D163106
BOUCHARD
JOSEPH AUREL

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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 BOUCHARD JOSEPH AURELE (b) Reg'l. No. D-163106
2. (a) Arm of service Army (b) Unit T.M.R.(X 3RD BN) CA. (c) Rank Pte
3. (a) Date of birth May 25,1915 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment MTL 8TH Quebec Canada (b) Date of enlistment 29-7-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 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 -
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Mechanic (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? 2 years
9. (a) What languages do you speak fluently? NR (b) What languages do you read well? NR

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 CANADIAN POWER BOAT CO. Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ship Builders
20. (a) Your specific occupation Fitter (b) Number of years' experience at this occupation with any employer 2 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? No

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? -
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience? -

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.) Complete my trade in mechanics
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Nil

DATE 30-7-42 194..... SIGNATURE Aurele Bouchard

Inf. (R) Killed in Action 3-4-44 Non-Tradesman

I. Regt. No D-163106 Rank Pte. Unit N.R.M.A Date 31-7-42

Name BOUCHARD, Joseph Aurele Age 27 Place of Birth Rimouski, Que.

Date of Enlistment 28/7/42 Place of Enlistment D.D. Depot 4

Languages spoken French English, fair R. Recruit A R Med. Cat. Place D.D. 4

II. M. Test D.D. 4 Date 31-7-42

Test	Score	S.M.	
1	12		SUB-TOTAL 25
2	10		S.M.
3	3		
4	21		SUB-TOTAL 41
5	20		S.M.
6	7		SUB-TOTAL 32
7	14		S.M.
8	11		
Total	98	S.M.	GRADE IV (F)
9			

Other Tests Name or Type	Date	Place	Score	Grade

III. Military Background

T.O.S. 28/7/42 N.R.M.R.

No previous military experience

IV. Educational Background

5th Grade - approximately - 10 yrs. schooling

Left school to go to work,

V. Occupational Background

3 yrs. as delivery boy in grocery.

3 yrs. as usher in theatre.

3 yrs. without work.

1 yr. as fitter at Canadian Power Boat Co.

VI. Arm Desired

Hobbies: Dancing, reading, drinking and women

Sports: Swimming, baseball and skiing.

Work in Arm Desired

VII. Single, Parents living and in good health
Father is a labourer, 4th of 11 children - 2 died - others in good health

Claims he has rheumatism

One brother in active force.

No leadership experience, he likes Army life because he is well.
Would like to be in Infantry - F.M.R.
Stability: average
Appearance: not very military.
Somewhat below average intelligence, but has learning ability.
Character traits: sociable, talkative, confident, somewhat nervous but willing. Man stammers.

M.S.

Westmt Barracks 4-8-42

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

Stability: Average
Appearance: not military
Somewhat below average intelligence.
Sociable, talkative, confident, somewhat nervous, willing
Man stammers.

IX. Suggestions

Inf (R)

Non-tradesman

X. Signature of Interviewer	N.C.O.	Officer
Jules Goulet Capt.		Jules Goulet, Capt.

XI. Action Taken

Date of Action

Follow-up

MÉMORANDUM POUR

Madame Cécile Bouchard,

6967 St. Dominique,

Montréal, Qué.

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G 405-B-25,543 FD.415

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ce 11 avril 1944

ESTATES BRANCH APR 18 1944 H. Q. OTTAWA NATIONAL DEFENCE

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

BOUCHARD, Joseph Aurèle, Soldat

No. D.163106, Armée Canadienne.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule, en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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 "observations supplémentaires", à la page 4.

(L.M. Firth) Lt.-Colonel,
L'administrateur des successions,

par (O. Godbout) Capitaine.

OG)GCL.
M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Joseph-Adelard Bouchard	62 ans	6967 St-Dominique Montréal
4	Mère du défunt.....		Cécile Bouchard	55 ans	6967 St-Dominique
5	Frères du défunt	Frères germains	Philéman Roméo Paul Georges Gérald Marcel	33 32 22 20 17 14	2333 Terrasse Guindon 8544 St-Dominique armée - adresse paternelle armée - même adresse 6967 St-Dominique 6967 St-Dominique
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Simone	34	adresse inconnue
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Joseph-Aurèle Bouchard
9	Date de sa naissance.	5 mai 1915
10	Lieu et date de son mariage.	Célibataire
11	Lieu et date du mariage de ses parents.	Rimouski Québec 2 octobre 1907

