D157793
LAPLANTE
LUCIEN

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M.F.M. 2
(Combining M.F.M. 103)
1,000,000—12-43 (3115)
H.Q. 1772—39—1645
K.P. 96

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TRIPLICATE } Copy designation to be shown by striking out terms not applicable.

Corps Infantry

CANADIAN ARMY

Regimental Number D.157793

ENROLMENT AND ATTESTATION PAPER

D157793

WSG COMPLETED

1. LAPLANTE (Surname) LUCIEN (Christian Names)
2. Present Address 5814 Hochelaga Montreal, P.Q.
3. (a) Date of birth 8 Sept. 1919
   (b) Place of birth Somewhere in the State of New Hampshire U.S.A. (Country) (County or Province) (Town or Township)
4. (a) Place of birth of Father Canada St-Hyacinthe
   (b) " " " " Mother Canada " (Country) (County or Province) (Town or Township)
5. Nationality French Canadian
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic
7. Trade or calling Truck Driver
8. (a) Name and address of last employer Joseph Perrault Montreal
   (b) How long employed 7 years
9. Married, Widower or Single Single. If married, how many children
10. Name of Next-of-Kin Mr. Joseph Laplante 11. Relationship Father
12. Address of Next-of-Kin 2886 Dickson St., Montreal
13. Previous Service (Navy, Army or Air Force) Units and dates D-620019 NRMA soldier 18 July 41 to 23 Apr. 44.
14. (a) Former war service Nil
    (b) In the armed forces of what country Nil
    (c) Dates of such Service Nil
15. Decorations and medals, if any Nil
16. I do solemnly declare that the above particulars are true

Lucien Laplante
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Vernon B.C. this 24 day of April 1944

R Rochon Major } Signature of Magistrate, Justice Attesting or Enrolling Officer.
1 Bn Le Regiment de Hull C.A. } Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Lucien Laplante, 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 24 April 44 Lucien Laplante (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness R Rochon Major (Name) (Rank) Lucien Laplante (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at Vernon B.C. this 24 day of April 1944

R Rochon Major (Signature of Magistrate, Justice or Attesting Officer.)

1 Bn Le Regiment de Hull C.A. (Office or Rank and Unit or appointment)

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

TO BE FILLED IN BY DISTRICT DEPOT	
Fingerprinted	
Photographed	
Occupational History Form Completed	

Record of Service of LAPLANTE (Surname) LUCIEN (Christian Name) Regimental Number D. 157793

QUALIFICATIONS

Military: Nil

Business or Professional: Nil

Trade or Civil: Nil

Technical: Nil

Languages: French and English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 7th year (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 personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

This column for checking purposes only	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II	D.O. No. Cas. List, etc.	Dated
	Authorized to receive increase Pay $1.40	Pte.	21-4-43	Regt de Hull	Colwood		70	10-4-43
	Qualified as Driver Mech. Class 1.	"	6-3-43	"	"		77	21-4-43
	Qualified as Instructor Grade Q1 Wheeled Vehicles	"	28-5-43	CD &"MS	Woodstock	113	96	31-5-43
	Qualified M.C. Class 111 InstructorsGrade Q11	"	12-6-43	"	"		126	17-6-43
	Granted Furlough 14 days	Cpl	3-6-43	RegtdeHull	Nanaimo		125	2[illegible]-6-43
	T.O.S. for General Service from NRMA	Pte.	24 Apr 44	"	Field		90	29 Apr 44
	Granted Emb. Lea. with R.A. from 9 to 18 May 44	Cpl	9-5-44	"	"		# 2	4-5-44
	A.H. to No. 4 D.D. f.a.p. ex/pay	"	5-5-44	"	"		# 2	4-5-44
	Lea. A.H. to No. 4 D.D. ex/pay	"	19-5-44	"	"		# 3	21-5-44
	S.O.S. C.A. (C) on emb.	"	26-5-44	"	"		7	25-5-44
	t.o.s. C.A. (O) disemb. 2-6-44	"	27-5-44	"	"		7	25-5-44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname LAPLANTE Christian Names LUCEEN

Reception Centre Vernon, B.C. Military District XI Date 26-4-44

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 24 Eyes (Colour) Brown Hair Brown Height 5'3¼" Weight 133½ lb

Identification marks and scars Scar dorsal 1st rt metacarpal scar, 1/3 in ant lt eye.

22. Urinalysis (a) Albumen ..... (b) Microscopic (if albumen positive) ..... (c) Sugar .....

" recheck (a) " ..... (b) " " ..... (c) Blood sugar .....

23. X-Ray No. 27 Aug. 41 Laboratory ..... Report Neg.

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble no

(b) Nose, throat, sinus or ear trouble

no

24. (Cont'd)

(c) Any broken bones or other injuries

No

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations no

(g) Ruptures no

(h) Kidney or bladder trouble no

(i) Gonorrhoea no

(j) Varicose veins no

(k) Haemorrhoids no

(l) Rheumatism or joint trouble

no

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/..... Lt. 20/.....

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. N Lt. N

Nose N Throat N

Sinuses N

Remarks and Diagnosis

Pulhems grading H 1 E 1

..... R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium N

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

..... R.C.A.M.C.

(Signature of Surgeon)

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

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
(m) Tuberculosis No
(n) Bronchitis or other lung trouble no
(o) Asthma or Hay Fever no
(p) Heart Disease no
(q) Rheumatic Fever no
(r) Kidney Disease no
(s) Stomach, Bowel or Rectal trouble no
(t) Diabetes no
(u) Goitre no
(v) Syphilis no
(w) Fits or fainting no
(x) Nervous disorders no
(y) Have you been in the Active Army in this war? no
(z) Are you now or have you in the past received disability pension or compensation? no

Lucien Laplante
(Signature of Recruit)

Attwey Capt R.C.A.M.C.
(Witnessed by)

27. Physique:
Good YES Fair Yes Poor
Chest: Symetrical
Full expansion 35" Range of Expansion 1"
Lungs: Clear to A & P.

Heart: B.P. Systolic 120 Diastolic 80
Normal

Abdomen Neg

Skin zNeg
Glandular Systems Neg
Remarks and Diagnosis:

PULHEMS Grading P 1

R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis:**

Pulhems grading M 1 S 1

R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Profile to be assigned.

Year of Birth	P	U	L	H	E	M	S
19	1	1	2	1	1	1	1

This profile is not to be changed. See note (c).

