gratton H/Major R22eR

State whether he leaves a Will or not

(a) in Army Book 64: Not known

(b) as a separate document: Not known

All private documents and effects received from the front or hospital, as well as A.B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A.B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Field 28 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: E. Laflamme Capt
for Officer i/c
Cdn Section GHQ 2nd Echelon AAI

PSSN / 315 / 1-44 / 10,000

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: CHANDONNET (*Block letters*)

Given names: Frederick

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Almaville en haut

Municipal county: St. Maurice Province: Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single

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

10. BIRTHPLACE (Province or Country): Quebec (Almaville en haut)

11. DATE OF BIRTH: January (Month) 19th (Day) 1924 (Year)

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Joseph Chandonnet	
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: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 14th (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 (State which) Date ....19....

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....

OVERSEAS CASUALTY CANADIAN ARMY

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)

MAY 12 1945

Director of Records, Dept. of Natl. Defence

CERTIFICAT DE VISITE MÉDICALE

Nom en entier CHANDONNET Frederic — Date de la visite: Montreal March 30th 1943

Lieu Montreal

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 19
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 Indigestion 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? yes
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.

Frédéric Chandonnet
(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.
Moderate pesplanus, flexible

1. Marques particulières ou cicatrices 1 vacc left arm.
2. Taille 5 pieds 2¼ pouces
3. Poids 120 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 2 pouces
7. Vue, droite 20/30 gauche 20/40
   Avec lunettes, droite ...... gauche ......
8. Ouïe, droite CV20 gauche CV20
9. État de la bouche et des dents Upper denture Reflexes normal
10. Pression artérielle:—S ...... D ...... (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée) - N -
11. Analyse d'urine
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (C.N.) Ears nose & throat negative J.Lapointe Lt.
13. Radiographie de la poitrine N° 179593 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

J.M. Roussel Capt grade — W. Tremblay Lt-Col. grade — P.G. Weil grade
J.M. ROUSSEL CAPT (Président) — W. TREMBLAY LT COL (Membre) — P.G. WEIL M.D. (Membre)

Date March 30th 1943

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
APR 2 '43	TAB. T ICC [signature] Lieut	2-8-43	YOB 24 P 1 U 1 L 1 H 1 E 1 M 1 S 1 SRH [signature]
APR 2 '43	VACCINATION [signature]	14/9/43	Rechecked [signature]
APR 23 1943	H.W. Capt [signature]		
MAY 13 1943			

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-140008 Grade PTE. Nom CHANDONNET Prénoms FREDERIC.

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			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
		Jour	Mois	Année	Jour	Mois	Année				

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

5606-

État de service de CHANDONNET (Nom) FREDERIC (Prénoms) N° matricule D-140008

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier LABORER

Techniques NIL

Langues FRENCH

DEGRÉ D'INSTRUCTION

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

*Collège NIL

*Université NIL

8thGrade Public School

(*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						
2 ~~1~~-4-43 DRO TOS NO 4 DISTRICT DEPOT CA	PTE.	1-4-43	4DD	MTL STH	4DD PTII ~~75~~ 74	2 ~~1~~-4-43
SOS ON TRANS TO CA(B)TC #45 SOREL QUE	PTE	9 Apr 43	"	"	" 85	9 Apr 43
Pris su l'effectif	"	10-4-43	CI 45	Sorel,	" " 81-A	10-4-43
Est raye de l'eff. sur trans au A-12 Farnham Que.	"	16-6-43	" "	"	" " 137-A	16-6-43
T.O.S. on temp. att. from C.A. B.T.C. No.45, Sorel, Que	"	17-6-43	A-12	Farnham	A-140	17-6-43
Granted daily rates of pay of $1.40	"	1-8-43	"	"	A-194	19-8-43
14 days furlough from 28-8-43 to 10-9-43 incl with 50¢ per diem T.W. A-471393	"	28-8-43	"	"	A-203	30-8-43
Next of kin is changed from Mr.J. Chandonnet (father) Almaville en Haut, Co. St.Maurice,Que to Miss L.Chandonnet (sister) 77A - 3rd St. Shwinigan Falls, Que.	"		"	"	A-211	8-9-43