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Rimouski Quebec
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Rimouski Quebec 2 ans (b) Montréal Quebec 26 ans (c) (d)
14	Nature de son emploi avant son engagement.	JOURNALIER
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?	oui
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	
19	Avait-il un compte d'épargnes 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.	NON
20	Montant des certificats d'épargne de guerre que possédait le défunt.	AUCUN A MONTRÉAL peut-être dans l'armée
21	Montant des bons de la victoire que possédait le défunt.	a notre connaissance 2 Bons de 100.00 chaque dans l'armée
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. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	aucune
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	NON

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	aucunes Dettes Connues.
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?	Par le père

(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 les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* mère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public.

x Mad Cécile Bouchard — Signature du déclarant

6967 st Dominique Montréal — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

*Voir plus haut

Mad. Cécile Bouchard — Nom du déclarant

est le/la* mère du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Montréal ce quinzième jour de Avril 1944

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

x Vianney Savaria Ptre V.i.c. Titre Prêtre-Vicaire

Adresse 6651 Blvd St. Laurent Montréal

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 et adresse 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 OBSERVATIONS SUPPLÉMENTAIRES.

Déclaré devant moi
à Montréal ce 15 avril 1944

M. Pouliot
Lib.

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

ORIGINAL
DUPLICATA
TRIPLICATA

OCCUPATIONAL HISTORY FORM COMPLETED

Finger Printed

M.F.M. 2 Fr.
A.F.B. 271
50M—1-42 (2876
H.Q. 1772-39-1645

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

Unité F.M.R. (3RD BN) CA. N° Matricule D-163106

Killed 7 Mar 44
CLA408
01
RFN

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

B1-31

1. Nom BOUCHARD
2. Prénoms Joseph Aurele
3. Adresse actuelle 6967 rue St-Dominique, Montreal. Quebec CANADA
4. Date de naissance 25 Mai 1915
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Rimouski (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Ouvrage General
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent ~~M. Adelard.~~ Mme Cecile BOUCHARD
10. Degré de parenté ~~Pere~~ Mere
11. Adresse du plus proche parent 6967 rue St-Dominique, Montreal. Que CANADA
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? NON
    (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? NON (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
    (Si oui, spécifiez le numéro matricule. l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Date 29-7-42

X Aurèle Bouchard
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

X Aurèle Bouchard
(Signature de la recrue)

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

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

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

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

à MONTREAL SOUTH ce 29TH jour de JULY 19 42

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

(Titre, grade et unité ou emploi)

NO. 4-DISTRICT DEPOT A.F.

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

FINGERPRINTED

5606

État de service de BOUCHARD (Nom) JOSEPH AURELE (Prénoms) N° matricule D-163106

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: GENERAL WORK

Techniques: NIL

Langues: FRENCH & ENGLISH

DEGRÉ D'INSTRUCTION

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

*Collège: NIL

*Université: NIL

6 YEARS PUBLIC SCHOOL

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

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

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
30-7-42	DRO	TOS NO4 DISTRICT DEPOT CA.	PTE	29-7-42	4DD	MTL STH	4DDPTIINO 183	30-7-42
		SOS on posting to his unit 3 Bn FMR CA Westmt		4-8-42	"	"	187	4-8-42
		TOS LES FMR	"	5-8-42	FMR	Farnham	2	7-8-42
		~~P.O.C. to C.A.S.T.C. (EC) Long Branch Ont. to attend Course No. 378~~	"	~~14-8-42~~	~~FMR~~	"	~~5~~	~~14-8-42~~
19-12-42	FMR	Granted leave of absence of 5 days and is entitled to draw Ration Allowance of 50¢ per diem for that period	"	22-12-42	"	VALCARTIER	# 65	15-12-42
30-1-43	"	Granted new rate of pay of $1.40 per diem	"	1-1-43	"	"	D.O. 16	28-1-43
12-2-43	"	Granted new rate of pay of $1.50 per diem	"	1-2-43	"	"	D.O. 23	10-2-43

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier BOUCHARD Joseph Aurele Lieu Montreal,

Lieu Date 28-7-42

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 27 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

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

Aurèle Bouchard (Signature de la recrue)

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

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) 1 vacc left arm.

URINE N.

