D14120
AUCLAIR
JEAN JACQU

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D14120 Rank and Name AUCLAIR. J.J. Pte.

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

(~~Transfer~~ or Discharge).....to.....on 8th.August. 19 44.

Reason Death Authority : C.C.L."A" 484 d/27th August.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	37	14
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at .....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
To Balance Cr — Free	60	64			
To Balance Cr — Deferred			By Balance Dr		
Total	83	64	Total	83	64

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

Remarks

Assnd Pay $23.00 (M) Stopped eff September.1944.

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

Compiled by W.Blackburn.

Checked by E.V.Collins

Date 19th.April. 19 45.

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

MW

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-14120.....AUCLAIR J. J.....CWR.....DEC'D.....

RECEIVED FROM .....GHQ CDN SEC 2nd Ech 21 Army Group.....

CHECKED BY .....A-117006 Schwartz M..... DATE ...9...Mar 45.....

AND .....D-86094 Pte Morris A. J.....

1	St. Christopher Medal.		
1	Leather Case.		
1	Prayer Book.		
3	Snaps.		
1	6th VL Receipt to O/ic Estates.		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
12 MAR 1945
BRANCH
HEADQUARTERS

CFA 187
40/[illegible]S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-I4120 Gnr Auclair J J ..... Dec'd

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group .....

CHECKED BY ..... A-II7006 Gnr Schwartz M
B-81759 Sgt Graves J G ..... DATE ..... 22 Dec 44 .....

2	Sweaters.		

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

TRIPLICATE — with effects.

..... Graves Sgt
for OC 1 Cdn KSD

File No. 405-A-3218

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 14120 Name AUCLAIR, Jean Jacques.

Rank on Discharge Gnr. Date of Discharge 8-8-44

Deceased

Authority for Discharge or Retirement _____

Served in:

				Non-qualifying service
Canada	from	14-7-42	to 24-8-43.	
	from		to	
United Kingdom	from	25-8-43	to 7-7-44.	
	from		to	
Italy	from :-		to	
Northwest Europe	from	8-7-44.	to 8-8-44. (Killed in Action)	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~ _____

France-Germany Star OK ✓

Defence Medal OK ✓

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓ Bel

with Clasp OK

M

NRD.

Verified by Annette Boucher

Date 3-6-46.

Carded JUN 3 1946

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name AUCLAIR, Jean, J. No. D.14120
Surname Christian Names

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

AMOUNT W.S.G. 310.07
L.P.C. $ 60.64

Date 27 Nov 45

Other Credits

Total 370.71

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Maria Auclair, Otterburn Park, Rouville Co., P.Q. (Sole beneficiary under will)	370.71

P4. TO TREAS. 12-12-45, QMW.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	370.71

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

370.71
nov

DISTRIBUTION

SERVICE
NAVY
ARMY ✓
AIR FORCE
C.E.F.

NAME: Auclair Jean J.

NO - D 14120 RANK Gnr.

REGT: CA 0/3 DATE OF DEATH 8-8-44

all Mother
Mrs Maria Auclair
Otterburn Park
~~Ste~~ Rouville Co.,

	WSG	310.07
	L.P.C.	
OTHER CREDITS		60.64
TOTAL		370.71

PAY TO: P.2.

370.71

(Sole beneficiary under will)

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

WSN 391 6199

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Jean Jacques (CHRISTIAN NAMES) AUCLAIR (SURNAME)

REGISTER NO. D-8028
FILE NO. 405-A-5218
DATE 22-10-45
SERVICE NO. D-14120
FINAL RANK OR RATING Gnr.
DATE OF DISCHARGE 8-8-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44

	$	¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 757/30 EQUAL TO 25 COMPLETE PERIODS AT $7.50	187.50	
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 350 LESS 7 INELIGIBLE DAYS, EQUAL TO 343 DAYS @ 25c. PER DAY	85.75	
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
	273.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
TOTAL $ 2.75 X7 = $ 19.25		
NO. OF DAYS 350/183 X $ 19.25	36.82	
D. WAR SERVICE GRATUITY	310.07	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	310.07	

ESTATES BRANCH I 1945 D.H.Q. OTTAWA NATIONAL DEFENCE

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE

K. R. Lambert
SERVICE REPRESENTATIVE

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

G/23-3 [redacted]

Madame T.A. Auclair,
Otterburn Park,
CtéRouville,
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-A-5218 FD 490

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

5 mars 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

AUCLAIR, Jean Jacques, Cnr.,

D-14120, Armée Canadienne

CANADA
BRANCH
MAR 28 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.

/TD

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.....	X -		
3	Père du défunt.....	Arsène Auclair	57	Atterbury Park, Ste Bourdelle Que.
4	Mère du défunt.....	Maria Lapointe	44	Atterbury Park. " "
5	Frères du défunt — Frères ~~germains~~	Théodore Auclair	22	
		Laurent " "	21	
		Irénée " "	19	
		Pierre Paul " "	15	
		Henri-Georges " "	17	
		~~Guy Gaétan Claude~~	~~24~~	
		~~Jacob Auclair~~ " "	~~22~~	
		~~Thérèse~~ " "	~~14~~	
		Joseph	13	
	Demi-frères			
6	Sœurs du défunt — Sœurs germaines	Thérèse Auclair	14	
		~~Pierrette Auclair~~	~~12~~	
	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~~
		Jack Auclair "frère" décédé	22 ans	29 janvier 1943
		Pierrette " sœur " "	2½	26 décembre 1936
		Guy " frère décédé	2½	21 novembre 1937

8	Nom et
9	Date de
10	Lieu et
11	Lieu et
12	Lieu où
13	Indiquer défunt chaqu
14	Nature
15	Indiquer cas éc
16	Indiquer manen
17	A-t-il la nous l
18	Si le déf ou dan il exis contra
19	Avait-il poste l'adres vous
20	Montan défun
21	Montan dique que l'
22	Si le dé noms des p bénéf
23	Décrire mont besoi
24	Après (a) pou les f (b) pou Un éta form signe déta
25	Est-ce part anne par
	(F lorsqu du No du mo ment

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Jean-Jacques Audet
9	Date de sa naissance.	9 Octobre 1921
10	Lieu et date de son mariage.	
11	Lieu et date du mariage de ses parents.	St Ephrem d'Upton, Co. Bagot 5 Novembre 1919

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Hilaire Station.
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) province Québec (b) Comté. Rouville. (c) (d)
14	Nature de son emploi avant son enrôlement.	Cie Can. Atlas. Asbestos. Montréal.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Otterburn Park

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
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?	non marié.
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?	non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	11 certificats de $5.00 chacun. Mis à la mère, je les ai en ma possession.
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.	non
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.	Caisse Nationale. Prime déjà payée à sa mère.
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.	non

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.	non.
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.	Il est décédé outre mer mais nous avons fait chanter une service à St Hilaire Village. Payé par son père et sa mère $35.00

(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* mère 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.

