GUYOT, JEAN MARC

D505771

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D136168 RANK Lieutenant SERVICE UNIT 29th Armoured Recconnaissance Regiment CAC(CA)(South Alberta Regt

NAME GUYOT, Jean Marc

DATE OF BIRTH
DAY 10th MONTH October YEAR 1916 Date enlisted: 18-6-42

MARITAL STATUS Married Religion: R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Rita P. Guyot,

ADDRESS 422 Beatty Ave., Verdun, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 3158A H.Q. 602-7-616

CASUALTY DETAILS Killed in action DATE 26-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 11-11-44

LF

M E Elder for OFFICER I/C RECORDS

Gd 6

COPY FOR DOCUMENT FILE

No ..... Rank Lieutenant Name GUYOT, Jean Marc

Unit C.A.C. Date of death 26th Oct., 1944

Died at ~~France~~ Holland

Cause Killed in action

Death occurred on strength of Forces.H.Q. 602-7-616

N/K Mrs. Rita P. Guyot Relationship Widow

Address 422 Beatty Ave., Verdun, Que.

Remains buried in Bergen op Zoom Holland W/side Cemetery
Exercite Terrain sheet 15 SE 608267

C.K

Grave location

OVER-

BURIAL REPORT TO N.K. APR 25 1946

RETURN TO BUR. OF STAT. OCT 23 1945

ROYAL MESSAGE DESP'D. NOV 29 1944

CAN. MESSAGE DESP'D. DEC 15 1944

Temp BR sent to NK & Map

REBURIAL

Bergen-op-Zoom Cdn. Mil. Cemetery,
4 miles N.E. of Bergen-op-Zoom,
Holland.

Grave 3, Row G, Plot 4.

HI & CR Form Despd. NOV 1 1946

Photographs
Despatched
JAN 2 - 1948

5M-10-44 (M-4414)

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: Guyot Jean-Marc (b) Reg'l. No. D-138168
2. (a) Arm of service: Army (b) Unit: No 4 D.D.(GEN LIST) GAMET CA (c) Rank: PTE
3. (a) Date of birth: 10 Oct. 1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Verdun Que
4. (a) Place of enlistment: Montreal South (b) Date of enlistment: 18-6-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 4 yrs High School
7. If you attended a university, give name of university and standing or degree secured: 7 Yrs Public School
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? -- (c) Did you finish it? -- (d) If you did not finish it, how long did you serve at it? --
9. (a) What languages do you speak fluently? English French (b) What languages do you read well? Eng. Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: Procter & Gamble Co., Can., Address: Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Soap & Fats Manu.
20. (a) Your specific occupation: Salesman (b) Number of years' experience at this occupation with any employer: 9 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? -- (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? -- (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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Same Job

DATE 18-6-42 194 SIGNATURE Jean Marc Guyot

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank GUYOT
(Surname first—Christian names in full—Block capitals)
JEAN MARC

(2) Regimental or Official Number and Rank D - 136168 PTE

(3) Unit No. 4 D.D. (GEN LIST) CADET 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 nil Girls nil

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

(11) Is your father alive? yes

If so, state name and address, occupation Mr. Gabriel GUYOT METAL WORKER
93 Rielle Ave. Verdun P.Q.

(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 MRS ANNA GUYOT
93 RIELLE AVE, VERDUN, QUE

(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?

(17) Are you contributing to the support of any dependents, other than those shown above? NIL
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? North American Life Ins.
(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.

Jean Marc Guyot
(Signature of officer or man)

Date 18-6-42

L P Bastien Capt
Officer Commanding

Date 18-6-42

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.)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Rita P. GUYOT (WIDOW)

ADDRESS: 422 Beatty Ave.,
Verdun,
Que.,

MEMORIAL BAR

DATE DESP

REGN. NO 1522

(2) MEMORIAL CROSS

WIDOW Mrs. Rita P. GUYOT, (ENGLISH)

1824

ADDRESS: 422 Beatty Ave., VERDUN, P.Q.

(2) DESP. FEB 10 1945
REGN No. 13445

(3) MEMORIAL CROSS

MOTHER Mrs. Anna GUYOT, (MFM-5) (ENGLISH)

1824

ADDRESS: 93 Rielle Ave., VERDUN, P.Q.

(3) DESP. FEB 10 1945
REGN No. 13446

26-10-44 1824 MJA

AWARDS—CANADIAN ARMY (ACTIVE) M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 602-7-616

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GUYOT,	Jean Marc		Lieut.	C. A. C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
1939-45 Star		
France & Germany Star	6942	24-10-44
Defence Medal		
War Medal		
CVSM & Clasp		

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit ..... Regimental Number .....

