FIDIADIS
PETER
D157549

File No 405-F-6294

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-15-7549 Name Fidiadis Peter

Rank on Discharge Cpl. Date of Discharge 23 May 44

Authority for Discharge or Retirement **Deceased**

Served in:

				Non-qualifying service
Canada	from	28 May 42	to 4 Feb. 43	
	from		to	
United Kingdom	from	5 Feb. 43	to 29 June 43	
	from		to	
Italy	from	30 June 43	to 23 May 44 (killed in action)	
Northwest Europe	from		to	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star ok

Italy Star ok

~~Franco-Germany Star~~

Defence Medal NE

War Medal ok

Canadian Volunteer Service Medal ok

with clasp ok

M

NO RIBBON DESPATCH

Verified by Georgette Labrie

Date 9 July 46 JUL 9 1946

Carded

HA 165

B-6
86

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

MILITIA ACT

National Resources Mobilization Act, 1940

E-21353 ✓

F-3372

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. D-513281 ✓

Militia Unit taken On Strength V.R.C.

---

1. Surname (Block Letters) FIDIADIS ✓
2. Christian Names (In Full) Peter ✓ 1211 St. Urbain St.
3. Present Address Montreal 1049 Marie Anne E.
4. Place of Birth Montreal Date of Birth 31 Oct 1917
5. Religion Greek Ord. 6. Occupation Waiter
7. Next-of-Kin FIDIADIS, George
   (NAME AND ADDRESS)
   same
8. Physical Description: Height 5'9" Weight 158
   Color of Eyes Hazel Color of Hair Black
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

   Army

Dated this 22nd day of Nov 19 40

Training Centre No. 40

Peter Fidiadis
(SIGNATURE OF MAN)

N.P.A.M. TRAINING CENTRE
No. 40
COURSE 2
ENDING
DEC 21 1940
STAMP

R. Mac Duff 2/Lt.
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP
NO. 40 CANADIAN MILITIA TRAINING CENTRE

Medical Category "A" Std.

A. S. Howard
Lieut, Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

611326

Recalled to C.A. (B) T.C. No. 41
Huntingdon, Que. w.e.f. 19 Feb. 42 D.O. 15

Capt & Lieut Adjutant,
for Officer Commanding,
2nd Bn. Victoria Rifles of Canada, (R) C.A.

No D.157549 Rank Corporal Name FIDIADIS, Peter

Unit P.P.C.L.I. Date of death 23rd May, 1944.

Died at Italy

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-F-6294 d 10-6-44

N/K Mr. George Fidiadis Relationship Father

Address 1219 St. Urbain Street, Montreal, P.Q.

Remains buried in 2 CIB Cemetery

MR.760167 1/25000 sheet 160 11 NW Pignataro Interamna,

Grave location Italy

CWK

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. AUG 3 1945

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. JUN 30 1944

CAN. MESSAGE DESP'D. 16-6-44

H I & C R

REBURIAL

Cassino Military Cemetery,
Cassino, Italy.
Plot 9, Row B, Grave 14.
Form Despd. NOV 14 1946

(To be completed in triplicate)

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call E-21353 Regimental Number D-513281

1. Taken on Strength of No. 4. N.R.M.A. Clearing Depot

2. Surname (Block Letters) FIDIADIS

3. Christian Names (in full) PETER

4. Present Address 1219 St. Urbain St. Montreal. Que.

5. Place of Birth Canada (Country) Quebec (County or Province) Montreal. (Town or Township)

6. Date of Birth 31st Oct. 1917 7. Religion—Denomination Greek. Orthodox

8. Physical Description: Height 5'-10" Weight 160 Eyes Hazel Hair Black

Complexion Dark Identification marks Scar by Left eye

9. Married, Single, Widower? Single

10. Next-of-Kin Mr. George Fidiadis (Name) Relationship Father

1219 St. Urbain St. Montreal. Que. (Address)

11. Trade or Occupation Waiter

12. Previous Naval, Military or Air Service 30 days T?C? 40 (State Units and Dates of Service)

13. Preference, if any, for, R.C.N.? Yes Army? No R.C.A.F.? No

14. Employment in War Industry, if any No

Peter Fidiadis
(Signature of Man)

19th Feb 1942
(Date of Signature) 194

A.B. Brennan Capt.
(Signature and Rank of Enrolment Officer)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 41 at Huntingdon Que. Date 19th Feb 1942

Completed ..... Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. ..... at ..... Date .....

Completed ..... Days Advanced Training.

Qualities of Leadership, Positive ..... Becoming Evident? ..... Dormant? .....

Transferred to ..... Date .....
(R.C.N., formation or unit of the C.A., R.C.A.F.)

(Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre "A"

RECORD OF SERVICE of FIDIADIS (Surname) PETER (Christian Names) Regimental Number D-513281

QUALIFICATIONS

1. Naval, Military, or Air None
2. Business or Professional None
3. Trade or Civil None
4. Technical None
5. Languages, etc. Eng. (mother tongue) Can speak? Eng. Fr. Can read and write? Eng. Fr.

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate None (years completed) Graduation or Matriculation None (specify)
7. *College None
8. *University None

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

Can drive a car? No Repair a motor? No. Cooking experience? No Hobby? Music

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No.						
25.2.42	T.C.41	Enrolled and posted to N.R.M.A. Clearing Depot No. 4 and attached to T.C.41 for all purposes.	Pte.	19.2.42	T.C.41	Huntingdon Que.	Part II No.15B	25.2.42
14-3-42	R.R.C.	T.O.S. on transfer from T.C. 41	Rfn.	14-3-42	R.R.C.	Quebec	Part 11 No.41	14-3-42
4-4-42	RRC	A.W.L.	Rfn.	2-4-42	RRC	QUEBEC	PART II No.58	4-4-42
9-4-42	"	Awarded four (4) days summary forfeiture of pay under Sec 46(c) A.A. and forfeits four (4) days pay under F.R. & I. Art 149 for "AWL" fr. 2200 hrs 2-4-42 to 2145 hrs 6-4-42 (Absent 3 days 23 hrs 45 mins.) Total forfeiture eight (8) days pay	"	7-4-42	"	"	Part II No. 60	7-4-42
7-7-42	RRC	S.O.S. of R.R.C. C.A.(A) and discharged from NRMA Clrg. Depot No. 4 on attestation Active Service with Royal Rifles of Canada C.A.(A). (D-157549)	"	29-5-42	RRC	Nanaimo	Part II No.124	7-7-42

		eight (8) days pay.							
7-7-42	RRC	S.O.S. of R.R.C. C.A.(A) and discharged from NRMA Clrg. Depot No. 4 on attestation Active Service with Royal Rifles of Canada C.A.(A).(D-15754)	"	29-5-42	RRC	Nanaimo	Part II No.124	7-7-42	

Regtl. No. ..... Rank ..... Surname ..... Christian Names .....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
	VACC. 10-3-42 A.H. Macneile				
	T.A.B.T. 1 MAR. 5. 1942 A.L.M.				
	T.A.B.T. 2 1-5-42 A.L.M. Capt.				
	T.A.B.T. 3				
19-2-42	Urine Neg. - A.L.M. Capt				

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Records M. D. XI. DEC 26 1941 Checked E Card Observations

ORIGINAL
DUPLICATE
TRIPLICATE P.I.E Observed

DUPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

D-157545
E-52978

Unit ROYAL RIFLES OF CANADA C.A.(A) Regimental Number

No Card

08
M/SGT

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSG COMPLETED

1. Surname FIDIADIS
2. Christian Names PETER
3. Present address 1219 St. Urbain street, Montreal, Que.
4. Date of birth 31 Oct. 17
5. Place of birth CANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Township)
6. Religion (state denomination) GREEK ORTHODOX
7. Trade or Calling WAITER
8. Married, Widower or Single SINGLE
9. Name of next of kin Mr. George Fidiadis
10. Relationship Father
11. Address of next of kin 1219 St. Urbain street, Montreal, Que.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO

N/A
(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? YES (D-513281)
(Yes or No)

CLRG DEPOT NO.4 22Nov.40 to 22 Dec.40 19 Feb42 to date (*b*) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit)

Force? NRMA Clrg. Depot No. 4 22 Nov. 40 to 22 Dec. 40 19 Feb. 42 to d (D-513281)
(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? NO

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 30 May 42 Peter Fidiadis
(Signature of recruit)

Witness W.W. Lyal Capt

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, PETER FIDIADIS do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Peter Fidiadis (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Otter Point Camp. B.C. this 30th day of May 19 42

W.W. Lyal Capt — {Signature of Magistrate, Justice or Attesting Officer.