X-RAY 134930 N

2. Taille 5 pieds 9½ pouces. 3. Poids 157 livres

4. Teint Medium Yeux Blue Cheveux Brown

5. Développement Good { Bon / Passable / Médiocre

6. Tour de poitrine—Circonférence, pleine expansion 38 pouces Degré d'expansion 2½ pouces

7. Vue, droite 20-20 gauche 20-20 8. Ouie, droite cv 20 gauche cv 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Few caries. Reflexes normal.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

Heart lungs normal. Moderate flat feet no complaints no disability. Color vision Ishihara CN. ears nose throat neg. Dr. G. Dalpe.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

J. M. Pousel Capt. G. Garon R. Marcoux

J. M. POUSEL CAPT. (Président) G. GARON M.D. (Membre) R. MARCOUX M.D. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUL 30 '42	TAB-J	JUN - 9 1943	CAT. REAFF
26/10/43	O.A.D. Capt.		
	3		
	VACC		
JUL 30 '42			
12-2-43	Cat A Reaff		
12-2-43	T.A.B. 3		
JUN - 9 1943	CAT. REAFF		

N° matricule D-163106 Grade PTE Nom BOUCHARD Prénoms JOSEPH AURELE

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				

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit ~~F.M.R. (3rd.BN)~~ CA. Regimental Number D-163106

1. Surname	BOUCHARD	(17) Regiment or Corps C. I. C.	Unit (Battn., etc) ~~Voltigeurs de Québec~~ R 22 R
2. Christian Names	JOSEPH AURELE		
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank	Pte		
giving date	July 30/42		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	RIMOUSKI, QUE. CAN.	(18) Medical	
5. Date of birth as declared on attestation	MAY 25th, 1915		
(A)		Category	Date / Authority
6. Date of enlistment	29-7-42	"A"	28-7-42 M.F.M. 2
7. Place of enlistment	MTL. STH QUE. CAN.	A up	12-2-43 " "
8. Residence at time of enlistment	6967 ST. DOMINIQUE ST., MTL. QUE. CAN.		
9. (B) Special conditions (if any) of enlistment or rate of pay		"A"	9-6-43 M.F.M. 2.
10. (C) Any subsequent variations of conditions of service			
11. Religion	R.C.		
12. If married, state date	SINGLE	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	LABORER		
14. Corps, trade and grade		Mlle Cécile Bouchard (Sœur)	
15. (D) Qualifications		6967 St Dominique	
16. (E) Miscellaneous entries		Mtl Que Can	
		(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
	Voltigeurs		S.O.S. Cdn Army Canada	Can.	21-7-43	Rfm	D.O. No. 168, d/20-7-43
		"	T.O.S. Cdn Army Overseas	O/S	22-7-43	"	" " 1, 4-8-43
		"	Disembarked	U.K.	28-7-43	"	" " 1, 4-8-43
		"	S.O.S. on trans. to No 6 C.I.R.U.	"	25-8-43	"	D.O. No 13 a/25-8-43
		6 C.I.R.U	T.O.S. on posting fr. 1st Bn Les Valdelieu	"	26 aug 43	"	176 - 26 aug 43
		"	SOS to Aldershot (with Aldershot 2.89/28 A)	"	12 sep 43	"	191 - 12 sep 43
	O.C. "I"	4th Bd	S.O.S. Can Army (UK) on embarkation	Fd			
	✓	✓	T.O.S. " " "	✓	13 ✓		
	✓	✓	Disembarked	✓	24 ✓		
	✓	✓	T.O.S. "X" 4th Fish Bd	✓	12 Sep 43	Pte	28 A/43
	✓	✓	For 1 day's pay FR. 149(1)(a)	✓	9 Oct 43	✓	30 A/43
		X-4 BD	Posting to X-4 Fish 4 Bn	✓	2 Nov 43	✓	36 A/43
	✓	4 Bn	SOS to Rzech	✓	14 Dec 43	✓	44 A/43
	✓	Rzech	TOS from X4 Fish (4 Bn)	✓	15 Dec 43	✓	61/43
	"	"	Awarded C.V.S. M & C	"	10 Jan 44	"	3/44
11 Mar 44/8014	Sec 203 P.7	"	S.O.S. - deceased - Killed in Action	Fd.	7 Mar 44	"	12/44

7-3-44
(O.C.L.-446)

AWARDS—CANADIAN ARMY (ACTIVE)

(1574)

M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-25543

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BOUCHARD, Joseph Aurele	D-163106	Pte.	Regt. de Quebec

WAR SERVICE BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	6338. 17/3/50
War Medal C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERS~~ONNEL~~

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Cecile BOUCHARD (MOTHER)

ADDRESS: ~~6967 St. Dominique St.~~, 7267 De La Roche, MONTREAL, 10 Que. (21-9-51)

MEMORIAL BAR

(1)

DATE DESP 7-12-51

REGN. NO 4113

CANCELLED

4668

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Cecile BOUCHARD, (French)

(1574)

ADDRESS: 6967 St. Dominique St., MONTREAL, Que.