Attwey Capt
(G.Hevey) Capt., R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present profile to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
29-3-41	Vacc.	26-4-44	1	1	2	1	1	1	1	Capt
29-3-41	TABT 1									
21-4-41	TABT 2									
9-5-41	TABT 3									
16-9-42	TABT ½ c.c.									
1-7-43	TABT ½ c.c.									

NOTE: (a) Any corrections to entries must be initialled by the officers making them.
(b) (i) Profile in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in profile to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER orginal entry.

Regimental No. D-620019 Rank Pte. Sheet No. 1(a)

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

Name LAPLANTE, J.R.L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Attached to C.D.& M.School for all purposes for Phase II[I] in Driver Mechanics	Pte.	11-1-43	S-5 CD & MS	Woodstock Ont	11	15-1-43
Ceases to be attached for all purposes incl. pay on completion of Driver Mech. Course and returned to Regt. de Hull	"	5-3-43	"	"	51	8-3-43.
Case to be Att'd FAP ~~EP~~ to ADV. D.& M School Woodstock Ont. on Completion of Driver Mechanic Course	"	6-3-43	R de Hull	Edmond B C	52	11-3-43
Attended Dr. Mechanic Course at S-5 Cdn D.& M School Woodstock Ont. and qualified: Driver Mechanic Class I M/C Grade III		5-3-43	"	"	62	31-3-43
Auth to receive increase rate of pay $1.40	"	21-4-43	"	"	70	10-4-43
Having qualified in accordance with instructions regarding Trades Test and Tradesmen is granted Trades Pay as follows: Driver Mechanic ~~XXXXX~~ Classl.(0.25 per diem)	"	6-3-43	"	"	77	21-4-43
Att'd f.a.p. except pay to S-5 D.& M School Woodstock Ont, whilst attending Wheeled Wing Course.	"	29-4-43	"	"	79	24-4-43
Attached S-5 CD&MS f.a.p. e.p. to attend course in Wheeled Vehicles.	"	1-5-43	CD & MS	Woodstock	96	6-5-43
Having completed a course in Wheeled Vehicles is qualified Instructor's Grade QI.	"	28-5-43	"	"	S.113	31-5-43
Remains attached to S-5 C.D.& M.S. FAP EP to attend 4th Special Riding and Maintenance M/C Instructor's Course.	"	31-5-43	"	"	113	31-5-43
Having completed 4th Special Riding & Maintenance M/C Instructor's Course is qualfied M/C Class III, Instructor's Grade QII.	"	12-6-43	"	"	126	17-6-43
Ceases to be attached to S-5 C.D.& M.S. FAP EP and returned to Unit.	"	12-6-43	"	"	126	17-6-43
To be A/Cpl. with pay to Complete establishment	"	1-6-43	"	Nanaimo B.C.	120	16-6-43

Regimental No. D-620019 Rank Cpl. Sheet No. 2 1

Name LAPLANTE L.

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted furlough 14 days(3 to 16 Jun 43) aut. to draw .50 per diem Art 196(4) FR&I	Cpl.	3-6-43	R de Hull	Nanaimo, BC	125	23-6-43
AWL from 2200 hrs. 16-6-43 and still AWL at 2200 hrs. 17-6-43 (1st day)	"	16-6-43	"	"	125	23-6-43
Ceases to be att'd FAP E/P to S- 5 C.D.& M.S. Woodstock, Ont.	"	12-6-43	"	"	126	24-6-43
D.O. 125 d/23-6-43 for furlough from: 3 Jun to 16 Jun 43) read: From: 19 Jun to 2 July 43)	"	19-6-43	R de Hull	"	126	24-6-43
Returned from furlough 2 July 43 at 2200 hr.	"	2-7-43	~~R de Hull~~	Field	3	5-7-43
RECORDS PURPOSES:						
3 S.O.S. NRMA CL. DEPOT NO 4 AND T.O.O.S. AS MEMBER H.D.	"	26 Jul 41	"	"	18	3 Sept 43
3 DUTY TO KISKA						
12 JUL 43 TO 18 JAN 44	-	JUL 12 1943	-	-	5	21-1-44
3 30 DAYS SPEC. LEAVE JAN 24 1944 to FEB 22 1944	-	JAN 24 1944	-	-	10	2-2-44
S.O.S. NRMA to General Service (D. 157793)	Pte.	23 Apr. 44	4 R de Hull	Field	50	29 Apr 44

Regimental No. D. 157793 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Laplante L.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
OM 10	Change of add N.O.K. MR JOSEPH LAPLANTE (FATHER) 2467 LACORDAIRE ST. MONTREAL PQ.					57	21 Sept 44
M.161	Embarked at UK on 22 Dec 44	Pte	22 Dec 44			30	28 Dec 44
	Disembarked at France on 23 Dec 44						
C.T. SOS	SOS X4 list (13 Bn) to FMR	Pte	28 Sept 44	X4 list 13 Bn	21 AG	40	13 Oct 44
M.186 TOS	from X4 list CIC. Unall	Pte	29 Sep 44	FMR.	21 a Gp.	78	10 Oct 44
C.T.	Dur Mech Re-class Dur Mech MU	Pte	7 June 44	FMR	21 AG	79	13 Oct 44
M.193	Wounded	Pte	19 Nov 44		AEF	A 519	
	Killed	Pte.	17 Dec 44.	F.M.R.	AEF	A.529.	31 Dec 44
SOS.	SOS. Deceased Killed in action.	Pte	17 Dec 44.	F.M.R.	21 a Gp.	1	6 Jan 45.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit NRMA Clear Dep No. 4, Regimental Number D.157793 ~~D/65661/A~~

1. Surname LAPLANTE,
2. Christian Names J. Rodolphe, Lucien,
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth New Hamphire. U.S.A.
5. Date of birth as declared on attestation 8- Sep 1919
   (A)
6. Date of enlistment 20-3-41
7. Place of enlistment Sorel. Que.
8. Residence at time of enlistment Montreal. Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Truck Driver.
14. Corps, trade and grade DRIVER MECHANIC "C"
15. (D) Qualifications Drive MECH Class ~~III~~ "C"
16. (E) Miscellaneous entries MT Driver Cl III
    1.50 per diem 21-4-43
    Dvr Mech MV "C"
    No TR

(17) Regiment or Corps	Unit (Battn., etc.)
NRMA Clear Dep No.	4.
C.A. Les Volt de Que.	
C.A. Le R de Hull	1 Bn.