1. Surname GUYOT
2. Christian Names Jean Marc
3. *Substantive Rank and Appointment Lieut
   *Acting Temporary or Local Rank
   giving date 13.2.43

   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Quebec Canada
5. Date of birth as declared on attestation Oct 10th, 1916
   (A)
6. Date of enlistment 18 June 42
7. Place of enlistment Montreal South, Quebec
8. Residence at time of enlistment 93 Rielle Ave Verdun Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date Married
13. Trade on enlistment Salesman
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

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

(18) Medical

Category	Date	Authority
A	15-5-42	M.F.M. 2
YOB 16 / PUL 1 / HE 1 / MS 1	28-11-43	MFM 2

(19) Next of kin (entries to be made in pencil)
Mrs Rita Pelletier Guyot (Wife)
93 Rielle Ave Verdun, Quebec

(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
			SOS C.A. CANADA 14 Dec 43				
			TOS C.A. OVERSEAS 15 Dec 43				
			DISEMBARKED 21 Dec 43				
			WCHCRU.	NK	22 Dec 43	Lieut	298 22 Dec 43
			TOS				
		1 CACRU	Awarded C.V.O.M.	"	16-1-44	"	14 16-1-44
		"	Qual at Gunnery course (102)	"	18 Feb 44	"	49 25 Feb 44
		"	Att FAP to 29 Armd Recce Regt		27 Feb 44		51 28 Feb 44
		"	Ceases att FAP to 29 A R Regt	"	5 Mar 44	"	57 6 Mar 44
		"	Att to 3 CACRU for rations	"	8 Mar 44		62 11 Mar 44
		"	Ceases att to 3 CACRU for rations				
		"	Att FAP to RCAF Station Linton Airport, Linton-on-Ouse	"	11 June 44	"	140 10 June 44
		"	C.T.B.A. to RCAF Stn Linton Airport	"	19 June 44	"	148 20 June 44
		"	Att FAP to AFV sch Lulworth	"	19 June 44	"	148 20 June 44
		"	C.T.B.A. " " "	"	22 June 44	"	158 1 Jul 44
		"	SOS to X3L on adm to Mil Hosp Bovington	"	22 June 44	"	158 1 Jul 44
		"	TOS X3 " " " " "	"	23 June 44	"	X44 4 Jul 44
		"	SOS X3L - disch from " "		1 Jul 44	"	X46 11 Jul 44
		"	TOS from X3L on disch from " "	"	2 Jul 44	"	165 10 Jul 44
		"	Re-att to AFV sch Lulworth	"	2 Jul 44	"	165 10 - 44
		"	CTBA " " "	"	10 Jul 44	"	165 10 - 44
		1 CACRU	SOS to X-4 List 12 Bn 2 CBRG (Auth: Demand No. 2072 d/6 Jul 44 U.K.: 12-7-44			Rank	167 12 Jul 44
		X4 CAC(A) 12 Bn	TOS from 1 CACRU.	Field	13 Jul 44	Lieut	26/24 Jul 44
		X4 CAC(A) 12 Bn	SOS to 1 CACRU.	"	22 Jul 44	"	27/31 Jul 44
		1 CACRU	TOS from 12 Bn 2 CBRG	UK	23 Jul 44	"	177 24 Jul 44
		"	SOS to X-4 List CHC	"	30 Aug 44	"	209 30 Aug 44
		X4 CAC(A) 9 Bn	Embarked UK 30 Aug 44 Disembarked	France	31 Aug 44		
			and TOS X4 CAC (A) ( ) wef	Field	31 Aug 44	"	33 Sept 44
		X4 CAC(A)	D 25 CAOR 29 CARR SOS to 29 Cdn Armd Recce Regt	"	16 Sep 44	"	39 Sep 44
			TOS from X-4 List CAC (A)	"	17 Sep 44	"	42 Sep 44
4 Nov 44 Hosp Sec		"	SOS deceased (Killed in Action)	"	26 Oct 44	"	48 Nov 44

Regimental No. ..... Rank Lieut. ..... Sheet No. .....