(3)

DESP. MAY 9 1944

REGN No. 5

N° matricule D-163106 Grade PTE Feuille N° 1

M.F.M. 1 & 2 (a) Fr.
20M-5-42 (4723)
H.Q. 1772-39-1646

Nom BOUCHARD, J.A.

	État des promotions, rétrogradations, mutations, maladies ou blessures, rapports, etc.	Grade indiqué	Prenant date le	Unité	Endroit	Autorité N° de l'O. du J.	Autorité Daté le
	SOS on transfer to Ser.1035,Sussex, N.B.	PTE	14-2-43	FMR	VALCARTIER	26	13-2-43
	T.O.S. To This unit From RGT. F.M.R.	R.F.M.	15-2-43	V.DE Q.	Sussex	36	16-2-43
EMBARCATION LEAVE	Pass & M.A. from 1-3-43 to 7-3-43	"	1-3-43	"	S	48	1-3-43
	4 days leave & m.a. from 28-5-43 to 31-5-43 incl	"	28-5-43	"	Aldershot	119	31-5-43
	7 days furlough & m.a. from 23 to 29 June 1943 incl	"	23-6-43	"	"	145	22-6-43
	S.O.S. Canada	"	21-7-43	"	"	168	21-7-43
	T.O.S. U.K.	"	22-7-43	"	O/S	1	4-8-43
	Disembarked U.K.	"	28-7-43	"	"	1	4-8-43
S.O.S.	S.O.S. to 6 CIRU.	RFN.	25.8.43.	V de Q.	U.K.	13.	25.8.43.
T.O.S	T.O.S. from V de Q.	RFN.	26.8.43.	6 CIRU.	U.K.	176.	26.8.43.
S.O.S.	S.O.S. to "Airedale"	RFN.	12.9.43.	6 CIRU.	U.K.	191.	12.9.43.
C-80. T.O.S	T.O.S. R.22 R X 4 List (BD).	Pte.	13.9.43.	× List R 22 R	N.A.	28A.	7.10.43.
C-80.	A.W.L. AA.15(1). Awd 7 days C.B. Forf. 1 days pay.	Pte.	9.10.43.	R.22 R X List.	N.A.	30A.	16.10.43.
	S.O.S. C.A. (U.K.) on embarkation.....12.9.43.						
	T.O.S. C.A. (M) .....13.9.43.						
C-80.	Disembarked.....24.9.43.	Pte.	--	R 22 R X List.	N.A.	28A.	7.10.43.
M40. S.O.S.	S.O.S. to R.22 R.	Pte.	14.12.43.	XL R.22 R.	N.A.	44A.	31.12.43.
T.O.S.	T.O.S. from R.22 R X L.	Pte.	15.12.43.	R 22 R	N.A.	61.	31.12.43.
	Awarded the Canadian Volunteer Service Medal and Clasp.						
	SA Discharged	"	7 Mar 44	"	" Cable	5083	11 Mar 44

405-B-25543

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: R 22e REGT — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 163106 — Rank: Pte

Surname: BOUCHARD — Christian Names: J.A.

Died — Date: 7 Mar 44 — Place: ITALY

Cause of Death*: KILLED IN ACTION

Nature and Date of Report: AFW 3011 C

By whom made: R 22e REGT

Noted G.

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

Burial — Place: Near ORTONA, Casa Barardi Cemetery MR 314134 Sheet Lanciano 147-1 — Date: 9 Mar 44

By whom reported: C.F. R 22e REGT

State whether he leaves a Will or not

(a) in Army Book 64: Not known Paybook Not received

(b) as a separate document: Not known No Effects received

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

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

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

Station and Date: ITALY 16 Mar 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: H. McDougall

(H.J. McDOUGALL) Captain
for Officer i/c
Canadian Section G.H.Q. 2nd Echelon C.M.F.

19

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

RECORDS OFFICE (OVERSEAS).

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME... BOUCHARD Joseph Aurele

RANK..... Pte.

UNIT... ROYAL 22e REGT.

PLACE & DATE OF BIRTH... QUEBEC. 25 May 1915.