(18) Medical

Category	Date	Authority
"A"	20-3-41	MFM 103 Page I
19-1121111	26-4-44.	" " "

(19) Next of kin (entries to be made in pencil)
MR. JOSEPH LAPLANTE (FATHER)
2467 Jacordaine Street
MONTREAL QUE.

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

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			NRMA Clear Dep No. 4,	Sorel	20-3-41	Pte.	D.O. No. 1B d/21-3-41
18 1-42	V. de Q		1 Bn. Le R de Hull	Valc.	18-1-43	Pte.	D.O. No. 9 d/19-1-42
9-7-43		Hull	Returned furlough 2200 hrs	Field	2-7-43	Pte	DO #3 d/5-7-43
			Qual Driver Mech. Class 1.	Colwood	"	"	D.O.62 d/31-3-43
			Granted Trades Pay as above (.25)	"	6-3-43	"	D.O.77 d/21-4-43
			Granted $1.40 per diem	"	21-4-43	"	DO 70 - 10-4-43
		HULL	Ceases to be "Members H.D.", on becoming "N.R.M.A. Soldiers".	Field	1-12-43	"	D.O.45 d/10-12-43
	"	"	Proc. Special Duty to Kiska, Alaska	"	12-7-43	"	D.O.5 d/21-1-
	"	"	Ret. to Canada.	-"-	18-1-44	"	ditto
	"	"	Granted 30 days leave with R.A.	24-1-44	to 22-2-44	"	D.O.10 d/2-2-4
	"	HULL	SOS NRMA Soldiers on enlist. Can Army (Active) Regt'l No.	"		"	D.O.50 d/29-4-44
	"	"	103 on attestation (_____)	"	24-4-44	Pte	ditto
29-5-44	O.C.	"	Granted Emb. Lea. with R.H. from 9 to 18 May 44	"	9-5-44	Cpl	#2 d/4-5-44
"	"	"	A.H. to No. 4 D.D. f.a.p. & pay	"	5-5-44	"	#2 d/4-5-44
"	"	"	Cea. A.H. to No. 4 D.D. f.a.p. & pay	"	19-5-44	"	#3 d/21-5-44
12-6-44	"	"	S.O.S. C.A. (C) on emb.	"	26-5-44	"	D.O.7 d-25-5-44
"	"	"	T.O.S. C.A. (C) disemb. 2-6-44	"	27-5-44	"	DO.7 d-25-5-44
		R.H.	appointed a/cpl	a/cpl	24-4-44	a/cpl	50 29-4-44
	"	"	9 days P.L. 8 to 17 Sep 44	"	8-9-44	"	49- 8-9-44
		"	~~30~~ Cease to hold app of A/Cpl	"	21-9-44	Pte	57 d/21-9-44
		"	Entitled to draw $1.50 per diem	"	22-9-44	"	57 d/21-9-44
		"	SOS to X-4 list CIC	"	21-9-44	"	57 d/21-9-44
			Embarked U/1 22 Sep 44 Disembarked	France	23 Sep	—	30 Sep 44
			and TOS X4. CIC (10 Bn)		22	—	
14	CIC	13 Bn	S.O.S. to F.M.R.	Fld	28 Sep 44	Pte	48 - 44
		FusMR	TOS from X-4 List CIC UNALL	Fd	29SEP44	Pte	78d/OCT 44
		FusMR	RECLASSIFIED AS DVR MECH MV	Fd	8JUN44	Pte	79d/OCT 44
3014/202.,		FusMR	SOS DECEASED KILLED IN ACTION	Fd	17DEC44	Pte	DO 1 d/45

17-12-44

AWARDS—CANADIAN ARMY (ACTIVE) 1870 M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-L-22151

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
LAPLANTE,	Lucien	D.157793	Pte.	Fus.Mont-Roy.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal CVSM & Clasp	6352 17/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Adelia Laplante (Mother)

ADDRESS: 2467 Lacordaire St.Montreal 5, Que. Mar-46

(1) MEMORIAL BAR

DATE DESP.

REGN. NO. 9495

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Adelia Laplante (FRENCH)

1870

ADDRESS: 2467 Lacordaire St., Montreal 5, Que.,

(3) DESP. MAR 1 1945

REGN No. 15250

Qual driver. M.T. Cl III Track

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

1st Bn. R. de Hull — Arm or Corps
Qual Driver Mech. "C" — Trade (if Tradesman or Trade Trainee)
— — — Work in Arm (if Non-Tradesman)

I. D-157793 A/Cpl

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
~~D 620019~~	~~Rte.~~	Laplante, Lucien	R	23	A-1

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English	Esquimalt, B.C.	16 Apr. 43

II. Revised Examination "M"

Place Tested	Date Tested	By Whom
Nanaimo, B.C.	24 Aug. 42	A.E.

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
131	F. III	17	8	5	19	18	18	18	28	30	37	64	French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

10-3-44

III. Educational Background

Completed Grade 7, part of 8 - urban - P.Q.
Left school at age of 15 yrs., to work.

IV. Occupational Background

4 yrs. - messenger.

1 yr. - truck driver.

Weekly wage: $ 15.

V. Military Background N.R.M.A. call: 20 Mar. 41. B.T. Sorel, A.T. Farnham.
Posted to Vol. de Q., 25 July 41.
Transferred to R. de Hull, 15 Jan. 42.
Course: Woodstock, Jan.-Mar. Dvr. Mech. Cl. I, and Track Cl. III.
Conduct sheet: A.W.L. and leaving camp.

VI. Other Personal History and Appraisal

Born at Naskua, ~~P.Q.~~, N.H., U.S.A., 8 Sept. 1919.
Ht. 5' 5". Wt. 140. Says health is good.
Parents living at Montreal, P.Q. 1 brother, 1 sister.
Single.
Pastimes: dancing, movies.
Sports: softball, baseball, bowling, swimming.
Reading: love and adventure stories.
Church: R.C., regular attendance.
Smokes. Drinks a little.

Medium, sturdy build. Primary schooling. Bilingual.. Drove truck in civilian life. Has normal leisure activities.
Qualified Driver Mechanic, and employed as Driver of carrier. Seems tom like automotive trades.

"M" test score indicates above average learning ability, but low in two of tests on observation. Average knowledge of tools, high in arithmetic and logical association of ideas.