Mde. Maria Audlair — Signature du déclarant

Atterbury Park. Co. Bourville Que. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Mde Maria Audlair — Nom du déclarant

*Voir plus haut

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

Daté à St-Hilaire ce 27 jour de mars 1945

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

P. P. Halleb — Titre Maître de Poste

Adresse St-Hilaire Village

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.

Le père du défunt Arsene Audlair est âgé de 57 ans et incapable de travailler, à défaut de santé, pour pourvoir aux besoins de sa famille. Le défunt Jean-Jacques était noté soutien et moi la mère Maria Audlair je suis obligée de travailler à la journée pour aider ma famille. Remarquez que le plus vieux de la famille Rock Audlair est aussi mort au service en Angleterre.

Le 3ième garçon Théodore dans la marine

" 4 " " " Laurent " " "

5 " " " Irénée " " "

J'ai encore à la maison 2 jeunes garçons dont les salaires ne sont pas élevés et une jeune fille au couvent et jeune garçon à l'école.

Mde Maria Audlair
Atterbury Park
Co Bourville Que

(11) Is your father alive? Yes If so state name and address, occupation Mr. Arsene Auclair C.N.R. Emp. Otterburn Park Chambly Rouville P.Q.

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

(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. Maria Auclair Otterburn Park Chambly Rouville P.Q.

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

(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? 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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes If so, in what company? Metropolitan Ins. Co.
(Give number of policy)

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

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

Date 14-7-42 (Sgd.) J.J. Auclair
(Signature of officer or man)

(Sgd.) L. Bastien 2/Lt.

Date 14-7-42 Officer Commanding 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.)

C O P Y
JAS

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 ..... AUCLAIR Jean Jacques
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank ..... D - 14120 Gnr.

(3) Unit ..... 74th A/T Bty. R.C.A. CA

(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? ..... No ..... 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]

H.Q. 405-A-5218 (D.R. 2(C))

le 8 mars 1946.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, l'artilleur Jean-Jacques AUCLAIR, matricule D-14120, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 3, rang F, lot 11, du cimetière militaire canadien Bretteville-sur-Laize, à Bretteville-sur-Laize en France. (carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assuré qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

M. Arsène Auclair,
Parc Otterburn,
Cté. de Chambly-Rouville, Qué.

/CT

CANADA

QUOTE NO. H.Q. 405-A-5218
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. 8th March, 1946.

Mr. Arsene Auclair,
Otterburn Park,
Chambly-Rouville County, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D14120 Gunner Jean Jacques Auclair, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row F plot 11, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Jean Jacques Huclair (Christian Names) (Surname) — Register No. D8028

PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) (Surname) — File No. 405-A-5218

ADDRESS ..... — Date 22-10-45

..... — Service No. D1420

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44 — Final Rank GNR

Date of Discharge 8-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 757/30 = 25 (7) Periods @ $7.50	187	50
B. QUALIFYING OVERSEAS SERVICE No. of days 350 less 7 Ineligible days, equal 343 Days @ 25c. per day	85	75
C. SUPPLEMENT FOR OVERSEAS SERVICE	273	25
Daily Rate of Pay $ 1.50 ✓		
Subsistence Allowance $ 1.25		
Additional Pay $ ✓		
Dependents' Allowance 1/30 $ ✓ $ ✓		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days 350/183 × $ 19.25	36	82
D. WAR SERVICE GRATUITY	310	07
Computed By Money		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	310	07

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

Form No. 1

Register No. D-8028

Nominal Roll No. D-168

H.Q. File No. 405-A-5218

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-141120	SNR	AUCLAIR	JEAN JACQUES.

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 14 JUL 42	T.O.S.	T.O.S.
S.O.S. 8 AUG 44 MD 05	S.O.S. MD	S.O.S. MD
Total Days 757	Total Days	Total Days

TOTAL SERVICE 757 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	407	NIL	407
OVERSEAS SERVICE	350	NIL	350
Totals	757	NIL	757
Add Non-qualifying Service			NIL
TOTAL SERVICE			757

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 8 AUG 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
8 AUG 44

Computer's Signature R Lemieux

Checker's Signature R Kennedy

Date Computed 3 April 45

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

W O Leng, Capt
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. 25 AUG 43 T.O.S. .... T.O.S. ....

S.O.S. 8 AUG 44 S.O.S. .... S.O.S. ....

				TOTAL	

Casualties ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.8028

File No. H.Q. 405-A-5218

WAR SERVICE GRANTS ACT 1944

Ottawa March 28th 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D.14120

Name J.J. AUCLAIR
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

(K.W.Rice) Lieutenant,
for(A.R. Mortimore)Brigadier,
Paymaster-General.

Names of persons in receipt of D.A. and amount of monthly award — Name — Amount

If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.

Mrs Mary Auclair — $ 23.00
mother.
Died 1-9-44

Names of persons whom assigned pay was continued by supplementary award after death.

Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.

APR 9 - 1945

194

For Chief Treasury Officer,
D.A.&.A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and / or A.P. recovered from W.S.G. $

194

for C.T.O.

905-A-5218

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME AUCLAIR, Jean Jacques

RANK GNR.

UNIT 6 A/TK.REGT.

PLACE & DATE OF BIRTH St.Hilaire, QUE.CAN. 9 Oct.1921

REGTL NO. D.14120

NEXT OF KIN & ADDRESS MOTHER

MARIA AUCLAIR,

COMTE CHAMBLY-ROUVILLE, QUEBEC? CAN.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 8 AUG 44

PLACE OF DEATH FRANCE.

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 8 Aug. 44

CEMETERY MIL CEMETERY CAVES FRANCE 7F/1 MR. 023650

PLOT NO ROW GRAVE

DEATH CERT.NO

DATE OF REGN OF DEATH CERT.

RELIGION ROMAN CATHOLIC.

DATE 27 Apl. 45.

(B.E.WILLAN) Capt.
For COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

~~XXXX

405-A-5218

FIELD SERVICE MBR

Army Form B. 2090A.

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

A 484

REGIMENT OR CORPS: ~~D14120~~ R.R. of Canada. Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 14120 Rank: Pte.

Surname: Auclair. Christian Names: J.J.