REGIMENTAL NO... D.163106.

NEXT OF KIN... MOTHER, Mrs. Cecile. BOUCHARD,

ADDRESS... 6967 Rue St. Dominique, MONTREAL QUEBEC.

PARTICULARS OF HOSPITALIZATION.

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH... 7 Mar. 44. PLACE OF DEATH... ITALY.

HRS.....

CAUSE OF DEATH..... KILLED IN ACTION.

PARTICULARS OF BURIAL

DATE OF BURIAL... Reburied 25 Jul 44. CEMETERY... MORRO RIVER CEMETERY

DEATH CERT. NO..... LOCATION OF CEMETERY.....

DATE OF REGN OF DEATH CERT..... PLOT NO. 2 ROW... C. GRAVE... 11.

RELIGION..... R.C.

DATE..... 27 Dec. 44.

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

(B.E.WILLAN) Capt.,
For (R.T.E.HICKS-LYNE) Lt.Colonel.
Officer i/c Records,
Canadian Military Headquarters.

Noted

26

QUOTE No. 405-B-25543
D.R. 2 (D)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

F.T.

OTTAWA, CANADA,

January 23rd, 1945.

Mrs. Cecile Bouchard,
6967 St. Dominique St.,
Montreal, Quebec.

No. D.163106, Private Joseph A. BOUCHARD

Dear Madam:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been reburied in grave 11, row C, plot 2, of Morro River Cemetery, Ortona, Italy.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. For obvious reasons it cannot now be stated when this work of permanent commemoration will begin, but you may rest assured that before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

FBR.

27

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

FBR/ATG

Pay 1(B) 30-1-45

File No 405-B-25543

R E B U R I A L

NO D.163106

RANK Private

NAME BOUCHARD, J.E.

NAME OF CEMETERY Morro River Cemetery

LOCATION OF CEMETERY Ortona, Italy

GRAVE LOCATION Plot 2, Row C, Grave 11

AUTHORITY 54-27-88-2 Vol. 14

Reburial list.

Noted DR2(O)

No D.163106 Rank Private Name BOUCHARD, Joseph Aurele.

Unit Royal 22nd Regiment. Date of death March 7th, 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-B-25543 d 15-3-44

N/K Mrs. Cecile Bouchard, Relationship Mother.

Address 6967 St. Dominique Street, Montreal, P.Q.

Remains buried in Casa Barardi Cemetery.

Near Ortona, Italy. MR 314134, Sheet Lanciano 147-1.

Grave location

CHX

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 7-9-45

RETURN TO BUR. OF STAT. 2-5-44

ROYAL MESSAGE DESP'D. DEC 30 1944

CAN. MESSAGE DESP'D. 20-3-44

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 11, Row C, Plot 2.

HI & CR Form Despd. OCT 1 5 1946

Photographs
Despatched
MAY 26 1947

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D163106 RANK Private SERVICE UNIT The Royal 22e Regiment (C.A.)

NAME BOUCHARD, Joseph Aurele

DATE OF BIRTH
DAY 25th MONTH May YEAR 1915 ENLISTED 29-7-42

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Cecile Bouchard

ADDRESS 6967 St. Dominique St., Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 5083 H.Q.405-B-25,543

CASUALTY DETAILS Killed in Action DATE 7-3-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 15-3-44

MEB

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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: BOUCHARD (*Block letters*) — Given names: Joseph Aurele

4. RESIDENCE — Street: 6967 St-Dominique, No. — 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): Quebec.

11. DATE OF BIRTH: May (Month) 25th (Day) 1915. (Year)

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

OCCUPATION

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

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	BOUCHARD, Adelard.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: March (Month) 7th (Day) 1944. (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. — (a) Killed in action.

due to

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

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give — (a) Date of appearance ... 19... — (b) Duration of disease ... days

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

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

State findings ... Was there an autopsy?

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

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

Manner of injury ... (How sustained)

Nature of injury

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

Signed ... M.D.

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

MAY 2 1944

for Director of Records, Dept. of National Defence.

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

WILL

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

(1) I, JOSEPH AURELE BOUCHARD (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County / District of HOCHALAGA

Province of QUE, GENERAL WORK FITTING (Civil Occupation)

Regimental No D-136106, Unit R.M.R. (3RD BN.), Co. 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
MME CECILE BOUCHARD

Residing at 6967 RUE ST DOMINIQUE MONTREAL QUE CANADA

A. B.

All my estate both real and personal

Relationship, names and address of residuary beneficiaries.