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name Guyot J.M.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted special leave from 16-8-43 until 29-8-43 Ration allow. T # A A504915	tpr.	16-8-43	No 1 CACTSR	Borden	115	8-10-43
On Command to OTC (EC) Brockville f.a.p. including pay while attending Course	Lieut	19-11-43	do	do	151	19-11-43
ATTACHED FOR ALL PURPOSES AND POSTED TO REFRESHER WING "		19 NOV 43	O.T.C.(EC) BROCKVILLE ONT.		282	25 NOV 43.
Ceasing to be att. to O.T.C. under S.O.S. No. 1 C.A.C.T.S.R. pay transfer to Can. Army Overseas Serial # 598.	Lt	12 Dec 43	"	"	297	12 Dec 43
SOS C.A. CANADA 14 Dec 43						
TOS C.A. OVERSEAS 15 Dec 43						
DISEMBARKED " 21 Dec 43						
TOS 1 CA CRU	Lieut	22 Dec 43	1 CA CRU	UK	298	22 Dec 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
attended Unit AFV Gunnery Bse Signal 'P-2'	Lieut	17 Jan 44	1 CA CRU	UK	49	25 Feb 44
att'd FAP to 29 A. Recce Regt	Lieut	27 Feb 44	1 CA CRU	UK	51	28 Feb 44
Cease att FAP to 29 Recce Regt	Lieut	5 Mar 44	1 CA CRU	UK	57	6 Mar 44
att'd fap to RCAF Stn Linton Airport	Lieut	11 June 44	1 CA CRU	UK	140	10 June 44
clat. fap to RCAF Stn.	Lieut	19 June 44	1 CA CRU	UK	148	20 June 44
att fap to AFV Sch Lulworth	Lieut	19 June 44	1 CA CRU	UK	148	20 June 44
(C 195) c/att. fap to AFV Sch Lulworth on adm to Hosp.	Lieut	22 June 44	1 CA CRU	UK	158	1 July 44
Re-att to AFV Sch Lulworth	Lieut	2 July 44	1 CA CRU	UK	165	10 July 44
C/att to AFV Sch. Lulworth	Lieut	10 July 44	1 CA CRU	UK	165	10 July 44
SOS TOS. TOS from Y3 List	Lieut	2 July 44	1 CA CRU	UK	165	10 July 44
SOS TOS 5 OS to 12 Bn 2 CBRG	Lieut	12 Jul 44	1 CA CRU	U.K.	167	12 July 44

Regimental No. ..... Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name .....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
C.13.9 S.O.S. [illegible] (CAC)	Lieut	3				
C.13.9 T.O.S. Tos from 12. Bn. 2. C.B.R.G.	Lieut	23 Jul. 44	1. C AC. RU.	U.K.	179	24. Jul. 44
C.13.9 SOS SoS to X4 List (CAC)	Lieut	30 Aug 44	1. C AC RU.	U.K.	209	30 Aug 44
(C.9.5) TOS. X4 List (9 Bn.)	Lieut	31 Aug 44	21 CAC (A)	21 A. Gp.	33	7 Sep 44
(C.9.5) Embarked at U.K. on 30 Aug 44 / Disembarked at France on 31 Aug 44						
C.13.9 SOS SoS to 29 A. Recce Regt. (O. Sqn 25 CAOR)	Lieut	16 Sep 44	X4 List "A" COY	21 A. Gp	39	25 Sep 44
TOS Tos from X4. List CAC. (A)	Lieut	17 Sep 44	29 A RECCE	21. AGp.	42	29 Sep 44
Killed 26 Oct 44						
M.1.9.3 KILLED	Lieut.	26 Oct 44		ALS	A500	5 Nov 44
M.S.L. SOS. Killed in action.	Lieut.	26 Oct 44	29. CAR.	21. A. Gp.	48.	11. Nov 44

Statement of the Service of No. D-136168 Rank Cadet Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name GUYOT, J.M.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Having been posted for qualification to the Officers Training Centre, Brockville, Ont. is attached for all purposes including pay. Eff: 11 Sept. 42	Cadet	11-9-42	O.T.C.	Brockville	Pt.II D.O.#220	18 Sept.42
		Granted permission to marry on 30 Sept. 42 to Miss Rita Woodfive, Verdun, P.Q.	Cadet	30-9-42	O.T.C.	Brockville	Pt.II D.O.#231	1 Oct.42
		Having successfully completed his course and having beenrecommended for promotion and appointment to the rank of 2/Lieut. C.M.G.T.C. in the Cdn. Army (AF) is hereby, pending promulgation of such appointment in C.A.R.O. granted the provisional rank of 2/Lieut. with effect from 5 Dec 42.	2/Lieut.	5-12-42	O.T.C.	Brockville	Pt.II D.O.#287	5 Dec 42.
		Ceases to be attached to Officers Training Centre, Brockville, Ont. for all purposes including pay and is struck off strength his Unit on posting to A-17 C.M.G.T.C. Three Rivers, Quebec.	2/Lieut.	11-12-42	O.T.C.	Brockville	Pt.II D.O.#292	11 Dec 42,
		T.O.S. for training on transfer from O.T.C., Brockville, Ont.	"	12-12-42	CMGTC A17	3 Rivers, Que.	300	9-12-42
		MARRIAGE HAVING BEEN GRANTED PERMISSION TO MARRY: WAS MARRIED TO MISS RITA PATRICIA WOODFINE ON 7 DEC 1942 in ST. WILLIBRORD'S PARISH VERDUN QUE.	"	7-12-42	"	"	305	15-12-42
		CHANGE OF ADDRESS AND NEXT OF KIN TO: MRS RITA PATRICIA GUYOT (WIFE) 93 REILLE AVE., VERDUN QUE. CANADA.	"	7-12-42	"	"	305	15-12-42
		GRANTED T.W. A-301130 with seasonal leave 1942-3	"		"	"	325	31-12-42