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

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

Cat A

OCCUPATIONAL HISTORY FORM COMPLETED

~~ORIGINAL~~
~~DUPLICATA~~
~~TRIPLICATA~~

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

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

Unité INF. (R) CA N° matricule D-140008

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGERPRINTED PHOTOGRAPHED APR 2 - 1943

1. Nom CHANDONNET
2. Prénoms FREDERIC
3. Adresse actuelle Almaville en Haut, Cte. St. Maurice, Que.,
4. Date de naissance 19 Janvier 1924 Canada.
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Almaville en Haut (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. Joseph Chandonnet
11. Degré de parenté Pere Canada.
12. Adresse du plus proche parent Almaville en Haut, Cte. St. Maurice, Que.,
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, Frederick CHANDONNET, 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 1-April-43 Frédéric Chandonnet (Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

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

Témoin (Nom) (Grade) Frédéric Chandonnet (Signature de la recrue)

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

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

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

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

à MONTREAL SOUTH QUE. ce 1st jour de April 19 43

NO. 4-DISTRICT DEPOT A.F.

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

Lt. Radon

(Titre officiel de l'officier certificateur) Special Recruiting Officer

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

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. Regimental Number: D-140008

1. Surname: CHANDONNET
2. Christian Names: Frederic
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Pte
   " giving date: 1-4-43
   *To be entered in pencil to facilitate alteration.
4. Place of birth: ALMAVILLE On HAUT Que Can.
5. Date of birth as declared on attestation: 19 Jan. 1924
   (A)
6. Date of enlistment: 1-4-43
7. Place of enlistment: Montreal South Que. Can.
8. Residence at time of enlistment: ALMAVILLE on Haut, Cte. ST.Maurice 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: ROMAN CATHOLIC
12. If married, state date: SINGLE
13. Trade on enlistment: LABORER
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: | Unit (Battn., etc.):

(18) Medical:

Category	Date	Authority
"A"	30-3-43	M.F.M. 2

(19) Next of kin (entries to be made in pencil): SISTER
MISS L. CHANDONNET
77A - 3RD ST. SHAWINIGAN FALLS
QUE

(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
		TABDEGR	Granted Daily Rates of Pay of $ 1.50 per diem	Defat	1-10-43	Pte	14-21-11-43
		6CIRU	SOS Can Army(Can)				
		"	TOS " " (Overseas)	U.K.	14Dec43	"	279/43
		"	Disembarked in U.K.	"	15 "	"	"
		"	Reported for duty at 6CIRU	"	21 "	"	"
		"	Qual. "Q1" 3" Mortar Local Course 3 Jan-5 Feb 44	"	5 Feb 44	"	35/44
		6CIRU	SOS to EXERCISE WEBB(Auth:8002/27)	U.K.	17/2/44	"	41/44
			SOS as UK ON EMBARKATION AT 17-2-44 ON				
			TOS as M ON TRANSFER ON 18-2-44 AND DISEMBARKED AT ON				X20/44
	X4	R22R	TOS 1 Bn		3 Mar 44		
	R22R	X4(1Bn)	S.O.S. to R22R	M	7 Apr 44	"	X31/44
8 Apr 44	3011a	R22aR	TOS from X4 to R22aR 1 BN	Fd.	8 Apr 44	"	16/44
AFW 3014	Ser 369 Pl	R22aR	SOS - Killed in action	Field	14 Sep 44	Cte	52/44

No D.140008 Rank Private Name CHANDONNET, Frederick

Unit Roy[illegible] 22e Regt. Date of death 14th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-25947

N/K Miss Laurette Chandonnet, Relationship Sister

Address ~~6763 St. Denis St., Montreal, P.Q.~~
~~104 Bowie Avenue, Toronto 10, Ontario.~~
104 Bowie Avenue, Toronto 10, Ontario.

Remains buried in R22eR Cemetery

MR 963882 sheet 109/I 1/50.000, Italy.

Grave location Grave 5

C.W.K.

OVER

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. MAY 12 1945

ROYAL MESSAGE DESP'D. OCT 19 1941

CAN. MESSAGE DESP'D. OCT 16 1944

SEP 28 1945

REBURIAL

Gradara British Empire Cem.
Gradara, Italy.