Died — Date: 8 Aug 44 Place: France.

Cause of Death*: Dead believed K/A.

Nature and Date of Report: A.F.W. 3014/89 21 Aug 44

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

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

Burial — Place: Military Cemetery Caves France. 7 F/1 M.R. 023650 Date: 8 Aug 44

By whom reported: C.F. H/Capt. B.W. Kewgy.

State whether he leaves a Will or not — (a) in Army Book 64: No.

(b) as a separate document: Not Received.

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

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

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

Station and Date: Belguim. 15 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Roberts Capt. for Officer i/c Cdn Sec GHQ 2nd Ech 21 A Gp.

20

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

7

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: AUCLAIR (Block letters)

Given names: Jean Jacques

Do not write in this space

4. RESIDENCE

Street: Otterburn Park No.

Official name of civil municipality or township: Chambly

Municipal county: Rouville Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: October (Month) 9th (Day) 1921 (Year)

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

OCCUPATION

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

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	AUCLAIR Arsene M.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 8th (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in Action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....

State findings .... Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide .... Date ....19....
(State which)

Manner of injury ....
(How sustained)

Nature of injury ....

Specify whether injury occurred in **industry, in home, or in public place** ....

Signed .... **M.D.**

Address .... **Date** ....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature] C.S.

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY
CANADIAN ARMY

APR 18 1945

Director of Records, Dept. of National Defence.

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR — (a) dans l'hôpital ou l'institution | *Années* | *Mois* | *Jours* | (b) dans la municipalité du décès | *Années* | *Mois* | *Jours* | (c) dans la province | *Années* | *Mois* | *Jours* | (d) au Canada (s'il s'agit d'un immigré) | *Années* | *Mois* | *Jours*

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE.....
(jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès.....19.....
(jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.
(a).....
dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).
(b).....
dû à
(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.
.....
.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner
(a) Date d'éclosion.....19.....
(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....
Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

le 31 Aout, 1944.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le canonnier Jean-Jacques AUCLAIR, matricule D-14120, qui a donné sa vie au service de sa patrie en France le 8 août 1944.

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

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

Nous rendons hommage au canonnier Auclair pour son vaillance sacrifice.

Votre bien dévoué,

l'adjudant-général,

(H.F.G. Letson),
major-général.

M. Arsène Auclair,
Parc Otterburn,
Cté Chambly-Rouville, Qué.

/RB

12

F.T. Please

Mr. Arsene Auclair,
Otterburn Park,
Chambly-Rouville Co., Quebec.

Dear Mr. Auclair:

It was with deep regret that I learned of the death of your son, D14120 Gunner Jean Jacques Auclair, who gave his life in the Service of his Country in France on the 8th day of August, 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.

/EMA

11

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D/14120 RANK Gunner SERVICE UNIT 6th Anti-Tank Regiment R.C.A.(CA)

NAME AUCLAIR, Jean Jacques

DATE OF BIRTH 9th October 1921 DATE OF ENLISTMENT 14-7-42

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS Otterburn Park, Chambly-Rouville Co.P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9388 H.Q. 405-A-5218

CASUALTY DETAILS Killed in action DATE 8-8-44

FRANCE

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 22-8-44

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

MCL

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.

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Jean Jacques AUCLAIRE, of the VILLAGE
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of OTTERBURN PARK, in the County / District of CHAMBLY ROUVILLE

Province of QUE., SHIPPER
(Civil Occupation)

Regimental No. D - 14120, Unit 74th A/T Bty. R.C.A. CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY MOTHER "
Mrs Maria AUCLAIR

J.J.A.

Residing at : Otterburn Park co Chambly Rouville

All my estate both real nd 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.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 14 day of July
19 42

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.

J.J. Auclair
(Signature of soldier)

First witness sign here.

(5) Signature A Massa
Civil Address 1586 Laptier Montreal Que
Civil Occupation Ass't Mgr.

Second witness sign here.

Signature A J Gattman
Civil Address 2700 St. Cath. Rd. Mtl Que.
Civil Occupation Office Mgr.

(Witnesses are not to be beneficiaries.)

[OVER]

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

RECEIVED
D OF RECORDS
MAR 18 1946
WILL SEC.
N. D. H. Q.

No D.14120 Rank Gunner Name AUCLAIR, Jean Jacques

Unit R.C.A. Date of death 8th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-A-5218

N/K Mr. Arsene Auclair Relationship Father

Address Otterburn Park, Chambly-Rouville Co., P.Q.

Remains buried in Military Cemetery Cemetery

~~MR 023650 Sheet 7F/1 Caves France~~

Grave location

C.W.G. ✓

OVER

REBURIAL

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

Grave 3, row F, plot 11

HI & CR Form Despd. OCT 7 1946

Photographs
Despatched
AUG 12 1947

BURIAL REPORT TO N.K. MAR 9 1946

RETURN TO BUR. OF STAT. APR 18 1945

ROYAL MESSAGE DESP'D. OCT 9 1944

CAN. MESSAGE DESP'D. 1-9-44

8-8-44

(1702)

MJA

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-A-5218

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
AUCLAIR, Jean Jacques	D.14120	Gnr.	R.C.A.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	1907 12-10-49
France & Germany Star	
Defence Medal	
~~War Medal~~	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Maria AUCLAIR (MOTHER)

ADDRESS: Otterburn Park,
Chambly-Rouville Co., P.Q.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 413

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Maria Auclair, (MFM-5) (French I)

(1702) P.Q.

ADDRESS: Parc Otterburn, Cte. Chambly-Rouville,

(3)
DESP. NOV 3 1944
REGN No. 5306

BF C74

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

FINGERPRINTED
PHOTOGRAPHED

E Wing

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
(OM 18-41 (1530)
[illegible] 72-39-1645

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

Unité 74TH A/T BTY R.C.A. CA. N° Matricule D-14120

WSG COMPLETED

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT (32-87)

1. Nom AUCLAIR
2. Prénoms Jean Jacques
3. Adresse actuelle Otterburn Park Comte Chambly-Rouville Que CANADA
4. Date de naissance 9 Octobre 1921
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) St Hilaire (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Shipper
8. Marié, veuf ou célibataire Celbataire
9. Nom du plus proche parent M. Arsene AUCLAIR
10. Degré de parenté Pere
11. Adresse du plus proche parent Otterburn Park Cte Chambly-Rouville Que CANADA
12. 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)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON (Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(*b*) Quelque autre armée de mer, de terre ou de l'air? NON (Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

C.A.A.