VII. Recommendations

Inf. (R.) Driver Mechanic and Carrier Driver. Continue this work.

(Signed) J. H. Classey, Lt.
(J.H. Classey) Lt. Army Examiner
H.Q. 6th Cdn. Division.

See reverse side for further information and follow-up

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

FURTHER INFORMATION AND FOLLOW-UP

Vernon, B. C. 3-Apr-44.

On Kiska operation. Employed as D/M with carrier pl. Promoted Cpl., June-43. MFM 6 - 2 entries. No hospitalization.

Attitude is good. Enjoys present employment. Co-operative. Good appearance and well suited to present employment.

Recommendation: (1) Suitable with present PULHEMS to continue at present employment as driver mechanic with operational infantry unit.

J R Wilkinson Lt

3 Capr # 4 JRW

Y.O.B.	P	U	L	H	E	M	S
19	1	1	2	1	1	1	1

(J. R. Wilkinson) Lieut.,
AE, HQ 13 CIB.

Vernon, B. C. 17-Apr-44.

Went active 11-Apr-44 to go overseas with unit.

Recommendation: (1) suitable for overseas service, CIC operational, as ~~non~~-tradesman (Jr. NCO). Qual. driver-MECHANIC.

Y.O.B.	P	U	L	H	E	M	S
19	1	1	2	1	1	1	1

J R Wilkinson

(J. R. Wilkinson) Lieut.,
AE, HQ 13 CIB.

---

13 CIB - England - 20 Sept 44:
Overseas 2 Jun 44: Dr. Mech 'C' & receives trades pay.
S.O.S. to X.4 List CIC - Dr. Mech 'C' - Auth UKAG(8)

19-112111 11

A A Donnelly Capt (SPO)

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 LAPLANTE LUCIEN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D.157793

(3) Unit 1 Bn Le Regiment de Hull C.A.

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

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? N/A

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

Names and ages N/A

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

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

Name N/A

Postal Address N/A

(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? N/A

If so, state her full name and postal address N/A

[SEE OTHER SIDE]

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

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(Surname first—Christian names in full—Block capitals)

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

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? N/A

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

Names and ages N/A

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

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

Name N/A

Postal Address N/A

(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? N/A

If so, state her full name and postal address N/A

[SEE OTHER SIDE]

(11) Is your father alive? yes If so state name and address, occupation Mr. JOSEPH LAPLANTE
2886 Dickson St., Montreal - Labourer

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

(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 n/A

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 Adelia LAPLANTE
2886 Dickson Montreal

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

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

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? N/A

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

Full Name N/A

Postal Address n/a

Amount contributed monthly during the past six months N/A

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

Have you made arrangements for payment of your Insurance Premium? no
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Date 19 April 1944 Lucien Laplante
(Signature of officer or man)

R. Asselin Capt

Date 19 Apr 1944 Officer Commanding Support Coy.

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.)

No. D.157793 Rank Private Name LAPLANTE, Lucien

Unit Fusiliers Mont-Royal Date of death 17th December, 1944.

Died at ~~France.~~ Holland

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-L-22151

N/K Mr. Joseph Laplante, Relationship Father

Address ~~2467 Lacordaire Street,~~ 3048 Dickson St. Montreal ~~5,~~ Quebec.

Remains buried in Holland Beers 6849 Cemetery

CHK

Grave location

OVER

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 10, row C, plot 14.

HI & CR Form Despd. NOV 29 1946

Photographs
Despatched
JAN 2 - 1948

BURIAL REPORT TO N.K. JUL 27 1946

RETURN TO BUR. OF STAT. OCT 20 1945

ROYAL MESSAGE DESP'D. JAN 31 1945

CAN. MESSAGE DESP'D. FEB 13 1945

Temp B R sent to N K

5M-10-44 (M-4414)

2-9-1-6

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Joseph Laplante,
2467, rue Lacordiare,
Montréal 5, Québec.

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-L-22,151 FD.165

MAIL BRANCH
FEB 10 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

29 janvier 1945

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

LAPLANTE, Lucien, Soldat,

D.157793, Armée Canadienne,

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.

/GC

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		Celebalaure		
2	Enfants du défunt et dates de naissance		Celebalaure		
3	Père du défunt		Joseph Laplante		2394 Iberville Montréal
4	Mère du défunt		Adelia Blanchard-Laplante		2394 Iberville Montréal
5	Frères du défunt	Frères germains	Charles Emile Laplante		5724 Hochelaga Montréal
		Demi-frères	Nil		
6	Sœurs du défunt	Sœurs germaines	Anita Laplante		532 Ontario Montréal
		Demi-sœurs	Ne		
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Laplante Lucien
9	Date de sa naissance.	8 Septembre 1919
10	Lieu et date de son mariage.	Nil
11	Lieu et date du mariage de ses parents.	17 Août 1903 Ste Rosalie Co Bagot P.Q.

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Nashua Etats Unis
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) Sutton Co Brome 4 ans (b) (c) Montréal 21 ans (d)
14	Nature de son emploi avant son enrôlement.	Commis Epicier
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.	Montréal

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?	Nil
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.	Nil
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.	Nil
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.	oui Adelina Blanchard Laplante London Life 202.56 Metropolitain 1000.00 avec clause de guerre Lamarre
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.	aucun

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 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.	oui entièrement par moi-même

(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* mere 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.

Mme Joseph Laplante — Signature du déclarant

2394 Rousobie — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Madame Joseph Laplante — Nom du déclarant

*Voir plus haut

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

Daté à Montreal ce neuvième jour de février 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté. S. Pelletier ptre — Titre curé

Adresse 2700 Lacordaire

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.

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.157793 Pt e. Laplante R. L. (Dec'd)

RECEIVED FROM Cdn 2nd Ech 21 A Gp

CHECKED BY B.131628 Sgt. Smith, E. L. DATE 24 Feb 45

AND D.86094 Pte. Morris, H. A.

1	Leather Wallet		
	Snapshots		
3	Souvenir Coins		
1	Scapular		
1	Religious Medal		
	Religious Cards & Papers		
1	Wrist Watch "Malton"		
1	Receipt (for wrist watch)		
1	Birth Certificate		
1	Ack. of Instalment Application for $50. 6th V.L. ~~Receipt~~ Bond	-	To O.i/c Ests.
1	Note Book		
1	2 franc Note (souvenir)		
2	Drivers Licenses		

703

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

QUADRUPLICATE—with effects.