Plot 1, row G, Grave 32.

OCT 21 1946

HI & CR Form Despd.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.140008 RANK Pte SERVICE UNIT Royal 22e Regiment (CA).

NAME CHANDONNET, Frederick

DATE OF BIRTH

DAY 19th MONTH January YEAR 1924 Enlisted: 1-4-43

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Miss Laurette Chandonnet

ADDRESS 104 Bowie Ave., Toronto 10, Ont. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1242A H.Q.405-C-25,947

CASUALTY DETAILS Killed in action DATE 14-9-44

MEDITERRANEAN

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3445 O/S with 6 CIRU

DATE 5-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Q-47

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

DEPARTMENT OF NATIONAL DEFENCE
(ARMY)

"Q" CARD COMPLETE

Personnel Selection Record

INFANTRY (R)
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Rifleman
Work in Arm (if Non-Tradesman)

I. 2-140008 | Pte. | CHANDONNET, Frederic | A | 19 | "A"
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | None | Montreal South, Que. | 1/4/43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D.4 | 30-3-43 | L.Breton, Capt.
Place Tested | Date Tested | By Whom

121 (Total) 111 (Group) Subtests 13 (1) 10 (2) 16 (3) 14 (4) 13 (5) 9 (6) 19 (7) 25 (8) Subtotals 39 (1-3) 27 (4-5) 55 (6-8) French (English or French)

Other Tests

Y.O.B.	P	U	L	H	E	M	S
24	1	1	1	1	1	1	1

III. Educational Background

Reached Grade V111 in 10 years of schooling ages 6 to 15. Repeated 3rd and 4th due to change of schools, left at 15 to work and help support parents.

IV. Occupational Background

6 Months Labourer in cotton mill
3½ Years farmer on father's land

V. Military Background

Reported to D.D.4 for Active Service 1st April '43.
T.O.S:- 1-4-43

VI. Other Personal History and Appraisal

This young man is rather small of build. He is unshaven and not too tidy. He is 5'2¼" and weighs 120 lbs. He says he is single and has been living on the farm with his father. His mother died 7 months ago. He says his only amusements are playing cards and going to the movies. Says he drinks and smokes moderately. Says he wet the bed until the age of six. Complains of dizzy spells and nightmares. Says he has one brother who is feeble minded, and his father and brothers are drunkards. A psychiatric consultation is requested. This man was seen by the psychiatrist and the specialist's opinion was, "Accept for recheck". His intelligence is borderline, and not having any special qualifications he should be tried as a rifleman.

VII. Recommendations

INFANTRY (R) RIFLEMAN NON-TRADESMAN

(Psychiatrist recheck in one month)

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

(E.S.)

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

LGB

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

INFORMATION

This man has completed and qualified on Infantry Advanced Training at A-12 Farnham, P.Q.

(M. LeBel) Capt.,
Army Examiner,
CITC A-12.

15 Sept 43

Suitable for overseas service.

SEP 29 1943 A.C. O'Grady Capt.
No. 1 Transit Camp. Army Examiner
Windsor, N. S.

APPROVED.....CAPT. A.E. DEBERT NS. 11-11-43

CFA 107
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-140008 Pte. Chandonnet F. Dec'd

RECEIVED FROM G.H.Q. Cdn. Section 2nd. Ech A.A.I.

CHECKED BY M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A. DATE 15 Dec 44

9	Souvenir Italian Coins(4Lire 25 Centimes)		
1	Cap Badge R22R Reg.		
1	Souvenir Ring		
Photos & Snapshots			
3	Identity Discs.		

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

TRIPLICATE — with effects.