~~TOS No. 1 C.A.C.T.S.R. for A/F - do 15-8-43 No 1 CACTSR Borden 75 23-8-43~~

Statement of the Service of No. ..... Rank 2/Lieut. ..... Sheet No. 1

Name GUYOT, J.M.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		EXTRACT FROM SUPPLEMENT TO CANADIAN ARMY ROUTINE ORDERS No. 2828 dated 27 Jan 43. To be Prov. 2nd Lt.	P/2/Lt.	11 Dec 43	CMGTC	A17 3 Rivers, Que.	32	4 Feb 43
		Granted 14 days leave of absence from 13 Mar 43 to 26 Mar 43 inclusive ~~xxx~~	"	13 Mar 43	"	"	69	15 Mar 43
		Qualified as Lieutenant~~s~~ Infantry (MG) and are promoted to that rank (subject to confirmation) under R.O. 1523 dated 24 DEC 4~~3~~.	Lieut.	13 FEB 43	"	"	72	18 MAR 43
		Struck off strength on transfer to C.A.(A) T.C. No. A-12, Farnham, Que. on being attached for all purposes including pay to C.A.(B)T.C. No. 42, Joliette, Que.	"	2 Apr 43	"	"	89	3 Apr 43.
		Attached to this Centre for all purposes including pay from A-12 C.I.T.C., Farnham, Que. (Reinforcement)	"	3 Par 43	TC 42	Joliette	Pt II No. 75	5 Apr 43
		Ceases to be attached this Centre for all purposes upon returning to C.I.T.C. A-12 Farnham.	"	17 Mai 43	" "	"	" 106	17 Mai 43
		Ceasse to be att for all purp to C A.C. T.C. 43 Joliette Que		18-5-43	A 12	Joliette	A-115	19-5-43
		S.OIS. on trans to C.A.C. T.C. A-9 Camp Bordon	"	20-5-43	"	"	A-116	20-4-43
		~~XTXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~						
		Tos #1 CACTR from A-12 C.I.T.C. Farnham	do	21-5-43	#1 CACTR	do	#1 CACTR D.O. 4	29-5-43
		Qualified Driver Class III (W).	do	8 Jul 43	do	do	do D.O. 36	9 Jul 43
		Qualified as Lieut.(C.A.C.)	do	11-8-43	do	do	do D.O. 69	17-8-43
		S.O.S. to NO.1 C.A.C.T.S.R.	do	14 Aug 43	[illegible]	do	do D.O. 72	20 Aug 43
		T.O.S. No 1 CA C[illegible].R. for A/P	do	15-8-43	[illegible]CTSR	do	No 1 CACTSR D.O. 75	23-8-43

Received ..... Checked ..... NOV 22 1941 ..... Observations .....

ORIGINAL
DUPLICATA
TRIPLICATA

OCCUPATIONAL HISTORY FORM COMPLETED
FINGERPRINTED
PHOTOGRAPHED

M.F.M. 2 Fr.
A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

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

Unité NO 4 D.D.(GEN LIST) CADET CA. N° Matricule D-136168

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom GUYOT
2. Prénoms JEAN-MARC
3. Adresse actuelle 93 rue Riello, Verdun., Que., Canada
4. Date de naissance 10 Octobre 1916
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Vendeur
8. Marié, veuf ou célibataire ~~Célibataire~~ Married (SEE CHANGE)
9. Nom du plus proche parent ~~M. Gabriel Guyot~~ (SEE CHANGE)
10. Degré de parenté ~~Pere~~ (SEE CHANGE)
11. Adresse du plus proche parent ~~93 rue Riello, Verdun., Que., Canada~~ (SEE CHANGE)
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi?
D-NO.?-M.T.C.HUNTINGDON(RF)#41-De 10 Jan.1941 a 10 Fev.1941
(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, JEAN MARC GUYOT, 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 18-6-42 X Jean Marc Guyot
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

X Jean Marc Guyot
(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 18TH jour de JUNE 1942

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

Capt
(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.