E Smith Sgt
for OC 1 Cdn KSD

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

WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, LUCIEN LAPLANTE (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of ~~Maisonneuve~~ Mercier

Province of Quebec, ... (Civil Occupation)

Regimental No. D.157793, Unit 1 Bn R. de Hull C.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 My mother, Mrs Adelia Laplante, 2886 Dickson St., Montreal "All my estate"

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 Mrs Adelia Laplante 2886 Dickson St., Montreal P.Que. (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 20 day of April 1944

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.

Lucien Laplante (Signature of soldier)

First witness sign here.

(5) Signature Jean Baudon
Civil Address 108 Lafontaine St., Maisonneuve P.Q.
Civil Occupation Electrician

Second witness sign here.

Signature Bernard Lefebvre
Civil Address 1247 St. Hubert Montreal P. Que.
Civil Occupation Truck Driver

(Witnesses are not to be beneficiaries.)

[OVER]

File Reference No. 405-L-22151
D.R. 2 (D).

Date: October 19th, 1945.

REGIMENTAL PARTICULARS

Branch of Service: Canadian Army.
Unit or Formation: Fusiliers Mont-Royal.
Regimental or Personnel No. D.157793

REPORT OF DEATH OF UNITED STATES CITIZEN IN MILITARY SERVICE

P.A.

Name in full: Lucien LAPLANTE.

Date of birth: September 8th, 1919.

Place of birth: New Hampshire, U.S.A. (exact place unknown)

Nature of evidence of birth submitted: Man's statement on attestation.

Date of attestation: April 24th, 1944.

Indicate nature of oath taken upon enlistment: I, Lucien Laplante, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date of death: December 17th, 1944.

Place of death: In the Field (Holland).

Cause of death: Killed in action.

Disposition of remains: Buried in Holland.

Disposition of effects: Forwarded to Director of Estates, Department of National Defence, Ottawa, Canada.

Previous profession or occupation: Truck Driver.

Previous place of abode: 5814 Hochelaga, Montreal, Quebec.

Next of kin: Mr. Joseph Laplante, (father)
2467 Lacordaire St., Montreal 5, Quebec.

Notification sent to: Above.

F. B. Rading
(Signature of reporting Officer)

for C.L. Laurin, Colonel,
Director of Records,
Dept. of National Defence.
(Title of reporting Officer)

NOTE: This form to be forwarded in single copy and without covering letter to American Legation, Ottawa, Canada, copy being retained in personnel file.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-157793 RANK Private SERVICE UNIT Les Fusiliers Mont-Royal (C.A.)

NAME LAPLANTE, Lucien

DATE OF BIRTH DAY 8th MONTH September YEAR 1919 Date Enlisted: 24-4-43

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 2467 Lacordaire Street, Montreal 5, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 4986A H.Q. 405-L-22,151

CASUALTY DETAILS Killed in action DATE 17-12-44

F.T.

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NEW YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 11-1-45

O/S with Regt de Hull
S/L 4017 (Reinf)

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CANADIAN MILITARY HEADQUARTERS No 21039

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) LAPLANTE, Lucien

NO. D-157793 RANK PTE UNIT FUS MONT ROYAL

HOSPITAL (U.K. only) in which death took place, if applicable

R.U. (U.K. only) to which posted on admission to Hospital

CASUALTY KILLED DATE 17 DEC44 LIST# A 529 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

for (L.S. APPLEFORD) Major
OIC - R.5 WING.CAS.SECT

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete #2)
2. NAME (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M. 5 or any other source, including children born Overseas. If NONE so state

   Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ BENEFICIARY (Relationship)

   (Name) (Address) EXECUTOR

2. BANK ACCOUNT - NAME OF BANK, etc A/C NO

   ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN
4. Particulars of DEBTS, Remarks, etc.

Date JAN 11 1945

(B.E. WILLAN) Capt.
OIC - R.3 WING NON-EFFECTIVES
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any tp
OIC ESTATES, C.M.H.Q.

DUPLICATE - To File

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 LAPLANTE J. Rodolphe Lucien (b) Reg'l. No. D-620019
2. (a) Arm of service Inf. (b) Unit R. de Hull C.A. (c) Rank pte
3. (a) Date of birth 8 Sep 19 (b) Have you any dependents? no (c) Place of residence at time of enlistment 5814 Rochelaga St Montreal.
4. (a) Place of enlistment Sorel P.Que. (b) Date of enlistment 20 March 41

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?
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.)
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well?

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?

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 Joseph Perrault Address 2467 Lacordaire St Monteal.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Gorcery & Butcher
20. (a) Your specific occupation Driver (b) Number of years' experience at this occupation with any employer 6 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? no
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? no (c) In what provinces did you have experience? no

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Machinist Mechanic

DATE 20 april 1943 SIGNATURE Lucien Laplante

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (HOLLAND)

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: LAPLANTE (*Block letters*)

Given names: Lucien

Do not write in this space

4. RESIDENCE

Street: Hochelaga No. 5814

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): U.S.A. New Hampshire

11. DATE OF BIRTH: September (Month) 8th (Day) 1919 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Joseph Laplante	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 17th (Day) 1944 (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) Killedin action

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease: ....days

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

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

State findings: Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

OCT 26 1945

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.

Director of Records Dept. National defence

(Voir l'autre côté pour le français)

405-L-22151

EFB

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME ~~LAPLANET~~ LAPLANTE, Lucien

RANK Pte.

UNIT Fus Mont Royal. AEF.

PLACE & DATE OF BIRTH New Hampshire, USA 8 Sep 1919

REGTL NO D-157793

NEXT OF KIN & ADDRESS Father.

Mr Joseph LAPLANTE

2467 Lacordaire Street.
Montreal, Que. Canada.

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 17 Dec 44.

PLACE OF DEATH Holland

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 19 Dec 44

CEMETERY Holland BEERS 6849

PLOT NO ROW NO GRAVE NO

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

DATE 20 Oct 45

A R Bluteau Lt.