F A Todd PC
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
19 DEC 1944
BRANCH
HEADQUARTERS

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Frederic (CHRISTIAN NAMES) CHANDONNET (SURNAME)

REGISTER NO. D-14638
FILE NO. 405-C-25947
DATE 25-4-46
SERVICE NO. D-140008
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 14-9-44

PAYEE Miss Laurette CHANDONNET,
ADDRESS 104 Bowie Ave., Toronto, 10, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 14-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 510 — NO. OF DAYS 533 (30) EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 275 LESS 23 INELIGIBLE DAYS, EQUAL TO 252 DAYS @ 25c. PER DAY	63.00
	190.50
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 275 (183) X$ 19.25	28.93
D. WAR SERVICE GRATUITY	219.43
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	219.43

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
KJM	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	29/4/46

G. Y. Hunters Capt.
SERVICE REPRESENTATIVE

MILITIA BOOK M. 1

PART I

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

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-140008

Surname (Capitals) CHANDONNET

Christian Names in full FREDERIC

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

DON'T FORGET

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

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

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

FINGERPRINTED
PHOTOGRAPHED

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-140008

Surname (in capitals) CHANDONNET

Christian Names (in full) FREDERIC

Date of Birth 19 Jan 1924

Place of Birth Almqvilleen Haut- Que. Canada

Citizenship Canadian

Trade on Enlistment Laborer.

Nationality of Father at Birth Canadian

Nationality of Mother at Birth "

Religion R.C.

Enlisted at Montreal South Que. Canada

Date 1/4/43

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

Signature of Soldier Frédéric Chandonnet

Signature of Officer Paulicard Lieut

Place Mtl South Que. Can. Date 2/4/43

(IV) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Mr. Joseph Chandonnet	1/4/43	Almaville En Haut, St Maurice Co. Que. Canada
	Mother		〃	
3rd	*Brothers and Sisters	Sister Miss Yvonne Chandonnet	1/4/43	as above
	X Sister	Miss L. Chandonnet		~~778 3rd St Shawinigan Falls Que.~~ 222 Oakwood Ave. Toronto - Ont.
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
1/4/43	Pte		400 # 79	[signature]

INF. (R). C.A.

(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:*—*

Basic training completed in accordance with standard syllabus as per MFM 105 X at C.A.B.T.C. #45 Sorel Que.

G. Hebert Capt

Qualified in addition as under:— Inf. R

Advance training completed in accordance with standard syllabus as per MFM 105 E at C.I.T.C. #12 Farnham Que.

G. Hebert Capt

Date 14 Aug 43

G. Hebert Capt

Commanding

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
3" MORTAR PER-SONNEL Φ 3	21/8/43	[illegible]
Local 3"M. Course "6C.I.R.U. D.O.PeII ΦI.	10-2-44	[illegible] Lieut.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	Q II	Rifle		[illegible]
1943	Q II	Bren		[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade 8	Almaville en haut		C. I. Hardy Lieut

(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		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
5 Nov 43	4 Dec 43	Mortar Pl	C. T. Hardy Lieut

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
30/3/43	A.	M. F. M 2,		[illegible] Capt
14/9/43	A	Recheck Farnham		[illegible]

Y.O.B.	P	U	L	H	E	M	S
24	1	1	1	1	1	1	1

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam.:

Frame No. (or measurements): Date of Issue:

Signature of M.O.............................

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam.:

Frame No. (or measurements): Date of Issue:

Signature of M.O.............................

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
2-APR 43	✓		4-F. — C.U. Reb. Prophy	M.G. Sivers
4-11-43	✓		3 F	R.J. Cheng Capt
10 FEB.'44		✓		[illegible] (CAPT)

(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
T A B T 1 cc	APR 2 '43	[illegible]
1 cc	23-4-43	[illegible]
3 1 cc	13-5-43	
Typhus 1 cc	9-2-44	[illegible] Capt
" 1 cc	20-2-44	[illegible]
" 1. cc	26-2-44	[illegible]
T.A.B. ½ cc + A.T.T. 1 cc	25-4-44	[illegible] Capt.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
APR 2 1943	[illegible] Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
VRgt # 179593	30/3/43	[illegible]
"Q" CARD COMPLETE	24-12-43	[illegible] Capt
"M" TEST (REV.) COMPLETE		E.H. Lapierre S/O.
M.B.M.I. PART III ISSUEd	18-1-44	J.A. [illegible] Lt.
Fingerprinted	23 Nov 43	[illegible] Capt
Entitled to 2 R Chevron	1-4-43	[illegible]

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

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

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

No. D-140008 Rank Pte Name Lundquist F.
states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