1401-

État de service de GUYOT (Nom) JEAN MARC (Prénoms) N° matricule D-136168

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: SALESMAN

Techniques: NIL

Langues: FRENCH & ENGLISH

DEGRÉ D'INSTRUCTION

École supérieure ou Académie (années achevées): 4 YRS — Graduation ou Immatriculation: Jr. Matric. (Spécifier)

*Collège: NIL

*Université: NIL

7 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						
18-6-42	dro	tos no 4 DISTRICT DEPOT CA.	PTE	18-6-42	4DD	MTL STH	4DDPTIINO 146	18-6-42
	"	P.O.C. TO T.C. 44 AND ATTACHED FOR ALL PURPOSES.	"	18-6-42	~~T.C.44~~ 4DD	MTL STH	~~PT. II No. 39~~ D.C. 147	~~23-6-42~~ 19-6-42
23-6-42	T.C.44	ATTACHED FOR ALL PURPOSES WHILE UNDERGOING PRE OTC TRAINING.	"	19-6-42	T.C.44	St-Jerome	PT. II No. 39	23-6-42
20-7-42	"	GRANTED STATUS OF CADET AND IS POSTED TO CADET WING AND IS TO RECEIVE $3.00 PER DAY UNDER ART. 144-B. F.R. &I.	Cdt	17-7-42	"	"	PT. II No. 50	20-7-42
24-7-42	"	ADMITTED TO ST.JEROME'S MIL. HOSP.	"	23-7-42	"	"	PT. II No. 52	24-7-42
7-42	"	DISCHARGED FROM ST.JEROME'S MIL. HOSP.	"	25-7-42	"	"	PT. II No. 53	24-7-42
11-9-42	"	SOS ON TRANSFER TO OTC BROCKVILLE ONT.	"	11-9-42	"	"	PT II No. 68	11-9-42

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier GUYOT JEAN MARC Lieu Mtl.

Lieu Mtl. Date 15 May 42

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 25 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie 1941 ?
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? yes
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

Jean M. Guyot
(Signature de la recrue)

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

URINE 72765 N
X-RAY 122518 N

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

2. Taille 5 pieds 9¼ pouces. 3. Poids 132 livres

4. Teint Med. Yeux Brown Cheveux Brown

5. Développement Good {Bon / Passable / Médiocre}

6. Tour de poitrine—Circonférence, pleine expansion 34 pouces Degré d'expansion 3 pouces

7. Vue, droite 20/80 gauche 20/120 8. Ouie, droite cv 20 gauche cv 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Good

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

R 20/80 - 1.5 - 20/20
L 20/120 - 1.5 - 20/30 A.L. ISSENMAN M.D.
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
Physicals O.K. DR. W. G. DAPE.
Dry rales on left - not constant.
No history of tuberculosis in man nor in family.

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

(Président) E.S. HARDING M.D. GEO. W. RUNNELLS M.D. (Membre) A.G. MORPHY M.D. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUN 18 '42	TAB1 H. Hershon Capt	NOV 11 1943	Y.O.B. R U L H E M S: 16 1 1 1 1 1 1 1 annual T.A.B.
21-7-42	3 full		
12-8-42	full		
JUN 18 '42	Vacc HH		
19 May 43	Rechecked Cat A Tarnham; Rechecked Cat A Purdy	28-11-43	Y.O.B. P U L H E M S: 16 1 1 1 1 1 1 1 H Hamilton Capt

N° matricule D-136168 Grade PTE Nom GUYOT Prénoms JEAN MARC

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. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				
St Jérome, Qué.	23-6-42	23	7	42	25	7	42	Infected blister right foot.	2	All symptoms disappeared	[illegible]

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

MFM 82A
192M-8-40 (6653)
H.Q. 1772-39-1774

LOI DE LA MILICE

Loi de Mobilisation de Ressources Nationales, 1940

A

89

ENROLEMENT

MILICE ACTIVE NON PERMANENTE DU CANADA

G-300

NO. MATRICULE 2.505771

Pris à l'effectif de 89 Le Rget de Chateauguay (mit)
(Unité de la Milice)

1. Nom (Caractère d'imprimerie) GUYOT
2. Prénoms (au long) JEAN-MARC.
3. Adresse actuelle 93 Rielle-Verdun 25
4. Lieu de naissance Montréal Date de naissance 10 Octobre 1916
5. Religion C. 6. Profession Voyageur de Commerce
7. Plus proche parent Père - Gabriel Guyot.
(Nom et adresse)
93 Rielle-Verdun
8. Signalement: Taille 5'8½" Poids 131½
Yeux bruns Cheveux noirs.
9. Préférence, le cas échéant, pour le service de la Marine, de l'Armée, ou de l'Aviation (Donnez des détails, aptitudes, etc.)
Infantry
672918

Daté ce 10 jour de Janvier 1941

Centre d'instruction No. 41

Jean M. Guyot
(Signature de l'homme)

Noël Landry 2/Lt.
(Signature et grade de l'officier effectuant l'enrôlement).

Sceau

N.P.A.M. TRAINING CENTRE
No. 41
COURSE 3
ENDING
8 FEB 1941

Sceau du certificat d'instruction

R. T. Smith Lt
Signature de l'officier apposant le sceau

T.O.S.(Supern.) on transfer from CARTC.No.41 w.e.f.
21 8-2-41 RO.Part II Orders No. 27 dated 17-2-41.