Royal Rifles of Canada (CAS) — {Officer or Rank and Unit or appointment

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

OCCUPATIONAL HISTORY FORMS COMPLETED

FINGERPRINTED

Record of Service of FIDIADIS (Surname) Peter (Christian Names) Regimental Number D-157549

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: WAITER

Technical: NIL

Languages: NIL

Educational Qualifications

High School or Collegiate: 6 yrs Public School (years completed) Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	5104	Joined on appointment						
	—	(Previous Service NRMA Clrg. Depot No. 4 1 Mo. 22 Nov. 1940 to 22 Dec. 40. and 19 Feb. 42 to date)(D-513281)						
	—							
	—							
6-7-42	RRC	ROYAL RIFLES OF CANADA C.A(A)	Rfn.	30-5-42	RRC	Nanaimo	Part II No.123	6-7-42
1-7-42	RRC	Appointed to the rank of L/Cpl. with pay.	"	1-7-42	RRC	Nanaimo	Part II No.119	1-7-42
18-8-42	RRC	Granted fourteen days furlough under the provisions of R.O. 699 from 29 Aug. 42. to 11 Sept. 42 (Incl).	L/Cpl.	29-8-42	RRC	Nanaimo	Part II No. 159	18-8-42
1-9-42	RRC	Promoted to the rank of Acting Corporal with pay.	"	1-9-42	RRC	Nanaimo	Part II No. 171	1-9-42
28/12/42	RRC	CONFIRMED IN RANK OF CORPORAL	CPL	27/12/42	RRC	N.WEST	Part II No. 256	28/12/42
28/12/42	RRC	SOS ON PROCEEDING TO NO 5 DISTRICT DEPOT QUEBEC AUTHY DAAG PAC COMM ADMN ORDER No 442 d. 24 Dec 42)	CPL	28/12/42	RRC	N.WEST	Part II No. 256	28/12/42

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

Certified True Copy

R.P.Borden, Major

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FIDIADIS, Peter Place Victoria, B.C.

Place Bay St. Armouries Date 30-5-42

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

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

"Signed" Peter Fidiadis
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).

Scar outer side left eye.

2. Height 5 feet 9 inches. 3. Weight 169 pounds.

4. Complexion Dark Eyes Hazel Hair Black

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 3 inches.

7. Vision, right 20/30 left 20/30
With Glasses— right N/A left N/A

8. Hearing, right C.V.20 left C.V.20

9. Condition of mouth and teeth MFB 465 Fit.

10. The abnormalities (congenital and pathological) found on examination are as follows

Syphilis 7 months ago has been under treatment ever since. Treatment continuing.

Normal Urine, Ears and Reflexes.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A1

Special remarks when category lower than A

R.P.Borden, Major "Signed" President — W.W. Bell, Capt. "Signed" Member — J.F. Grant "Signed" Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
10-3-42	Vac.		
5-3-42	TABT 1.		
1-5-42	TABT 2.		
27.6.42	TABT 3.		
19-2-42	Urine Neg.		
30-5-42	X-Ray Chest Neg 8781 R.P.B.		
23.12.42	Category A-1 approved: W.W. Bell Capt.		

Regtl. No. D-157549 Rank Rfn. Surname FIDIADIS Christian Name Peter

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No. D-157549 Rank ..... Sheet No. .....

Name Fidiadis Peter.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
Auth DAA Gr. Pac Comm Admin DO 442	d/24-12-42	TOS DD5 on transfer from R.R of Can of New Westminster B.C. pending attdmt overseas	Cpl	29-12-42	5DD	Quebec	2	4-1-43
		Granted Embarkation leave 1200-3-1-43 to 1400 7-1-43 Auth draw ration allow 0.50 per diem	Cpl		5DD	"	2	4-1-43
		DO 2 should read attd fap ex pay instead of TOS	Cpl		5DD	"	5	7-1-43
		Ceased to be attached to this depot on						
Auth Q/S-038	D/6-1-43	proceeding to Debert N.S.	Cpl	10-1-43	5DD	"	7	9-1-43
		SOS CA(AF) Canada on						
	✓	Embarkation on 4 Feb 43						
	✓	TOS CA(AF) overseas on						
		Transfer on 5 Feb 43						
	✓	Disembarked 13 Feb 43						
	✓	TOS-5CIRU 14 Feb 43	Cpl	19 Feb 43	5CIRU	UK	14	19 Feb 43
	✓	Prm. leave with ration allowance to 3 Mar	Cpl.	22 Feb 43	5CIRU	UK	15	22 Feb 43
S.O.S	✓	S.O.S to ICSBD	Cpl	12 May 43	5CIRU	U.K	71	14 May 43
	T.O.S ✓	T.O.S P.P.C.L.I X.4 List BD from 5CIRU	Cpl	12 May 43	X LIST PPCLI	U.K	1-A	19 May 43
	✓	appt'd a/Sgt	a/Sgt	29 May 43	X LIST PPCLI	U.K	6-A	9 Jun 43
		Embarked & S.O.S Cdn Army U.K.	a/Sgt.	29 Jun 43	X List PPCLI	NA	11.A	22 Jul 43
	✓	T.O.S Cdn Army (M)	a/Sgt.	30 Jun 43	X List PPCLI	NA	11 A	22 Jul 43

Statement of the Service of No. D 154549 Rank ..... Sheet No. .....