(M. Bluteau) Captain,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

TRADE TRAINING

Regt de Hull

Regt'l No: D-157793 R.9 Rank ~~Pte~~ Cpl. Name Laplante J.R.L. Trade Dvr. Mechanic

1. ENTRIES BY PERSONNEL SELECTION OFFICER AND O.C. UNIT OR ADVANCED T.C.

Unit or Adv. T.C. 1 Bn. Le Regiment de Hull

Date 6 Jan 43

Recommended J.H. Clavey, Capt.
Army Examiner

Concurred [signature] Maj
Commanding Officer

2. TECHNICAL SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Principal

3. ARMY TRADES SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commandant

4. MECHANICS TRAINING CENTRE

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

5. D. & M. SCHOOL

Course Driver Mechanics
Date of Entry 11-Jan-43
Date of Leaving 5-Mar-43
Rating (Percentage) @ 4
REMARKS: Driver ME Class I
M/C Grade III

[signature] Col.
Commanding Officer

COMMANDANT, S.S. CDN. D. & M. SCHOOL
WOODSTOCK. ONT.

6. OTHER CENTRE

Name
Location
Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Officer i/c Trades Trng.

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE

No. of T.C.
Advanced Course
or
Trained Soldier Coy.
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

8. TRADE TEST

Trade Driver Mechanic
Class "C"
Date 20 April 1943
Where Tested Woodstock, Ont.
TRADE TEST BOARD—

1. J. M. Watson Mathews Capt.
President
2. [signature] Lieut
Member
3. [signature] Capt.
Member

9. DISPOSAL

Where Despatched

Date
(Further remarks or records on

(*Doit être remplie en triplicata*) Page 1 **M.F.M. 103A**
80M—5-41 (442) (971)
H.Q. 1772-39-1828

OCCUPATIONAL HISTORY FORM COMPLETED
LOI DE LA MILICE
LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

FINGERPRINTED
PHOTOGRAPHED

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. E-61120 Matricule D-620019

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4
2. Nom (Majuscules d'imprimerie) LAPLANTE
3. Prénoms en entier J.RODOPHE LUCIEN
4. Adresse actuelle 5814 Hochelaga Montreal. Que.
5. Lieu de naissance Quelque part dans l'Etat de New Hampshire U.S.A.
   (Pays) (Comté ou province) (Ville ou canton)
6. Date de naissance 8 sept. 1919 7. Confession religieuse Catholique
8. Signalement: Taille 6'3" Poids 131 Yeux bruns Cheveux chatains
   Teint chatain Marques particulières aucune
9. Marié, célibataire, veuf? célibataire
10. Plus proche parent Laplante Joseph (Nom) Degré de parenté pere
    3048 Dickson ~~5814 Hochelaga~~ Montreal Que. (Adresse)
11. Profession ou emploi Chauffeur de camion
12. Service naval, militaire ou aérien antérieur aucun
    (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? oui Pour l'armée de terre? non (Arme)
    Pour l'Aviation? non
14. Emploi dans une industrie de guerre, le cas échéant non

Refuse de signer
(Signature de la recrue)

J. Maurice capt
(Signature et grade de l'officier enrôleur)

18 juillet 1941
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 45 à Sorel Que Date 20 mars 1941
   A accompli 62 jours d'instruction élémentaire.
   J. Maurice capt
   (Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° A 12 à Farnahm Que Date 20 mai 1941
   A accompli 67 jours d'instruction supérieure.
   Qualités de chef, positives — Deviennent manifestes? Oui Latentes? —
   Est passé dans Les Voltigeurs de Quebec Date 26-7-41
   (M.R.C., formation ou unité de l'A.C., C.A.R.C.)
   J. Maurice capt
   (Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire A

ÉTAT DE SERVICE de Laplante (Nom) J. Rodolphe Lucien (Prénoms) N° matricule D-620019

APTITUDES

1. Navales, militaires ou aériennes: non
2. Commerciales ou professionnelles: non
3. Civiles ou de métier: non
4. Techniques: non

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: 7ieme (Années achevées) — Graduation ou immatriculation: non (Spécifier)
7. *Collège: non
8. *Université: non

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

5. Langue maternelle: français Quelles autres langues parlez-vous? anglais Lisez-vous et écrivez-vous? anglais Savez-vous conduire une automobile? oui

Savez-vous réparer un moteur? non Expérience culinaire? non Passe-temps favori? sports

Toutes les recrues de la L.M.R.N. sont prises somme 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 du passage dans une unité constituée	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
		PASSE du dépôt central de la L.M.R.N. N° 4						
24Jul41	CABTC 45	Ceases to be attached to CABTC 45 on transfer to CAATC A12 Farnham, Que.	Pte.	20-March 41 20 May 41	TC 45 TC 45	Sorel Sorel	1-B Pt II DO B-35	21-3-41 20 May 41
24Jul41	CAATC A12	Attached for all purposes to CAATC A12 on transfer from CABTC 45 Sorel Que.	Pte.	21 May 41	ATC A12	Farnham	Pt II B-18	21 May 41
24Jul41	CAATC A12	Ceases to beattached to CAATC A12 on transfer to Valcartier, Que.	Pte.	25 Jul 41	ATC A12	Farnham	Pt II B-48	25 Jul 41.
26-7-41	" "	Attached for all purposes to V DE Q A.F.	"	26-7-41	V DE Q	VALCAR.	PART II NO.47	26-7-41
30-9-41	V.de Q.	Granted furlough from ~~30-9-41~~ 1st to 15th Oct41		30-9-41	"	"	" " " 102	d/30-9-41
4-1-42	"	A.W.L. from 0800 hrs on	"	4-1-42	"	"	PartII No 4	7-1-42
5-1-42	"	Reported from A.W.L. at 0800 hrs	"	5-1-42	"	"	PartII No 4	7-1-42
8-1-42	"	Forfeits 1 day's pay for A.W.L.	"	8-1-42	"	"	PartII No 5	8-1-42
17-1-42	"	Ceases to be att. to Les Vol. de Qué. on attachement for all purposes to Rég.de Hull	"	17-1-42	"	"	PartII No 13	17-1-42
18-1-42	R de Hull	T.O.S ~~attached~~ to R de H for all purposes on ~~ceasing to be att to~~ Les Vol de Que	"	18-1-42	R de H	"	Part 11 No 9	19-1-42
	"	Old address: 5814 Hochelaga Montreal Que						
		New address 3048 Dickson Montreal Que	"					
		Next of Kin: J Laplante (Father)	"	15-7-42	"	Nanaimo	" " " 109	15-7-42.
		Qualified as M.T. Driver Class III Truck and has been issued with Driver Cute						