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Date 14-7-42 J. J. Auclair
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

J. J. Auclair
(Signature de la recrue)

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

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

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

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

à MONTREAL SOUTH ce 14TH jour de JULY 19 42

L. P. Chenard-Cart
(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.
(Titre, grade et unité ou emploi)

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

État de service de AUCLAIR (Nom) JEAN JACQUES (Prénoms) N° matricule D-14120

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: SHIPPER

Techniques: NIL

Langues: FRENCH & ENGLISH

DEGRÉ D'INSTRUCTION

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

*Collège: NIL

*Université: NIL

6 YEARS PUBLIC SCHOOL

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

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

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
14-7-42	DRO	TOS NO 4 DISTRICT DEPOT CA.	GNR EXE	14-7-42	4DD	MTL STH	4DDPTIINO 169	14-7-42
28-7-42	4 DD	SOS on transfer to his Regiment 6th A/A Regiment, Petawawa Military Camp, Petawawa. Ont.	Gnr	28-7-42	"	"	" " # 181	28-7-42
		T.O.S. and posted to 74th Bty.	Gnr.	29-7-42	6A/TRegt	Petawawa	D.O.No 23	29-7-42
		Qualified as Driver i/c Class III (M.C.)	"	20-10-42	"	"	D.O. 70	23-10-42
		Att. to Camp H.Q. f.a.p. except pay	"	21-12-42	do	do	D.O.103	19-12-42
		Granted Christmas Leave from 30-12-42 to 5-1-43	"		do	do	D.O. 100	15-12-42
		Ceases to be att. to Camp H.Q.	"	29-12-42	do	do	D.O. 108	29-12-42

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier AUCLAIR JEAN JACQUES Lieu Mtl.

Lieu Mtl. Date 8 July 42.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 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

J. J. Auclair
(Signature de la recrue)

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

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

URINE N.
X-RAY 131549. N.

2. Taille 5 pieds 7½ pouces. 3. Poids 132 livres
4. Teint Med. Yeux Brown Cheveux Brown
5. Développement Good {Bon / Passable / Médiocre}
6. Tour de poitrine—Circonférence, pleine expansion 36 pouces Degré d'expansion 3 pouces
7. Vue, droite 20/20 gauche 20/20 8. Ouie, droite cv. 20 gauche cv. 20
Avec lunettes, droite gauche
9. État de la bouche et des dents many missing - others fair.
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
J.C. CALHOUN, Major.
soft systolic murmur apex after exertion - functional.

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. Aubry Major — W. Tremblay Lt.-Col. — Lionel Fournier Lt.
(Président) (Membre) (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUL 14 '42	TAB.T H Mendelsohn Lt	16-2-43	TABT C3 RB
JUL 14 '42	3 UAee	22-5-43	CATEGORY A CONFIRMED PETAWAWA, ONT. Medical Capt
20-1-43 CAT. A	PETAWA		
20-1-43	TABT 2 RB		
14-7-43	Schick Neg. RB	4.8.43	Cat A, Confirmed

Y.O.B.	P	U	L	H	E	M	S
21	1	1	1	1	1	2	1

N° matricule D-14120 Grade GNR Nom AUCLAIR Prénoms JEAN JACQUES

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. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
St. Annes Mil. Hosp. Montreal, P.Q.		29	4	43	10	5	43	Infected laceration Uper. left eye	11	Improved - To unit	R. Bell

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

Regimental No. D14120 Rank

Sheet No.

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name Auclair J J

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Change N/kin MARIA AUCLAIR MOTHER OTTERBURN PARK. CHAMBLY, ROUVILLE QUE. CAN			6 A/TK.	21 A Gp	27	7 Jul 44
Embarked at U.K. on 7 Jul 44						
Disembarked at FRANCE on 9 Jul 44	Gnr.	6 A/TK Rgt.	6 A/TK Rgt ~~21 A Gp~~	21 A Gp	34	19 Jul 44
SOS Killed in Action	Gnr.	8 Aug 44	6 A/TK Rgt	21 A Gp	49	1 Sep 44
M127 Killed	Gnr.	8 Aug 44	6 A/TK Rgt	AEF	A-484	27 Aug 44

Regimental No. D-14120 Rank Gnr. Sheet No. 2

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name AUCLAIR JEAN JACQUES

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted Furlough from 25 Jan 43 to 7 Feb 43 and is auth. to redeive 50¢ per diem in lieu ofrations	Gnr.		6A/TRegt.	Petawawa	9	21-1-43
Issued with Special Leave and Furlough Warrant	"		do	do	9	21-1-43
Granted increase of 20¢ per diem	"	19 Jan 43	"	"	13	28 Jan 43
Returned from Furlough 7 Feb 43	"	7-2-43	"	"	20-A	10-2-43
Granted H.C. Leave from 12-3-43 to 15-3-43 (4 days) plus 50¢ per diem R.A.	"	12-3-43	"	"	34	9-3-43.
To be L/Bdr.	L/Bdr.	1-4-43	"	"	59	15-4-43
Granted Furlough and W.E.Leave from 17-4-43 to 2-5-43 incl.(16 days) 50¢ per diem R.A. Issued Special Leave and Furlough Warrant	"	17-4-43	"	"	57	12-4-43
Ceases to be "on furlough" upon being admitted to St. Annes Mil. Hosp. Montreal, P.Q.	"	28-4-43	"	"	65	30-4-43
Granted Embarkation leave from 17-5-43 to 20-5-43 incl. (4 days) 50¢ per diem R.A. Issued Spec. L.&F. Warrant	"	17-5-43	"	"	77A	24-5-43
Granted furlough 5 days, W.E.L. 2 days, from 19-6-43 to 25-6-43 incl.(7 days) 50¢ per diem R.A. Issued Special Leave & Furlough Warrant	"	19-6-43	"	Debert	87	17-6-43
Att'd f.a.p. except pay E.T.U. Halifax	"	10-8-43	"	"	110	11-8-43
S.O.S., C.A. Canada 24-8-43						
T.O.S., C.A. Overseas 25-8-43						
Disembarked 1-9-43	"		"	U.K.	1	3-9-43
T.O.S.						
Reverts to Rank Gnr. (OR.) R/P. $1.50	Gnr	4 Sept 43	6 A/TK	UK	2	10 Sept 43
Qual Dr I/C M.C.	Gnr	12 Oct 43	6 A MC	UK	32	26 Oct 43

AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP

Regimental No. D-14120 Rank Gnr. Sheet No. 2

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name AUCLAIR JEAN JACQUES

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Granted Furlough from 25 Jan 43 to 7 Feb 43 and is auth. to redeive 50¢ per diem in lieu ofrations	Gnr.		6A/TRegt.	Petawawa	9	21-1-43
Issued with Special Leave and Furlough Warrant	"		do	do	9	21-1-43
Granted increase of 20¢ per diem	"	14 Jan 43	"	"	13	28 Jan 43
Returned from Furlough 7 Feb 43	"	7-2-43	"	"	20-A	10-2-43
Granted W.E. Leave from 12-3-43 to 15-3-43 (4 days)						
plus 50¢ per diem R.A.	"	12-3-43	"	"	34	9-3-43.
To be L/Bdr.	L/Bdr.	1-4-43	"	"	59	15-4-43
Granted Furlough and W.E.Leave from 17-4-43 to 2-5-43 incl.(16 days) 50¢ per diem R.A. Issued Special Leave and Furlough Warrant	"	17-4-43	"	"	57	12-4-43
Ceases to be "on furlough" upon being admitted to St. Annes Mil. Hosp. Montreal, P.Q.	"	28-4-43	"	"	65	30-4-43
Granted Embarkation leave from 17-5-43 to 20-5-43 incl. (4 days) 50¢ per diem R.A. Issued Spec. L.&F. Warrant	"	17-5-43	"	"	77A	24-5-43
Granted furlough 5 days, W.E.L. 2 days, from 19-6-43 to 25-6-43 incl.(7 days) 50¢ per diem R.A.	"	19-6-43	"	Debert	87	17-6-43
Issued Special Leave & Furlough Warrant						
Att'd f.a.p. except pay E.T.U. Halifax	"	10-8-43	"	"	110	11-8-43
S.O.S., C.A. Canada 24-8-43						
T.O.S., C.A. Overseas 25-8-43						
Disembarked. 1-9-43	"		"	21 St.	1	3-9-43
T.O.S.						
Reverts to rank of Gunner at own request rate of pay $1.50	Gnr.	4-9-43	"	"	2	10-9-43

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-14120 Rank Gnr. Surname Auclair Christian Name Jean J.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
6 a/T. Regt.									Killed 8-8-44		A-484

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S. O. S., C. A. Canada 24-8-43				
			T. O. S., C. A. Overseas 25-8-43				
			Disembarked 1-9-43	U.K.		L/Bdr.	DOI 3-9-43.
			T. O. S.				
20.9.43	C.O.	6AT	7 days P.L. from 20.9.43 to 26.9.43 incl	U.K.	20.9.43	Gnr	#81 21.9.43
26 Oct 43		"	Qual. Driver i/c M.C. eff 12 Oct 43	"	12 Oct 43	"	Pt II 22
			Awarded Canadian Volunteer Service Medal and Clasp				
			EMBARKED U.K.				
			DISEMBARKED FRANCE	"	07 Jul 44 9 Jul 44	"	34/ JUL 19 1944
9Aug44	CR	6ATk	SOS deceased(KILLED IN ACTION)	Field1	8Aug44	Gnr	49/1 Sep 44

Dr Mc

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit 74th.A/T BTY..R.C.A. C.A. 6 A/T Regt R.C.A. C.A. Regimental Number D-14120

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	AUCLAIR	R. C. A.	6 Medium A/T Regt
2. Christian Names	JEAN JACQUES		
3. *Substantive Rank and Appointment	Gnr.		
*Acting Temporary or Local Rank			
giving date	4 Sep 43		

*To be entered in pencil to facilitate alteration.

		(18) Medical		
		Category	Date	Authority
4. Place of birth	ST.HILAIRE,QUE.CAN.			
5. Date of birth as declared on attestation (A)	OCT.9th,1921			
6. Date of enlistment	14-7-42	"A"	8-7-42	M.F.M. 2
7. Place of enlistment	MTL.STH.QUE.CAN.	"A"	22-5-43	"
8. Residence at time of enlistment	OTTERBURN PARK,QUE.CAN.			
9. (B) Special conditions (if any) of enlistment or rate of pay		A1	4-8-43	M.F.M.2.
10. (C) Any subsequent variations of conditions of service				
11. Religion	R.C.			
12. If married, state date	SINGLE			
13. Trade on enlistment	SHIPPER			
14. Corps, trade and grade				
15. (D) Qualifications	DRIVER 1/c CLASS III M.C.-20-10-43-D.O. 70			
16. (E) Miscellaneous entries	1ST INCREASE PAY - EFF. 14-1-43 - D.O. 13. Rate of pay on reversion $1.50 4-9-43. 2nd Driver 1/c M.C. eff 12 Oct 43 Pt II 22			

(19) Next of kin (entries to be made in pencil) (mother)
Maria Auclair
Otterburn Park
Chambly, Rouville
Que. Can.

(20) E.
(21) E.
(22) E.

N OF K VERIFIED
C A TK DO 26 44

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.

CASUALTIES, ETC.

Part II D.O. No.	Part II D.O. Date	
169	14-7-42.	TOS DD4 and posted to "E" Wing..w.e.f. 14-7-42.
181	28-7-42	SOS to 6 A/T Regt Petawawa M Camp wef 28-7-42
23	29-7-42	TOS 6th A/T Regt on transfer from No 4 DD & posted to 14th A/T Bty eff 29-7-42
68	20-10-42	Granted w/e leave 17 Oct - 20 Oct. (4 days)
100	15/12/42	GRANTED N/YS. LEAVE 7DAYS.
9	21-1-43	GRANTED EURL. 14DAYS WITH R/A
34	9-3-43	Granted Weekend leave 4 days with R/A
57	12-4-43	Furlo. W/E.LVE. eff. 17-4-43.
59	15-4-43	Prom. to L/Bdr eff 1-4-43
65	30-4-43	admitted to St. annes. Mil Mons. eff. 29-4-43
65	30-4-43	Ceases is be on furlough (in hospital) eff. 28-4-43
77	4-5-43	Discharged from St. anne M.H. eff. - 10-5-43
77A	24.5.43	Granted 4 days Emb. lve.
87	17-6-43	Granted 2nd of Furl. 9 W/E leave 7 days with R.A.
110	11.8.43	ATT. TO UNIT 10-8-43

Gnr. ~~L/Bdr.~~ (74TH)

No. D-14120 RANK ~~Pte.~~ NAME: AUCLAIR, Jean Jacques *Married *~~Widower~~ *Single

*Place of { *Appointment *Enlistment Montreal South, Que. Date of { *Appointment *Enlistment 14 Jul, 42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					~~$1.30~~		
13	28-1-43	GNR.		A.S.	1.50		14-1-43
59	15-4-43	L/Bdr.			1.60		1-4-43
2	10-9-43	Gnr		A.S.	1.50		4-9-43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
~~4th Victory Loan Bond~~	~~1-5-43~~	~~$ 40~~
Mrs Mary Auclair	1-9-43	23 00
OTTER PARK Park		
Chambly. Rouville Quebec		
6 YR Loan Bond	1-5-44	$ 40
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

*Outfit *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed.....yes.....