Name F.I.DIADIS P.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	✓	Disembarked	a/Sgt	11 Jul 43	x List PPCLI	UK	11-A	22 July 43
	✓	Posted from x.4 PPCLI (ARC) to x.4 PPCLI (4 Bn.)	a/Sgt.	29 July 43	x list PPCLI	NA	15 A	19 Aug 43
SOS								
	✓ TOS	TOS from x4 List P.P.C.L.I 4 BN ✓	A/Sgt	4 Aug 43	P.P.C.L.I x LIST.	NA	38	31 Aug 43
(C10)	✓	Reverts to Cpl.	Cpl	3 Aug 43	PPCLI	NA	22 A.	8 Oct 43
SOS	✓	S O S to x3 list PPCLI on adm to Hosp (Sickness)	Cpl	10 Oct 43	PPCLI	NA	44	21 Oct 43
C81	TOS ✓	TOS x3 from PPCLI on adm to Hosp.	Cpl	26 Oct 43	x LIST. PPCLI	NA	27A	28 Oct 43
C81	? ✓	Posted fm x3 to x4 PPCLI 4 BN. on disch. fm Hosp	Cpl	13 Oct 43	x LIST. PPCLI	NA	32A.	2 Dec 43
C81		Posted from x3 to x4 PPCLI B.D on disch fm. Hosp	Cpl	11 Oct 43	x LIST. PPCLI	NA	27A	28 Oct 43
C81 SOS	✓	S.O.L to PPCLI	Cpl	3 Nov 43	x L.	NA	30A	19 Nov 43
	TOS ✓	TOS from x List	Cpl	4 Nov 43	PPCLI	NA	50	24 Dec 43
C81	✓	Appt'd A/L/Sgt.	A/L/Sgt	31 Dec 43	P.P.C.L.I	NA	2.	9 Jan 44
C81	✓	A.A. 8.2. Reduced to Cpl	Cpl	4 Jan 44	P.P.C.L.I	NA	2.	9 Jan 44
		KILLED	Cpl	~~1 JUN 44~~	" "	.	CLA 446	1 JUN 44
	CW	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	✓	killed.	Cpl.	23 May 44	PPCLI		CLA 446.	1 June 44.

	RANK Shown	Eff. Date	UNIT	PLACE	D.C.NO	DATE
FIRLADIS Peter D-157549						
TOS DD5 on transfer from R.R. OF CAN OF NEW WESTMINSTER B.C. Pending attachment overseas AUTH D.A.A.G. Pac. Comm. Admn. D.O. 442 d/24-12-42	Cpl	29-12-42	5DD	QUEBEC	2	4-1-43
Granted embarkation leave from 1200-3-1-43 to 1400-7-1-43 with draw ration allow 0.50 per diem	"		"	"	2	4-1-43
D O 2 should read attached for all purposes except pay instead of TOS	"		"	"	5	7-1-43
Ceased to be attached to this Depot on proceeding to Debert, N.S. AUTH: Q/S-0 38 D/6-1-43	"	10-1-43	"	"	7	9-1-43
S.O.S. C.A.(A.F.) CANADA ON						
EMBARKATION ON 4. Feb. 43.						
??? T.O.S. C.A.(A.F.) OVERSEAS ON						
TRANSFER ON 5. Feb. 43.						
AND DISEMBARKED ON 13. Feb. 43.						
T.O.S. — 5 C.I. .U. 14 Feb. 43.	Cpl	18. Feb. 43.	5 C.I.R.U.	U.K.	14	19. Feb. 43.
P.Le + M.A. — 48 hrs 22 Feb. 43 & 3. Mar. 43.	"	22 Feb 43	"	U.K.	15	22 Feb. 43.
S.O.S. Reverted		23 May 44.	O.S.	Cable 6338		31.5.44

PPCLI

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

P.P.C.L.I.

PART I (For all ranks)

Unit ~~ROYAL RIFLES OF CANADA C.A.(A)~~ P.P.C.L.I. Regimental Number D.157549

1. Surname FIDIADIS
2. Christian Names PETER
3. *Substantive Rank and Appointment Cpl
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Quebec, Canada
5. Date of birth as declared on attestation 31 Oct.17
   (A)
6. Date of enlistment 30 May 42
7. Place of enlistment OTTER POINT CAMP, B.C.
8. Residence at time of enlistment Montreal, Quebec
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Greek Orthodox
12. If married, state date
13. Trade on enlistment Waiter
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C Infantry C

Unit (Battn., etc): R.R.C. C.A.(A) P.P.C.L.I.