18-1-42	R de Hull	~~attached~~ to R de H for all purposes on ~~ceasing to be att to~~ Les Vol de Que	"	18-1-42	R de H	"	Part 11 No 9		19-1-42
	"	Old address: 5814 Hochelaga Montreal Que New address 3048 Dickson Montreal Que Next of Kin: J Laplante (Father)	"	15-7-42	"	Nanaimo	" " " 109		15-7-42.
		Qualified as M.T. Driver Class III Track and has been issued with Driver Cert. Qualifications allowing him to operate a vehicle belonging to Dept of Nat Def.	"	20-8-42	"	"	" " " 124		20-8-42
	"	Granted furlough 14 days (4 Dec to 17 Dec 42) issued with T.V.A. under CARO 699.							
	"	Granted Travelling time 7 days (27 Nov to 3 Dec 42) auth to draw 30 Per diem CARO. 2261	"	4-12-42	"	Colwood	" " " 197		27-11-42
	"	AWL from 2200 hrs 17-12-42 still AWL at 2200 hrs 18-12-42 (1st day)	"	17-12-42	"	"	" " " 214		19-12-42
	"	Awarded a forfeiture of 2 days' pay for AWL from 2200 hrs 17-12-42 to 0930 hrs 19-12-42 Total Absence 1 day 11 hrs 30 mins. Auth forfeits 2 days pay Total pay 4 days	"	21-12-42	"	"	" " " 215		21-12-42
6-1-43	"	Attached for all purposes to Adv D&M School Woodstock Ont, whilst attending Driver Mechanic Course.	"	10-1-43	"	"	" " " 4		6-1-43.
		Appointed A/Cpl with pay	-	1-6-43	"	Nanaimo	— — 120		16-6-43

N° matricule D-620019 Grade Pte Nom Laplante Prénoms J. Rodolphe Lucien

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
29/3/41	Vacc. - M. Dubeau Capt. R.C.A.M.C.	AUG 27 1941	X-RAY CHEST - NEGATIVE		
29/3/41	T.A.B.T. M.D.	16-9-42	T.A.B.T. ½ cc =		
21/4/41	" 2 M.D.	1-7-43	T.A.B.T. ½ cc. =		
9/5/41	" 3 M.D.	3-7-43	Cat A Confirmed		

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. 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
		Jour	Mois	Année	Jour	Mois	Année				

M.F.M. 101A
50M—2-41 (9296)
H.Q. 1722-39-1795

LOI DE LA MILICE
LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

ENRÔLEMENT
ARMÉE CANADIENNE
(Formations de réserve)

N° de série de l'avis d'appel L.M.R.N. E-61120 Matricule D-620019

1. Pris à l'effectif du N.R.M.A. Clearing Depot, No. 4

2. Nom (Caractère d'imprimerie) LAPLANTE

3. Prénoms en entier J.RODOLPHE LUCIEN

4. Adresse actuelle 5814 Hochelaga, Montréal

5. Né à Quelque part dans l'état de New Hampshire, U.S.A. 6. le 8 Sept.1919 7. Confession religieuse C.R.

8. Signalement: Taille 5'3" Poids 131 Yeux Bruns Cheveux Chatains
Teint Chatain Marques particulières Aucune

9. Plus proche parent LAPLANTE JOSEPH (Nom) Degré de parenté PERE
5814 Hochelaga, Montréal (Adresse)

10. Marié, célibataire, veuf? Célibataire 11. Langue maternelle Français

12. Quelles autres langues (*a*) parlez-vous? Anglais (*b*) Lisez-vous? Anglais (*c*) Ecrivez-vous? Anglais

13. École secondaire? 7ème année (classes achevées) Diplôme ou immatriculation? Aucun (Spécifier)

14. Collège? Aucun (Spécifier) Université? Aucun (Spécifier)

(Cours et classes achevés, diplômes obtenus)

15. Profession ou emploi Chauffeur de Camion Aptitudes et expérience techniques Chauffeur Boucher

16. Service militaire antérieur aucun
(Indiquer les unités et les dates du service)

17. Préférence, le cas échéant, pour le service naval, militaire ou aéronautique naval

(Donnez des détails et les aptitudes)

18. Emploi dans une industrie de guerre, le cas échéant non

19. Pouvez-vous conduire un auto? oui Réparer un moteur? non Expérience culinaire non

20. Passe-temps favoris sports

Lucien Laplante
(Signature de la recrue)

E. Gamourey major
(Signature et grade de l'officier d'enrôlement)

25 mars 1941
(Date de la signature)

ÉTAT DE SERVICE, D'INSTRUCTION, D'AVANCEMENT, ETC.

A. Catégorie médicale à l'admission au centre d'instruction primaire ..... A .....

B. Affecté au centre d'instruction primaire N° 45 à Sorel, Que. Date 20-3-41

A accompli 62 jours d'instruction primaire.

20-5-41 ..... G. M. Chabot Lt Adj.

(*Date. signature et grade de l'officier enregistreur*)

C. Affecté au centre d'instruction supérieure N° ..... à ..... Date .....

A accompli ..... jours d'instruction supérieure.

Qualités de chef, latentes? ..... Deviennent manifestes? ..... Positives? .....

Est passé dans ..... Date .....
(Unité de l'armée de réserve dans laquelle l'homme est passé au terme de son instruction)

.....

(*Date, signature et grade de l'officier enregistreur*)

Date (a)	Lieu (b)	Détails des mutations, instructions, services, avancements, classements médicaux, brevets d'aptitude, etc., subséquents (c)	Autorisation (d)	Signature de l'officier certifiant l'inscription (e)
20-3-41	Sorel, Q.	Enrole et attache pour toutes fins	DO.PT.II 1-B d/21-3-41	G. M. Chabot
20-5-41.	" " " "	Cesse etre attache sur transfert au C.I.A A.C., No. A-12 Farnham, Que.	DC.PT.II 35-B d/20-5-41.	G. M. Chabot
25-6-41	Farnham	T.OS CA(A)TC A12 Pt II B-18 w.e.f. 21-5-41		

INOCULATION

Vaccin	1st TABT	2nd TABT	3rd TABT
29-3-41	29-3-41	21-4-41	9-5-41

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name LAPLANTE, Lucien
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank D-620019, Pte

(3) Basic Training Centre 45

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? No

(8) Have you any children? ~~XXX~~ NO Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name ~~Mrs. Adelaide (Blanchard) Laplante~~ N/A

Postal Address ~~5814 Hochelaga St., Montreal, Que.~~ N/A

[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 enlistment? ~~N/A~~ No.