S.O.S. this Unit's Supernumerary, w.e.f. 1 Mar 43.
(Authy: A.A.&Q.M.G. letter M.S. 2-80, d/8 Mar 43).
R.O.Part II No. 55(STRENGTH DECREASE) d/10 Apr 43.

INSTRUCTION	High School
METIER - EXPERIENCE ACQUISE, le cas échéant	Commercial Traveler
NIVEAU D'INTELLIGENCE et de DEXTERITE MANUELLE	Good
CATEGORIE MEDICALE	"A"
ARME OU SERVICE RECOMMANDE par le Cdt de Cie	Infantry
OBSERVATIONS	Clnt - Mechanic

A. T. Smith Lt
for Commandant de Cie
C. I. Bn. No. A - 41

D. ~~13168~~ S.O.S.
136168 (Card Index)

NAME GUYOT, JEAN MARC H.Q. File 602-7-616.

RANK ~~CADET~~ PLATT. LT

ACTIVE UNIT GEN. LIST, (PR) # 4 D.D.

RESERVE UNIT

Appt. R.O. No. 2828 Date 27-1-43 Effective date of Appt. 5-12-42

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TRANS. TO A-17 T.C., (PR) GEN. LIST, 11-12-42. R.O. 2828, 27-1-43
TO BE LT. GEN. LIST, (REINF.) NO. A-17 T.C. 13.2.43 RO# 3119. 20.4.43
TO BE LT. GEN. LIST, (REINF.) NO. A-12 T.C. 3.4.43 FROM A-17 T.C. (REINF.) RO# 3119. 20.4.43

TO. BELT A-33 C.A.C.T.E. (REINFS) C.A.C 20-5-43. FROM A-12 T.C. (REINF) RO# 3354. 26-6-43

EMBARKED CANADA - SAILING LIST NO. 3432 DEC 14 1943

10M—9-42 (6257)
H.Q. 1772-45-8

K.I.A. 26.10.44 29TH ARM'D REGT. C.A.C. (SOUTH ALBERTA REGT.) "FRANCE" CABLE # 3158A 3/11-11-44.

4 D.D.

21/6/43

~~xxxxxx~~ LIEUT

No. ~~D-133168~~ RANK Pte NAME Guyot, Jean Marc 2026 ~~Married~~ ~~Widower~~ * Single

Place of { * Appointment * Enlistment } Montreal South, Que. Date of { * Appointment * Enlistment } 18-6-42

Income by Dist 5

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					~~1.30~~		
50.	20-7-42	Cpl.			$3.00		WE 2 17-7-42
					425		
72	18Mar43	Lieut.			5.00		w.e.f. 13 Feb 43

Next of Kin-Mrs. Rita Patricia Guyot-Wife -93 Rielle Ave., Verdun, Que

6th V.L. Bond May-Oct 44 8.40

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
North American Life Ins Co.	1-10-44	75.00
614 St. James St. W	~~1-1-44~~	~~50.00~~
Montreal, Que.	1-7-42	11.00
Rita Guyot		
~~Fourth Victory Loan~~		~~16.80~~
~~fr. May/43 to Oct. 43~~ Total Inc.		Tot. ~~[illegible]~~ ~~12.50~~

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
22-12-42	Wife	45.00	7/12/4

* Outfit * Clothing } Allce. $ 150 Paid on 23/12/42 M.O.4

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

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed yes

CASUALTIES, ETC.

P. & A. LED. AGREES APR 6 1943

Part II D.O. No.	Date	
146	18-6-42	TOS DD4 .posted to "E" Wing.Eff 18-6-42.
147	19-6-42.	POC and are attach. for all purp. to #44 St Jerome. w.e.f. 18-6-42.
39	23-6-42.	TOS. (as Candidate) C.A. (B) T.C. 44. Wef. 19-6-42.
50	20-7-42	Granted Status of Cadet wef...17-7-42
52	24-7-42	Adm. to Camp Hosp. " 23-7-42
53	28-7-42	Discharged from Camp Hosp. wef...25-7-42.
68	11-9-42	S.O.S. On Transfer to O.T.C. WEF. 10-9-42
220	18-9-42.	ATT'D. O.T.C., BROCKVILLE EFF 11-9-42.
231	1-10-42	Granted per. marry eff. 30-9-42
287	5/12/42	PROMOTED TO 2/LIEUT. EFF. 5/12/42
292	11/12/42	SOS to A-17 Three Rivers eff 11-12-42
300	9-12-42	TOS CMGTC A-17 w.e.f. 12-12-42
305	15-12-42	Married to Miss Rita Patricia Woodfine on 7 DE 42.
308	18-12-42	Granted 5 days Xmas Leave from 23-12-42 to 27-12-42.
32	4 FEB 43	Confirmed in rank of 2/Lieut. w.e.f. 5 DEC 42
69	15 Mar43	Granted 14 days leave 13 Mar 43 to 26 Mar 43 incl.
72	18Mar43	Qualified as Lieut.Infantry(MG)and promoted to that rank subject to confirmation w.e.f. 13 Feb 43.