(18) Medical

Category	Date	Authority
A-1 A1	30-5-42 23-12-42	M.F.M. 2 page 3

(19) Next of kin (entries to be made in pencil) Father
Mr George Fidiadis
1219 St Urbain St
Montreal, P.Q.
Canada

(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	Place of Casualty	(e) Date of Casualty	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 4 Feb. 43.				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 5. Feb. 43				
			AND DISEMBARKED ON 13. Feb. 43			Cpl.	
			T.O.S. — 5 C.I.R.U.				
				U.K.	14. Feb 43	Cpl.	D.O. 14. D/19 Feb. 43.
		5 C.I.R.U.	P.L. 4 M.A. and 48 hrs 22 Feb to 3 Mar 43	U.K.	22 Feb 43	Cpl.	15 22 Feb. 43.
		5 C.I.R.U.	SOS. to 1. C.S.B.D.	U.K.	12 May 43	Cpl.	71 – 14 May 43.
13 May 43		1. C.S.B.D.	T.O.S. from 5 C.I.R.U.	Fld.	13 May 43	"	2 d/15 May 43.
		TOS.	X-4 list / PPCLI	"	13 May 43	Cpl	1/A 19 May 43
29 May 43			App. A/Sgt		29 May 43	A/Sgt	6A 9 June 43
12 Jul 43			POSTED TO X4 LIST PPCLI (ARD)		12 Jul 43	"	9A d/15-7-43
			SOS CA (UK) ON EMBARKATION AT		29 Jun 43		11. A. 22 Jul 43
			TOS CA (M) ON TRANSFER ON 30 June 43 AND DISEMBARKED AT		12 Jul 43		
			POSTED TO X-4 LIST (4 BN)	"	29 Jul 43	"	15A/43
		S.O.S.	X-4 LIST PPCLI (4 BN)	M	3 Aug 43	"	
		T.O.S.	PPCLI F.U.	"	4 Aug 43	"	
11 Aug 43			Reverts to Cpl	Field	3 Aug 43	Cpl	38/43
		SOS	20 X 3 list on adm Hosp	"	1 Oct 43	"	44/43
		TOS	X 3 list on adm Hosp	"	2 Oct 43	"	27/43
			Posted to X-4 (4 Bn) SOS by X-3.	"	13 Oct 43	"	32 A/43.
			TOS X 4 list (4 BN) on disch from Hosp.	C.M.(E)	14 Oct 43	Cpl.	27 A/43
			SOS to PPCLI	"	3 Nov 43	"	30 A/43
		PPCLI	TOS from 4 Bn	"	4 Nov 43		47/43
		"	adm 1 FDS	"	15 Oct "	"	33 A/43
		"	from out	"	21 "	"	"
			adm to 5 ~~Gen~~ CCS	"	2 "	"	"
			adm to 15 CCS	"	3 "	"	"
			" " 1 FDS	"	15 "	"	"
			Disch 5 CCS	"	25 "	"	"
			app A/L/Sgt	"	31 Dec 43	A/L/Sgt	2/44
			Reduced to Cpl for off under Sec 8(2)	"	4 Jan 44	Cpl	"
			Awarded C.V. Mn Hosp		10 Jan 44		4/44

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps P.P.C.L.I. Regimental Number D 157549

Substantive Rank Cpl Surname Fidiadis Christian Names P.

Acting Temporary or Local Rank

(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
Obit No. 271		PPCLI 2	DOS - Killed in Action	Field	23 May 44	Cpl	35/44

MD/ COPY

M.F.M. 5
150M—1-42 (3165)
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 FIDIADIS
(Surname first—Christian names in full—Block capitals)
Peter

(2) Regimental or Official Number and Rank D-157549 Rfn.

(3) Unit Royal Rifles of Canada C.A.(A)

(4) Are you married? Single

(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?

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

Names and ages

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

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

Name

Postal Address

[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 .....

.....

.....

(11) Is your father alive? YES

If so, state name and address, occupation Mr. George Fidiadis,

1219 St. Urbain Street, Montreal, Quebec. Retired.

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

$40.00 a month.

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? NO

If so, state name and address .....

.....

(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? NO

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

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

(Sgd) Peter Fidiadis
(Signature of officer or man)

Date 20 May 42

(Sgd) H.L. Lamb, Lt.Col.

Officer Commanding Royal Rifles of Canada, C.A(A)

Date 30 May 42.

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.)