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No. ~~Jacques~~

No. D.14120 RANK Gnr. NAME AUCLAIR, Jean

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
1	3-9-42	S. O. S., C. A. Canada 24-8-42	
		T. O. S., C. A. Overseas 25-8-42	
		Disembarked 1-9-42	
		T. O. S.	
2	10-9-42	Reverts to Rank of Gunner (1.50) eff. 4-9-42	
8	21-9-42	Gtd 7 days P.L. 20-9-42 to 26-9-42 with R.A.	
22	26-10-42	Qual. Driver 1/C. M.C. W.e.f. 12-10-42	
5	19.2.44	Gtd. 9 days PL & RA 24 Feb. to 1 Feb. incl.	
		CVS. MEDAL. DO 4 & clasp 15 JAN 1944	
34	19.7.44	Emb. 7 Jul 44 U.K. Disemb France 9 Jul 44.	
CR114		S.O.S. missing (believed killed) to x6 Fish w.e.f. 8 Aug 44	

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill	16-9-42.	Q	WBB.	S.A.T., L.M.G.	18-9-42.	Q	WBB.
Physical Training	16-9-42.	Q	WBB	P.A.G., T.O.E.T.	16-9-42.	Q	WBB.
First Aid	3-2-43	Q	KR	P.A.G. Gas Chbr. Test DM	28-8-42	Q.	JBG.
Marching	17-9-42	Q	WBB.	Fieldcraft	19-9-42	Q	WBB.
Rifle, T.O.E.T.	17-9-42.	Q	WBB.	Map Reading	18-9-42	Q	WBB.
S.A.T. A.Tk. Rifle (Boys)	29-10-42	Q	WBB.	Fundamental Trng.	2-11-42	Q	JBJ
S.A.T. A.A. (Rifle & L.M.G.)	18-9-42	Q	WBB.	P.A.D.			
S.A.T. Pistol				Army Wrestling			
Bayonet Fighting	23-10-42.	Q	WBB.				

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill	2-12-42	A	JBG.				
Physical Training	17-12-42	Q	JBJ	Sten	22-6-43	Q	
Marching	12-12-42	Q	JBJ.	Fieldcraft	20-4-43	Q.	JBG
Map Reading	16-12-42	Q	JBJ	Field Training	7-1-43	Q	JBJ
Fundamental Training	7-1-43	Q	JBJ	Field Engineering	8-1-43	Q	JBJ.
Protection against Gas	9-12-42	Q	JBJ	Digging and Wiring			
P.A.D.				Cooking in the Field	20-4-43	Q	JBG.
Bayonet Fighting				Driver M/C	23-10-42	Q	JBJ.
Rifle, T.O.E.T.	11-12-42	Q	JBJ	Driver I/C			
" " Classification	2-11-42	I	JBJ.	Driver Tractor			
L/M.G. T.O.E.T.	11-12-42	Q	JBJ.	Driver Tank			
" " Classification	28-9-42	I	JBJ.	Driver Bren Carrier			
S.A.T. Anti-Aircraft	17-12-42	Q	JBJ.	Signals V.T.			
A.Tk. Rifle T.O.E.T.	11-12-42	Q	JBJ	Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.	July 14/43.	Q	WBB.	Clerk-Typing			
" " Practices	19 July 43	Q	WBB.	Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices				A/T Rifle. 22 Rd Range	4-11-42	2	JBG
V.T.J.D. & F.O.				Courses Taken			
J.D. Test				Other Qualifications			
Range Finding T.O.E.T.				Ammunition.	17/11/42	Q.	JBG.
Range Takers Test							
Grenade, Rifle				M.C.	3-12-42	A	JBG.
Grenade, Hand	1-2-43	Q	JBS.	Visual Training	8-1-43	Q	JBJ
Organization	2-12-42	Q	JBJ	Gun Drill	9-1-43	Q	JBJ.
Elementary Gunnery	1-12-42	Q	JBJ.	Range Practices - 2 Pdr -	20 Rounds		JBJ.
Equipment	11-1-43	Q	JBJ	- 6 Pdr -	20 rounds		

39/48 JBG.

Gas Chamber. 8/6/43 C.A.P. JBG.
ODM

11-6-43 CLO RLB
Mersland

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

M.F.M. 105
180M—4-42 (3283)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-14120 Name Auclair, J.J.

Unit 74 Bty., 6 A/Tk Reg't. R.C.A, C.A. Rank Gnr.

No. of weeks' training completed. 10

General standard attained. – Good.

(a) Military efficiency – Good. (b) Conduct – Good.

(c) Leadership – Fair. (d) Rifle Range Course (A, Q or C)

(e) Other remarks

Progressing favourably but not taking a serious attitude towards his work.

Rank Lt Wilmot

Basic Training Centre No. 6 A/Tk Regt RCA

No. of weeks' training completed. 9

General standard attained. B

(a) Military efficiency Good. (b) Conduct Good.

(c) Leadership Average.

(d) Other remarks

(d) Other remarks

Happy go lucky type with plenty of ability but unable to apply it to good advantage. Good type soldier

Rank Lt Wilmot

Advanced Training Centre No. 6 A/Tk Regt RCA

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill	16-9-42	Q	LBB	S.A.T., L.M.G.	18-9-42	Q	LBB
Physical Training	16-9-42	Q	LBB	P.A.G., T.O.E.T.	16-9-42	Q	LBB
First Aid	3-2-43	Q	RCP	P.A.G. Gas Chbr. Test DM	28-8-42	Q	JBC
Marching	17-9-42	Q	LBB	Fieldcraft	19-9-42	Q	LBB
Rifle, T.O.E.T.	17-9-42	Q	LBB	Map Reading	18-9-42	Q	LBB
S.A.T. A.Tk. Rifle (Boys)	29-10-42	Q	LBB	Fundamental Trng.	2-11-42	Q	JBJ
S.A.T. A.A. (Rifle & L.M.G.)	18-9-42	Q	LBB	P.A.D.			
S.A.T. Pistol				Army Wrestling			
Bayonet Fighting	23-10-42	Q	LBB				