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

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

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

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

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

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

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Joseph Chandonnet,
ALMAVILLE en haut,
Cté. St Maurice,
P.Q.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-0-25,947 FD416

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

Ottawa, 31 janvier, 1945

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

CHANDONNET, Frederick. Soldat (Décédé)

No.D.140008, Armée Canadienne

ESTATES BRANCH
FEB 15 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

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

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

pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Joseph Chandonnet	58	Almaville en Haut Comté St Maurice Quebec
4	Mère du défunt.....		Marguerite Rocheleau		Décédé 23 aout 1942
5	Frères du défunt	Frères germains	Léo Chandonnet Gabriel Chandonnet Laurier Chandonnet	31 29 24	Vassan Abitibi Armée Active
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Yvonne Chandonnet Laurette Chandonnet Anne U. Légaré (Yvette) Chandonnet	34 26 32	Almaville Haut 679 Carlow Avenue Almaville Haut
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Frédéric Chandonnet
9	Date de sa naissance.	19 janvier 1924 ~~Almaville en Haut~~
10	Lieu et date de son mariage.	
11	Lieu et date du mariage de ses parents.	25 janvier 1909 Shawinigan

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Almaville en Haut
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) Almaville Haut (c) (d) Comté St Maurice Quebec
14	Nature de son emploi avant son enrôlement.	
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	—
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

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

Danforth Toronto.

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

(VOIR AU VERSO)

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

DÉCLARATION

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

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mlle Yvonne Chandonnet Signature du déclarant

.... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Melle Yvonne Chandonnet — — — — — — Nom du déclarant

*Voir plus haut

est le/la* soeur du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Shawinigan-Falls ce 14ème jour de février 1945

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

Adresse 46 - Champlain - Shawinigan-Falls.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Je crois que mon frère a fait un testament au nom de ma soeur,
Melle Laurette Chandonnet
679 Carlow Avenue Danforth
Toronto Ontario.

Pour plus de renseignement veillez vous adresser à elle.

Director of Estates

Regimental No. D140008 .... Rank. Pte. ....

CHANDONNET .... Frederick ....

Surname Christian Names

Unit........ Royal 22 e Regiment (CA) ....

Date of Death. 14 Sep 44 .... Place of Death. OVERSEAS (Mediterranean)

Next-of-Kin.. Miss Laurette Chandonnet. Relationship.. Sister....

Address........ 104 Bowie Ave., Toronto 10, Ont. ....

....

....

M.F.M. 5..... Copy herewith ....

Will........ Will d/ 2 Apr 43 ....

Date.. 6 Nov 44 ....

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

ESTATES BRANCH NOV 9 1944 H. Q. OTTAWA NATIONAL DEFENCE

JEC/SLG

French P64

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, Frederic CHANDONNET (Name in Full), of the village (City, Town, Village, Township)

Address in civil life.

of Almaville en Haut, in the County/District of St-Maurice

Province of Quebec, Laborer (Civil Occupation)

Regimental No D-140008, Unit 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. Joseph CHANDONNET.

Residing at: Almaville en Haut, Co. St-Maurice, Quebec, Canada.

All my estate both real and personal.

F. C.

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

F. C.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 2nd day of April 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.

x Frédéric Chandonnet
(Signature of soldier)

First witness sign here.

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

Second witness sign here.

Signature Vera Fonatkino
Civil Address 5700-14th ave Rand. ~~Montreal~~
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

H.Q. 405-C-25,947 D.R. 2(D)

28th September, 1945.

Miss Laurette Chandonnet,
6763 St. Denis St.,
Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your brother, D140008 Private Frederick Chandonnet, have now been carefully exhumed from the original place of interment and reverently reburied in grave 32, row G, 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.

B.B./EFH

23

Miss Lauretto Chandonnet,
104 Bowie Avenue,
Toronto 10, Ontario.

Dear Miss Chandonnet:

It was with deep regret that I learned of the death of your brother, D140008 Private Frederick Chandonnet, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 14th day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,
A. C. SPENCER
BRIGADIER
Acting Adjutant-General

OCT 10 1944

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

Mem. Cross
Sent
20/11/44

/MMA

6