M.F.M. 149
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No. 2

No. RANK Lieut. NAME GUYOT Jean Marc

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
89	3-4-43	SOS CMGTC A-17, Three Rivers, Que. on transfer to CITC A-12, Farnham, Que. on being attached therefrom for all purposes, including pay, to CA(B)TC No. 42, Joliette, Que. w.e.f. 2 APR 43.	
75	5/4/43	TOS TC 42 onTrans fr TC A-12 Farnham wef 3/4/43	
106	17/5/43	SOS on Trans to TC A-12 Farnham wef 17/5/43	
115	19-5-43	Cease to be att'd for all purp to TC 42 Joliette wef 18-5-43	
116	20-5-43	~~CMX~~ SOS on trns to CAC TC A-9 Camp Borden Ont wef 20-5-43	
4	29-5-43	TOS #1 CAC TR eff 21-5-43	
36	9-7-43	Qualifies as Driver Class III (Wheel Vehicle) eff. 8-7-43	

P. & A. TEP. APR 1 6 1943

Temporary Card 2026

NAME GUYOT John Marc

REGIMENTAL NO. RANK Lieut

ENLISTED AT PROMOTIONS, ETC AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC

MARRIED, WIDOWER, OR SINGLE married

NEXT OF KIN Mrs Rita R Guyot RELATIONSHIP wife

ADDRESS OF 422 Beattie Ave., Verdun P Q

ASSIGNMENT OF PAY, $ 75 C 00 eff 1 Oct 44 (8.40 7th Vict Loan)

ADDRESS wife

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT yes

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR wife

3/20 MFM 14 40/P & S/67 (4473)

CASUALTIES, ETC.

NATURE E.G. Absence, Promotions, Etc	PART II, DO		REMARKS If in Hospital, Note Name, Etc
	No.	Date	
TOS 9 C B R B			
from No 1 C A C R U	17(3)	2.9.44	wef 31.8.44
SOS 9 C B R B			
to "D" Sqdn., 25 CADR	CR		wef 13.9.44
TOS 29 C A R R	42	29.9.44	wef 17.9.44
SOS (Deceased)	CR	26.10.44	wef 26.10.44

CASUALTIES, ETC.

Part II. D.O. No.	Date	Nature and particulars	If in Hospital note name
72	20-8-43	SOS #1 CACTR to #1 CACTSR eff. 14-8-43.	
75	23-8-43	TOS #1 CACTSR – 15 Aug 43	
115	8-10-43	Leave 16 Aug – 29 Aug 43 RA 50¢ diem.	
151	19-11-43	S.O.S. #1 C.A.C.T.S.R. W.E.F. 19-11-43 with pay eff. 18-11-43	
282	25-11-43	T.O.S. OTC. 19-11-43	
287	1-12-43	Brtd. Spec. Lab. S.S.H. A539109. 1-12-43 to 7-12-43. R.A. @ 50¢ per diem	
297	12-12-43	SOS.OTC.ontransfer to No. 598.eff.12-12-43	
298	22/12/43	T.O.S. CA O/S 15/12/43 T.O.S. #1 C.A.C.R.U. wef 22/12/43	
148	20-6-44	Att. f.a.p. A.F.V. School Lulworth wef 19-6-44	
158	1-7-44	Ceases att. f.a.p. A.F.V. Lulworth wef 22-6-44 on admission	
167	12-7-44	to Military Hospital Bovington	
		S.O.S. 1 C.A.C.R.U. to X4 List 12 Bn 2 C.B.R.D. wef 12-7-44	
		TOS 12 BN 2CBRG WEF 13 JULY 44	
177	24-7-44	T.O.S. 1 C.A.C.R.U. from 12 Bn 2 C.B.R.D. wef 23-7-44	
209	30-8-44	S.O.S. 1 C.A.C.R.U. to X4 List (C.A.C.) wef 30-8-44	

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

DIVISIONAL REGISTRAR
ADMINISTRATIVE DIVISION "E"
DEC 12 1940
Dept. of National War Services
MONTREAL, QUE.

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE
LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: E-45062

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms (Ecrire en lettres moulées) Guyot (Nom de famille) Jean M. (Prénoms)

Lieu de naissance (Ville, cité ou village) Montreal Province canadienne (ou autre pays) Que. Date de naissance 10 oct. 1916.

Résidence fixe (Numéro et rue) 93, Rielle Ave, (Bureau de poste ou itinéraire de facteur rural) Verdun, (Ville ou village) Que. (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?
Rhumatisme? oui Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non
Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non
Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non
Gonorrhée? non Avez-vous déjà porté des verres? oui Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non (Oui ou non) Si oui, de quelle source? .....