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill	2-12-42	A	JBC				
Physical Training	17-12-42	Q	JBJ				
Marching	12-12-42	Q	JBJ	Fieldcraft	20-4-43	Q	JBC
Map Reading	16-12-42	Q	JBJ	Field Training	7-1-43	Q	JBJ
Fundamental Training	7-1-43	Q	JBJ	Field Engineering	8-1-43	Q	JBJ
Protection against Gas	9-12-42	Q	JBJ	Digging and Wiring	8-1-43	Q	JBJ
P.A.D.				Cooking in the Field	20-4-43	Q	JBJ
Bayonet Fighting	23-10-42	Q	JBJ	Driver M/C	23-10-42	Q.	JBJ.
Rifle, T.O.E.T.	11-12-42	Q	JBJ	Driver I/C			
" " Classification	2-11-42	I S	JBJ	Driver Tractor			
L.M.G. T.O.E.T.	11-12-42	Q	JBJ	Driver Tank			
" " Classification	28-9-42	I S	JBJ	Driver Bren Carrier			
S.A.T. Anti-Aircraft	17-12-42	Q	JBJ	Signals V.T.			
A.Tk. Rifle T.O.E.T.	11-12-42	Q	JBJ	Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.	16-6-43	Q	JBJ	Clerk-Typing			
" " Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices			A/T	Rifle .22 Ad. Range	4-11-42	2	JBC
V.T.J.D. & F.O.	10-1-43	Q	JBJ	Courses Taken			
J.D. Test	10-1-43	Q	JBJ	Other Qualifications			
Range Finding T.O.E.T.				Ammunition	17-11-42	Q	JBC
Range Takers Test				M.C.	3-12-42	A	JBC
Grenade, Rifle				Visual Train.	8-1-43	Q	JBJ
Grenade, Hand	1-2-43	Q	JBJ	Gun Drill	9-1-43	Q	JBJ
Organization	2-12-42	Q	JBJ				
Elem. Gunnery	1-12-42	Q	JBJ	6 Pdr Range Pract	to 24-5-43	37/48	JBC.
Equipment	11-1-43	Q	JBJ				

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

Gas Chamber 8/6/43 C.A.P. JBJ
8/6/43 D M JBJ
11/6/43 Chl JBJ
11/6/43 Mustard JBJ

M.F.M. 105
180M—4-42 (3283)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-14120 Name Auclair, J.J.

Unit 74 Bty., 6 A/Tk Reg't. R.C.A. Rank Gunner

No. of weeks' training completed. 10

General standard attained. Good

(a) Military efficiency Good (b) Conduct Good

(c) Leadership Fair (d) Rifle Range Course (A, Q or C)

(e) Other remarks Progressing favourably but not taking a serious attitude towards his work.

Rank R.C. Perkins, Lieut.

Basic Training Centre No. 6 A/Tk Reg'T.R.C.A.

No. of weeks' training completed. 9

General standard attained. B

(a) Military efficiency Good (b) Conduct Good

(c) Leadership Average

(d) Other remarks Happy go lucky type with plenty of ability but unable to apply it to good advantage. Good type of soldier.

(Promoted to L/Bdr. Efficient & conscientious 24-5-43)

Rank R.C. Perkins, Lieut.

CERTIFIED A TRUE COPY.

Lieut

Advanced Training Centre No. 6 A/Tk Reg't. R.C.A.

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Auclair, Jean Jacques (b) Reg'l. No. D-14120
2. (a) Arm of service Army (b) Unit 74th A/T BTY R.C.A. CA. (c) Rank GNR
3. (a) Date of birth 9 Oct. 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Otterburn Park Que.
4. (a) Place of enlistment Montreal South Que. (b) Date of enlistment 14-7-42

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Atlas Asbestos Co. Address Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Asbestos Products.
20. (a) Your specific occupation Shipper (b) Number of years' experience at this occupation with any employer 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? General
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 3 yrs (c) In what provinces did you have experience? Que.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Same Employment.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form --

DATE 14-7-42 194..... SIGNATURE J. J. Auclair

MILITIA

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.

2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.

3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.

4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.

5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.

6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.

7. See instructions re kit inspections on inside of back cover.

ARTICLE	QUANTITY
Anklets, web, prs	1
Blouses, Battle-dress	2
Bonnet, tam-o'shanter	2
Boots, ankle, prs	2
Boots, rubber, high, prs	
Boots, leather, high, prs	
Bonnet, drab, Irish	1
Cap, field service	
Cap, mechanic	
Cap, tank battalion	
Drawers, Cellular short, prs	2
Drawers, Woollen, prs	2
Gloves, knitted, drab, prs	1
Greatcoat, drab	1
Initials of Soldier	RA
Initials of QM or Rep	RD

ARTICLE	QUANTITY
Jacket sweater, or jersey pullover	1
Overalls, combination	1
Overalls, blouses, denim	~
Overalls, trousers, denim	~
Shirts, Angola, drab	2
Shoes, canvas, prs	1
Socks, prs	4
Trousers, battle-dress, prs	2
Vests, woollen	2
Badges, cap	1
Badges, arm, drab, crowns	~
Badges, arm, drab, crown in wreath	~
Badges, arm, Tank Bn	~
Badges, shoulder, "CANADA", prs	3
Initials of Soldier	[illegible]
Initials of QM or Rep	[illegible]

ARTICLE	QUANTITY
Badges, arm, drab, Royal Arms	~
Badges, arm, drab, Royal Arms in Wreath	~
Bags, kit, universal	1
Braces	1
Brass, cleaning	1
Brush, button, brass	1
Brush, clothes	1
Brush, hair	1
Brush, shaving	1
Brush, shoe, blacking	1
Brush, shoe, polishing	1
Brush, tooth	1
Cap, comforter	~
Chevrons	[illegible]
Initials of Soldier	[illegible]
Initials of QM or Rep	[illegible]

ARTICLE	QUANTITY					
Combs, hair	1					
Discs, identity, sets, with cord	1					
Dressing, field	1					
Fork, NS Table	1					
Holdall	1					
Housewife, complete	1					
Knife, clasp	1					
Knife, table	1					
Lanyard, knife						
Razor, safety, with blade	1					
Patches, distinguishing, prs	3					
Shorts, gymnasium						
Spoon, NS dessert	1					
Vest, cotton, gym						
Initials of Soldier	[illegible]					
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs. 6A/5A	3					
Muffler	1					
Attachments, brace						
Bag, ration	1					
Belts, waist	1					
Bottles, water	1					
Braces, WE Right	1					
Left	1					
Carriers, cartridge						
Carriers, waterbottle	1					
Cases, binoculars						
Cases, pistol						
Covers, breech, rifle		1				
Initials of Soldier	[illegible]	[illegible]				
Initials of QM or Rep	[illegible]	[illegible]				