Fidiadis, Peter

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 PETER FIDIADIS (b) Reg'l. No. D-157549
2. (a) Arm of service Army (b) Unit Royal Rifles of Canada C.A.(A) (c) Rank Rfn.
3. (a) Date of birth 21 Oct. 17 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Quebec
4. (a) Place of enlistment Otter Point Camp, B.C. (b) Date of enlistment 30 May 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (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 years 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? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English, French (b) What languages do you read well? English, French

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 Theoret Albert Address St. André St. Mtl, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Tavern
20. (a) Your specific occupation Waiter (b) Number of years' experience at this occupation with any employer 8 years
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? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

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.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form No

DATE 30 May 42 194 SIGNATURE Peter Fidiadis

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: FIDIADIS

Given names: Peter (*Block letters*)

Do not write in this space

4. RESIDENCE

Street: St. Urbain St. No.: 1219

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Montreal

11. DATE OF BIRTH: October (Month) 31 (Day) 1917 (Year)

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

OCCUPATION

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

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: FIDIADIS, George	
MOTHER (Maiden Name):	

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 23rd. (Day) 44 (Year) 19.....

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

OVERSEAS CASUALTY CANADIAN ARMY

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

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

State findings.....Was there an autopsy?.....

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

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

Manner of injury.....
(How sustained)

Nature of injury.....

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

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

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

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

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

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

NOV 24 1944

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D157549 RANK Corporal SERVICE UNIT P.P.C.L.I(CA)

NAME FIDIADIS, Peter

DATE OF BIRTH
DAY 31 MONTH 10 YEAR 17 Enlisted - 30-5-42

MARITAL STATUS Single Religion - Greek Orthodox

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

ADDRESS 1219 St.Urbain St., Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6338

CASUALTY DETAILS Killed in Action H.Q.405-F-6294 DATE 23-5-44

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

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

DATE 10-6-44

OFFICER I/C RECORDS

ET

6

COPY FOR DOCUMENT FILE

17th June, 1944

Mr. George Fidiadis,
1219 St. Urbain St.,
Montreal, Que.,

Dear Mr. Fidiadis:

It is with deep regret that I learned of the death of your son, D.157549 Corporal Peter Fidiadis, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 23rd day of May 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

JUN 15 1944

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

GR/E
T

10

405-F-6294
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.157549, Corporal Peter FIDIADIS, of the Princess Patricia's Canadian Light Infantry, Canadian Army, was killed in action on the 23rd of May, 1944.

(R.T.E. Hicks-Lyne), Colonel,
Acting Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada,
January 10th, 1945.

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RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME FIDIADIS, Peter

RANK Cpl.

UNIT P.P.C.L.I.

PLACE & DATE OF BIRTH Montreal, Quebec 31 Oct. 1917

REGIMENTAL NO D.157549

NEXT OF KIN & ADDRESS FATHER-Mr.George FIDIADIS, 1219 St.Urbain Street,Montreal Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

PLACE OF DEATH ITALY.

~~HRS~~ DATE OF DEATH - 23 May 1944

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 25 May 44.

CEMETERY 2 CIB Cemetery 760167

PLOT NO ROW NO GRAVE NO PPCLI. SEC. ITALY. 1/25000 Sh 160 11

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT:

RELIGION Greek Orthodox

DATE 29 Jan 45.

Noted
OK2(O)

(B.E.WILLAN) Capt.,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

26

H.Q. 405-F-6294 D.R. 2(D)

3rd August, 1945.

Mr. George Fidiadis,
1219 St. Urbain Street,
Montreal, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D157549 Corporal Peter Fidiadis, have now been carefully exhumed from the original place of interment and reverently reburied in grave 14, row B, plot 9, of Cassino Military Cemetery, Cassino, 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.

9.8

/EMA

28

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4

~~NAVY~~

ARMY

DECEASED MEMBER'S NAME: PETER (CHRISTIAN NAMES) FIDIADIS, (SURNAME)

PAYEE: Director of States

ADDRESS:

REGISTER NO. D-20081

FILE NO. 405-F-6294

DATE 22-2-46

SERVICE NO. D-157549

FINAL RANK OR RATING Cpl.

DATE OF DISCHARGE 23-5-44

DATE OF TERMINATION OF OVERSEAS SERVICE 23-5-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 725/30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 474 LESS 5 INELIGIBLE DAYS, EQUAL TO 469 DAYS @ 25C. PER DAY	117.25	
		297.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

DAILY RATES AT DISCHARGE

PAY	$ 1.70	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.95 X7 = $ 20.65	
NO. OF DAYS 474/183	X $ 20.65	53.49
D. WAR SERVICE GRATUITY		350.74
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		350.74

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
CMH	

TREASURY

CHECKED BY	DATE
G. Petitclerc	27/2/46.

SERVICE REPRESENTATIVE

△T

Q.G. D- 157549(JAG/E)

XXXXXXX
ETUDE DU JUGE-AVOCAT GENERAL
DIVISION DES SUCCESSIONS.

11 mars, 1950.

Madame George Fidiadis,
St Donat,
Comté Montcalm,
P.Q.