If so, state her full name and Postal Address N/A

(11) Is your father alive? Yes

If so, state name and address, occupation LAPLANTE, Joseph
5814 Hochelaga, Montreal, Que., Laborer.

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

(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 enlistment ~~$40.00~~ N/A.

Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support? ~~The father is retired~~ N/A

(14) Is your mother alive? Yes

If so, state name and address Mrs Adelila (Blanchard) Laplante
5814 Hochelaga, Montreal, Que.

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

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

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? N/A

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? Yes

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

Have you made arrangements for payment of your Insurance Premium? No
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Lucien Laplante
(Signature of recruit)

Date March the 31st 1941.

G. D. Massue

Officer Commanding Lt. Col. G.D.Massue,
C.A.(B)T.C.#45, Sorel, Que.

Date March the 31st 1941.

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name LAPLANTE, Lucien No. D-157793
Surname Christian Names

Pte. C.A. O/S 17-12-44
Rank Unit Date of Death

AMOUNT

W.S.G. 247.19
L.P.C. $ 122.30

Date 20-3-46

Other Credits

Total 369.49

Prev.dist. 122.30
This dist. 247.19

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Adelia Laplante 2467 rue Lacordaire, Montreal 5, Que. (Sole beneficiary per will)	247.19 R

P4. TO TREAS.

MAR 27 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$247.19

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

30M—1-46 (8630)
H.Q. 1772-45-27

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

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

District.....

Dispersal Area.....

Regtl No. D.157793 Rank and Name Laplante, L. Pte.

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

(~~Transfer or~~ Discharge) ex on 17th December 1944.

Reason Death Authority: G.C.L"A"529 d/31st December/44.

The following is a statement of the account of the above-named from 1st Dec: to 31st Dec: 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	87	43
First Monthly Payment			Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Technical Pay 31 days at $.25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Def: Pay Interest		62
To Balance Cr Free	67	30			
To Balance Cr Deferred	55	00	By Balance Dr		
Total	142	30	Total	142	30

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

Remarks:

Assigned Pay of $20.00 (M) stopped eff: January/45

Assigned Pay of $16.80 (7th V.Loan) cancelled eff: November/44.

ESTATES BRANCH
JUL 4 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

Compiled by L.G.Waldron.

Checked by J. Sudrand

Date 23rd June 1945

Certified correct D. Lowley
for Chief Treasury Officer, Overseas

DS

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

W 64.5442 2
8481 ARMY

DECEASED MEMBER'S SURNAME: LAPLANTE
(CHRISTIAN NAMES): Lucien
(SURNAME): LAPLANTE

REGISTER NO. D-15280
FILE NO. 405-L-22151
DATE 18-12-45
SERVICE NO. D-157793
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 17-12-44

PAYEE Directoroof Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 17-12-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 429/30 EQUAL TO 14 COMPLETE PERIODS AT $7.50	105.00
B. QUALIFYING OVERSEAS SERVICE No. of Days 396 LESS 9 INELIGIBLE DAYS, EQUAL TO 387 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	96.75
	201.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ___ $	
TOTAL $ 3.00 X7 = $ 21.00	
NO. OF DAYS 396/183 X$ 21.00	45.44
D. WAR SERVICE GRATUITY	247.19
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	247.19

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY K.M. CHECKED BY MJK

TREASURY: CHECKED BY L.A. Thomas DATE Dec 28/45

Kirkpatrick Capt
SERVICE REPRESENTATIVE

ESTATES BRANCH JAN 9 1946 H. O. OTTAWA NATIONAL DEFENCE

ACKNOWLEDGMENT OF INSTALMENT APPLICATION — FIFTH VICTORY LOAN

The undersigned Victory Loan Salesman, Bank, Trust or Loan Company has received from

[redacted]-20019 cpl. LAPLANTE LUCIEN 2886 DICKSON, MONTREAL QUE
(Name) (Address)

an application for [redacted] 50.00 (par value) of 3% BONDS due 1959 and/or $ (par value) of $1\frac{3}{4}$% BONDS due 1947

THE BONDS IF IN BEARER FORM OR REGISTERED AS TO PRINCIPAL WILL BE AVAILABLE IMMEDIATELY UPON COMPLETION OF PAYMENTS OR IF IN FULLY REGISTERED FORM, WITHIN THIRTY DAYS THEREAFTER AT

Banque Canadienne Nationale, rue Bayce Mtl.
(Name and Address of Bank, Trust or Loan Company)

Date 18 Oct. 1943

J. Thivierge
(Signature of receiver of application)

THIS ACKNOWLEDGMENT SHOULD BE PRESENTED WHEN MAKING INSTALMENT PAYMENTS AND WHEN CALLING FOR YOUR BONDS.

SEE REVERSE HEREOF FOR SCHEDULE OF INSTALMENT PAYMENTS.

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

/RB 405-L-22151

CASUALTY (REPORT DELIVERY) OTTAWA 30 DECEMBRE 1944

TO:- M JOSEPH LAPLANTE
2467 RUE LACORDAIRE
MONTREAL 5 QUE

26324 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT LUCIEN LAPLANTE D157793 OFFICIELLEMENT PORTE TUE AU COMBAT DIX SEPT DECEMBRE 1944 DEUXIEME PUBLICATION SUR LA LISTE DES VICTIMES STOP SI NOUS RECEVONS DES RENSEIGNEMENTS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

14

le directeur des archives militaires

PREPAID

DIRECTOR OF RECORDS

le 15 janvier 1945.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Lucien LAPLANTE, matricule D-157793, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 17 décembre 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 soldat Laplante pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

A. E. WALFORD
Major-General
Adjutant-General

JAN 17 1945

(A.E. Walford),
major-général.

21

amr

Mme. X. Mother
23. 1. 45

M. Joseph Laplante,
2467, rue Lacordaire,
Montréal 5, Québec.

/RB

Q.G. 405-L-22151 (D.R.2(c)).

le 26 juillet 1946.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Lucien LAPLANTE, matricule D-157793, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 10, rang C, lot 14, du cimetière militaire canadien de Nijmegen, à quatre milles au sud-est de Nijmegen, en Hollande. (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. Joseph Laplante,
2467, rue Lacordaire,
Montréal 5, Qué.

/cs