ARTICLE	QUANTITY					
Cover, mess tin	1					
Frogs, web, bayonet		1				
Haversack	1					
Helmet, steel	1					
Net camouflage helmet	1					
Packs	1					
Pockets Compass						
Pouches, amm, pistol						
Pouches, basic	2					
Pouches, utility { Front / Rear						
Slings, ~~rifle~~, web SLEEVE	[illegible]	1				
Straps, shoulder, haversack { left / right	2					
Straps, web, supporting	2					
Tins, mess, TP	1					
Initials of Soldier	[illegible]	[illegible]				
Initials of QM or Rep.	[illegible]	[illegible]				

ARTICLE	QUANTITY					
eil, face, camouflage						
oke						
Capes, A/G	1					
Respirators, A/G, complete with haversack	1					
Outfits, A/D	1					
Ointment, A/G	2					
Eyeshields, A/G, pk of 6	1					
Detectors, ~~Individual~~ SLEEVE, prs.	1					
Wallet, A/G	1					
Blanket	1					
Mug, drinking	1					
Sheet, ground	1					
Initials of Soldier	[illegible]					
Initials of QM or Rep.	[illegible]					

ARTICLE	QUANTITY				
Rifle No. ~~261 (3143)~~ Regt'd No.	1	1			164
Bayonet No. ..... w/scabbard	1	1			
Bottles, oil	1	1			
Pullthroughs, single	1	1			
Rods, cleaning, pistol	1	1			
Carbine, Mach ~~SFEN 11-3846~~ Regt'd No.	1				
Magazines, Carbine ~~SFEN~~	1				
Pistol Revolver No. ..... Regt'd No. (.....)					
Ctges, SA, revolver .380 in					
Ctges, SA, .303 in Mk VII					
Filler					
Tob	1	1			
Initials of Soldier	JGA	JGA			
Initials of QM or Rep	JO	JM			

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

VICE BOOK

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

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

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O SOLDIER

responsible for the safe

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vice.

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

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y superior.

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ces, but should you lose
t be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 14120

Surname (in capitals) AUCLAIR

Christian Names (in full) JEAN JACQUES

Date of Birth 9th October 1921

Place of Birth St Hilaire Que. Canada

Citizenship British

Trade on Enlistment Shipper

Nationality of Father at Birth Canada

Nationality of Mother at Birth Canada

Religion Roman Catholic

Enlisted at Montreal S. Que Canada

Date 14-7-42

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

Signature of Soldier J. J. Auclair

Signature of Officer [illegible]

Place Montreal S. Que. Canada Date 14-7-42

Any change becoming known is to be duly noted with date o

(IV) NEXT OF KI

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Arsene Auclair	14-7-4
	Mother	Maria Auclair	
3rd	*Brothers and Sisters	Theo. Auclair	
		Teresa Auclair	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

OW LIVING

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

ect as a WILL (see pages 20 to 23)

Latest known Address in full
Otterburn Park County of Chambly - Boucville Que Canada
Same as above
Same as above
Same as above

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary; Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
14-7-42	Gnr.		4DD 169	J.B. Johnston Capt.
1-4-43	L/Bdr.	With P.	D.O. 57	J.B. Johnston Capt.
4-9-43	Gnr.		D.O. 2	Paterson Lt.

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

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

Completed basic training in accordance with standard syllabus 2-11-42

Completed advanced training in accordance with standard syllabus 28-4-43

Qualified in addition as under:—

Driver 1/c Class III (M.C.) D.O. 70 23-10-42

Completed advanced training in accordance with standard syllabus 20/4/43

Date 4-6-43

J.B. Johnston Capt.
Commanding FOR O.C. BTY. R.C.A.

*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
Driver I/c Class III M.C. D.O. 70 23-10-42	23-10-42	J.B. Connor

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1942	II	Rifle	1-5	J.B. Connor Lt.
1942	I	L.M.G.	1-4	
1942	II	A/Tk Rifle	1-2	W.Bliss Lt.
1943	3rds	2" Mortar		W.Bliss Lt.
1943	II	Bren.	1 2 3 4 5	W.Bliss Lt.
1943	II.	Rifle		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
6 yrs Public S.	Otterburn P.Q.	1934	J.B. Johnston Capt

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

11

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
29-7-42		No. 1 on gun/AA	J. B. Connor Lt.

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
8-7-42	A	M.F.M.2		R Bell RB.
20-1-43	A	Returning Med Bd		RB.
22-5-43	A Conf.	"		RB.
4-8-43		Y.O.B. 21 P 1 U 1 L 1 H 1 E 2 M 1 S 1	Cat A1	

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

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

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification — Use authorized Abbreviations and Symbols	Signature of Dental Officer
-43	✓		2F	Mack Johnson 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
TABT-1	14-7-42	R Bell
TABT-2	20-1-43	RB
" 3	18/2/43	R Bell
Schick neg	1-8-43	RB
Typhus 1/4 c.c.	6-1-44	R Bell
" 1/2 c.c.	13-1-44	
" 1 c.c.	22-1-44	Capt
~~Booster~~	8-6-44	RB

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
14/7/42	R. Bell Capt
29-2-44 early	R. Bell

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray 131549 N	8/7/42	R Bell
F & P	7 Sept 43	[illegible]
PL & FTW 20 Sep 43	~~20 Nov 43~~	[illegible]
PL & F.T. W. (9 days)	24 Jan 44	[illegible]
Edu Vol Service Medal & Clasp	w.e.f. 15 Jan 44	[illegible]
T.A.B.T. Ann. 1/2 c.c.	29-2-44	R Bell
"M" TEST (REV.) COMPLETE		[illegible]
"Q" CARD COMPLETE	11-4-44	
Tested to 2 K service chev. w.e.f. 14 July 44	18 June 44	[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 14120 Rank Gnr. Name Maclaren J.D.

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

at

Date 1

Signature of Officer.
Rank or Appointment.

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

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

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

H.Q.M.D.4

Signature of Officer.
Rank or Appointment.

To whom sent.....

Unit or Dept.....

Signature of Officer.....

Unit or Dept.....

Date Will extracted.....

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,
Cameron Highlanders.

Date 5th August, 1936.

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,
Cameron Highlanders.

Date 5th August, 1936.

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-14120

Surname (Capitals) AUCLAIR

Christian Names in full JEAN, JACQUES