FIDIADIS, Peter Cpl (Décédé)
No. D157549, Armée Canadienne

Chère Madame Fidiadis,

Nous accusons réception de votre lettre en date du 2 mars et, en réponse à cette dernière, nous désirons vous faire part que la Gratification de Service de Guerre dûe à feu votre fils, laquelle se chiffrait au montant de $350.74, a été payée à votre mari, Monsieur George Fidiadis, à 1219 rue St Urbain, Montréal, P.Q. en mars 1946 et nous détenons dans notre dossier un reçu signé par lui attestant ce fait.

Il se peut que vous ayez droit au crédit de réhabilitation de votre fils et, à cette fin, nous vous conseillons de communiquer avec le Directeur du Crédit de Réhabilitation, Département des Affaires aux Anciens Combattants, Ottawa, Ont.

Votre tout dévoué,

(S.L.Howell) Chef d'Escadrille,
pour Le Directeur des Successions.

dLH/YC

St Donat 2 Mars 1950

Actuel Service Death

Monsieur

J'ai entendu dire que le war service Gratuity Branch envoyait des applications aux parents qui avait des veterans mort. Comme j'ai un garcon qui est mort en Casino Italy et que je n'ai pas recu d'application maintenant j'demeure a la campagne peut-etre que la lettre est perdu c'est la raison que je vous ecrit pour vous demander de me m'envoye une application que je remplierai et vous la retournerai.

Voici le nom de mon garcon ainsi que son numeros

D 15 7549 Caporal Peter Fidiades
Killed 23rd May 1944
Buried in Casino British Military
Cemetery Casino Italy
Plot 9 Row B. Grave 14

Si vous voulez me repondre au plutôt je vous en serais bien reconnaissante mon addresse est au tournant de la

Feuille

Mde

Mr George Fidiadis
St Dorat
Conte Montcalm
Gre Fidiadis

RECEIVED
MAR 4 1950

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, Peter Fidiadis, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of ——
Province of Quebec, Waiter
(Civil Occupation)

Regimental No. D-157549, Unit R.R.C.C.A.(A), 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 Mr. George Fidiadis, my father, all my estate both real and personal of whatsoever kind and wheresoever situate for his sole use and benefit.

P. F.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mr. Andre Fidiadis 1219 St. Urbain St. Mtl. Que
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 24 day of June 1942

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.

Peter Fidiadis
(Signature of soldier)

First witness sign here.

(5) Signature J. W. Wilson.
Civil Address 2712 Lorraine Ave. Montreal Que.
Civil Occupation Purchasing Agent.

Second witness sign here.

Signature J Blandler
Civil Address 3961 Blande St. Verdun Que
Civil Occupation Cleaner

(Witnesses are not to be beneficiaries.)

[OVER]

W.F. 164

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "E"
OCT 3 1940
Min. des Services Nationaux de Guerre
MONTREAL, QUE.

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call
Serial No:—
E 21353

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full FEDIADIS PETER
(Print in block letters) (Surname) (Given Names)

Born: Place MONTREAL Canadian Province (or other country) QUEBEC Date Oct 31,1917

Permanent Postal Address 1049 Marie Anne, Montreal, Que.
(Street and Number) (Rural Route and Post Office) (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—
Rheumatism no Tuberculosis no Bronchitis or Asthma no Heart Disease no
Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no
Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease no Fits no
Nervous or Mental Disease no Syphilis no Gonorrhoea yes Have you ever worn Glasses? no
Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no If so, from whom?
("Yes" or "No")

Place MONTREAL Province QUEBEC Date Oct 2, 1940

(Signed): PETER FEDIADIS
Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"
1938 acute withritis gonorrhea. Wel treated and cured.
Urina clea. No gleet. No recurrence.

Physical examination (the man must be stripped)

1. Height 5 feet 9 inches. 2. Weight 158 pounds
3. Complexion dark Colour of eyes Hazel Colour of hair black 4. Development ~~poor~~ ~~fair~~ ~~good~~ (Strike out inapplicable words.)
5. Chest measurement—Girth on full expansion 38 inches
   Range of expansion 2 inches
6. (*a*) Vision without glasses—Right eye 20/30 left eye 20/30
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear C.V.20 left ear C.V. 20
8. Mouth and teeth good
   Describe dentures, if any none
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—
   none

PART III

I have examined the man in accordance with the physical standards and instructions for the medical examination of recruits and certify that he is fit for:—

Category "A" X
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature C.A. MOLLEUR, M.D.
(Examining Physician)
Address 5214 Park Avenue, Montreal
Date October 2nd, 1940. 50

The space below is reserved for Training Centre Medical Officer.

PART IV Record in detail any disease or disability not previously described:— ✓ ✓ X

Signature Thyslie Capt
Training Centre Medical Officer.