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

A. B.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 30 day of Juillet 19 42

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Aurèle Bouchard
(Signature of soldier)

First witness sign here.

(5) Signature Henri Langlois
Civil Address 1685 St Henri Sauline
Civil Occupation Journalier

Second witness sign here.

Signature G. Boucher Dr. La Beauvière. 16
Civil Address 447 Eulalie Co Marcel Leo
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, 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 unit. When transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank BOUCHARD
(Surname first—Christian names in full—Block capitals)
JOSEPH AURELE

(2) Regimental or Official Number and Rank D-136106

(3) Unit F. M. R. 3RD BN CA.

(4) Are you married? NIL

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NIL

(8) Have you any children? NIL 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 NIL

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

Name NIL

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NIL

If so, state her full name and Postal Address NIL

(11) Is your father alive? YES

If so, state name and address, occupation MR ADELARD BOUCHARD

LABOURER 6967 RUE ST DOMINIQUE MONTREAL QUE CANADA

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

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

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

(14) Is your mother alive? YES

If so, state name and address MME CECILE BOUCHARD

6967 RUE ST DOMINIQUE MONTREAL QUE CANADA

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

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

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

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

NIL

(18) Are you insured?

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.

Ariele Bouchard
(Signature of officer or man)

Date 30-7-42

E. Stacke major
Officer Commanding

Date 30-7-42

NO. 4 DISTRICT DEPOT A.F.

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

4

NAVY
~~XXXX~~
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME Joseph Aurele (CHRISTIAN NAMES) BOUCHARD (SURNAME)

REGISTER NO. D-20073

FILE NO. 405-B-25543

PAYEE Director of Estat s

DATE 21-2-46

ADDRESS

SERVICE NO. D-163106

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 7-3-44

DATE OF DISCHARGE 7-3-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 570 NO. OF DAYS 587/30 EQUAL TO 19 COMPLETE PERIODS AT $7.50	142.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 229 LESS 17 INELIGIBLE DAYS, EQUAL TO 212 DAYS @ 25C. PER DAY	53.00
	195.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 229/183 X$ 19.25	24.09
D. WAR SERVICE GRATUITY	219.59
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	219.59

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
GMR	✓

TREASURY	
CHECKED BY	DATE
McGibbon	26/2/46

SERVICE REPRESENTATIVE

ΔT

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name BOUCHARD (Surname) Joseph A. (Christian Names) No. D.163106

Rank PTE Unit C.A. O/S Date of Death 7-3-44

AMOUNT W.S.G. 219.59

L.P.C. $ 278.45

Date 15-3-46

Other Credits

Total 498.04

Prev dist. 278.45

This dist. 219.59

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Cecile Bouchard 6967 St. Dominique St., Montreal, Que.	219.59
		(Sole behefficiary under will)	
		P4. TO TREAS. APR 25 1946	W.S.G.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	219.59

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.

(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

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D163106 Rank and Name BOUCHARD. J.A. Pte.

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

(Transfer or Discharge).....to.....on 7th March 19 44

Reason Death Authority: C.C.L."A" 408 d/12 Mardh 44

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	230	15
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			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	1	80
To Balance Cr Free	118	45			
Deferred	160	00	By Balance Dr		
	278	45			
Total	278	45	Total	278	45

0311

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

Remarks:

The above Statement has been compiled entirely from Treasury records, no paybook being available.

ESTATES BRANCH NOV 6 1944 X.Q. OTTAWA NATIONAL DEFENCE

Compiled by C. Sanderson.

Checked by B.M. Wadsworth

Date 12 Sept 19 44

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

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.163106 Pte. Bouchard J.A. (Dec'd)

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

CHECKED BY L.17349 Cpl. Bailey N.S.
H.64818 Pte Davidson E. DATE 10 May 44

	Photos		
1	Unemployment Insurance Book		
	Postcards		
	Snapshots		
1	Ski Book		

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

W.E. Fulmer Q.M.S.
for OC 1 Cdn KSD

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.163106 Pte. Bouchard J.A. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q.L 2nd Echelon C.M.F.

CHECKED BY G.42660 Pte. Haslett W.J.
H.64818 Pte. Davidson E. DATE 18 Apr. 44

1	German Iron Cross (Souvenir)		
1	Chain		
1	Prayer Book		
3	Cap Badges		
4	Identity Discs		

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

W. E. Tubnek Cpl
for OC 1 Cdn KSD