Training Centre No. or Name NO. 40 CANADIAN MILITIA TRAINING CENTRE
N.P.A.M. No.

(Important: See other side)

N.W.S. Form No. 1A

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the physical standards and instructions for the medical examination of recruits, copy of which will be supplied to each " examining physician " by the Department of National War Services.

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The names and addresses of all Divisional Registrars will be brought to the attention of all appointed " examining physicians " by notices in the press or, if possible, by letter.

4. Payment for the examination of each man will be made monthly by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

I hereby certify this to be a true and correct copy.

.....

The Divisional Registrar will stamp the four copies showing his Administrative Division and the place and date where the copies were made and certified by him.

(See National War Services Regulations, 1940 (Recruits).)

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D157549 Rank and Name FIDIADIS. P. Cpl.

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

(~~Transfer~~ or Discharge).....to.....on 23.May.....19.44.

Reason Death Authority: C.C.L."A" 446 d/1.June.44.

The following is a statement of the account of the above-named from 1.May. to 31.May. 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	514	85
First Monthly Payment AR7.d/3.5.44	4	47	Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments AR.10d/15.5.44	8	94	Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at .....$		
Assigned Pay			Allowances (Give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (Give particulars):			Def. Pay Interest	6	79
6th. V.L.Bond.	200	00			
To Balance Cr Free	30	93			
To Balance Cr Deferred	330	00	By Balance Dr		
	360	93			
Total	574	34	Total	574	34

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

Remarks:

Assnd Pay of $16.80 (6th.V.L.) stopped eff May.44.

Amount Re-credited is included in Bal: B/Forward at 1st May.44.

DEPARTMENT OF NATIONAL DEFENCE
PAY BRANCH
DEC 26 1944
H.Q.
OTTAWA

Compiled by W.Blackburn.

Checked by E.McLeish

Date 2nd December. 19.44.

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

MW

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-157549 Cpl. Fidladis P. (Deceased)

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon A.A.I.

CHECKED BY ..... B-126252 Pte. Sislofsky A.
L-17349 Cpl. Bailey N.S. DATE ... 11 July 44

1	Black Leather Wallet Sundry Papers Photos in Envelope		
1	Cap Badge		
1	Pocket Watch on Chain (Damaged)		
1	Medallion (Italian)		
1	New Testament		
2	Italian French Dictionaries		
1	F.S. Dress Cap		
1	Brown Leather Toilet Set		
1	Woollen Sweater		

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

N S Bailey cpl
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY RJM

Name: FIDIADIS Peter No.: H157549
Surname Christian Names

CPL C.A.S. C/S 23-5-44
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 360.93

Date: 28-3-45 Other Credits .....

Total 360.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	George Fidiadis, 1219 St Urbain Street, Montreal, Quebec. (Sole beneficiary under will)	R 360.93

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 4-6-45 CWJ

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	360.93

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. George Fidiadis,
1219 St. Urbain Street,,
Montreal, P.Q.

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

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

and the following number quoted:—

H.Q. 405-F-6294 FD 200

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

August 21, 1944

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

Cpl. Peter FIDIADIS, No. D.157549

C.A.

ESTATES BRANCH AUG 29 1944 H.Q. OTTAWA. NATIONAL DEFENCE

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

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

GHF/JMcF

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None -		
2	Children of the Deceased and dates of their Births.....		None -		
3	Father of the Deceased.....		George Fidiadis	56	1209 St Urbain St Montreal - Que
4	Mother of the Deceased.....		Alberteno Berthiaume Fidiadis	42	Do
5	Brothers of the Deceased	Full Blood			
		Half Blood	André Fidiadis	19	Do
			Aristide Fidiadis	12	Do
6	Sisters of the Deceased	Full Blood			
		Half Blood	Mary Fidiadis	23	Do
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	None		None		None

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Panayotis Surnamed Peter
9	Date of his birth.	31st October 1917
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	12 February - 1921 -

PARTICULARS OF DOMICILE

Montreal - Que -

12	Place where deceased was born.	Montreal - Que -
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Montreal - Que - (c) (d)
14	Nature of employment before enlistment.	Waiter
15	State whether he owned the premises in which he lived, and, if so, where situated.	living at father's home -
16	Name place where deceased stated he intended to make his permanent home.	Montreal - Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	nil -
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none -
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no assets -

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	buried overseas -

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

(PLEASE TURN OVER)

DECLARATION

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

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

* father of the deceased.

Geo Fideadis
..... Signature of Informant

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

1219 St Urbain St Montreal
..... Address

CERTIFICATE

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

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

Dated at Montreal this 28th day of August 19 45

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

Barnet Musselman N.P. Qualification Notary

Address 276 St James St W. Rm 414

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

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

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