Localité (Ville, cité ou village) Verdun Province Que. Date 7 dec. 1940.

Signé: Jean M. Guyot.

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus) Rhumatisme articulaire durant 1 semaine, vers l'age de 7 a 8 ans.

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 8½ pouces. 2. Poids ~~134~~ 131½ livres.
3. Teint brun Couleur des yeux bruns 4. Constitution moyenne {Vigoureuse / Moyenne / Débile} Biffer mentions inutiles.
   Couleur des cheveux noirs
5. Périmètre thoracique à l'ampliation maxima 35 pouces.
   Étendue de l'ampliation 2 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 20/120 Œil gauche 20/200
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit 20/30
   Œil gauche 20/30
7. Acuité auditive: Oreille droite C.V. 20 Oreille gauche C.V. 20
8. Bouche et dents bouche saine. 1 dent cariee.
   Indiquer la nature et l'emplacement de toutes dents artificielles aucune
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité
   Acuite visuelle tres faible.

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" X
" "B I"
" "B II"
" "C I" ~~X~~
" "C II"
" "D"
" "E"

Signé:
Signature Dr. Leo Tasse (Médecin examinateur)
Adresse 4358, Lasalle Blvd, Verdun,
Date 7 dec. 1940.

(Important — Voir au verso)

N.W.S. Formule N° 1A-FR

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

.....

.....

.....

.....

Signature.....
Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction.....

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

CANADIAN LEGION WAR SERVICES EDUCATIONAL RECORD

List of Registration Certificates awarded showing subject, grade, and date of award (Vide R.O. 297)

5. (For ServiceRecord) Duplicate

Can. Legion Educational Services

☐ Educational Credit
☐ Not for Credit

Regtl. No. D-136168 Rank Cadet
Name Guyot, J. M. Age 25
Unit L. M. G. Coy A
Address St. Jerome, Que.
Subject and Grade Math. (Officer Cadets)
School or Institution C.L.W.S.
Instructor P. Austin.
Date when course began August 17, 1942

Standing Granted Pass
Attended 22 hrs.
which is ..... %
Date Sept. 4, 1942
Certified Andrew Moore
(Director of Educational Services)

Yo. 3249

M.F.M. 131
10M—3-42 (3763)
H.Q. 1772-39-1866

RECOMMENDATION FOR APPOINTMENT TO A COMMISSION

~~Original~~
~~Duplicate~~
Triplicate

1. **Particulars of Candidates:—**

Name Guyot (Surname) Joan Marc (Christian Names) Regtl. No. ~~N/A~~ D 134168

Enlisted ~~[illegible]~~ (Date) N/A (Place) N/A N/A (Unit)

Present Unit N/A Date T.O.S. N/A

Present Rank N/A (Substantive) N/A (Acting, if any) N/A (Date)

Medical Category "A" Birth Date 10th Oct. 1916

Place of Birth Montreal, (Town or Twp.) Que. (County or Prov.) Canada (Country)

Civil Occupation Salesman and Sales Promoter Religion R.C. (Denomination)

Married or Single Single Nationality of Wife N/A

2. **Military Qualifications:—**

Character (certified copy of M.F.M. 6 to be attached):

Courses attended (A.F.) and (R.F.) (state month and year):

N/A

Technical qualifications in detail (if any):

N/A

3. Educational qualifications, including degrees (if any):— Ecole Champagnat 1922-1926 College Laval 1926-1927; St. Dominic's High School 1927-1930 D'Arcy McGee High School 1930-1932; Public Speaking (Knights of Columbus) One year

Languages (state if written or spoken): French and English written and spoken fluently

4. Previous service (state period and length of service):—

(i) P.F.:

(ii) R.F. (years in which training was carried out): One month's training. T.C.41.

(iii) C.E.F.:

(iv) Other British Forces:

5. *(a)* Arm, Corps or Unit in which a Commission is desired by Candidate:

Infantry Machine Gun or any other arm of the Service.

Date 11th May, 1942

Jean M. Guyot
(Candidate's signature)

(b) I am prepared to accept this soldier as an Officer if subsequently appointed to this Unit.

N/A
(Signature of Officer Commanding)

6. General Remarks by O.C. making recommendation:—

Not attached to any unit. Recommended by Junior Officers' Selection Board.

Date 11th May, 1942.

H.E. Vautelet
(H.E. Vautelet), Major,
(Signature of Candidate's C.O.)
Chairman, Junior Officers' Selection Board.

7. Remarks by Officers Administering Corps:—

.....

.....

Date.....194..... Corps.....Signature.....

8. Remarks by Formation Commander or District Officer Commanding:—

.....

.....

(A.G. White) Major,
for (E. de B. Panet), Brig.-General,
D.O.C. M.D. No. 4.

Date 11th May, 194 2. District..... Signature.....

9. For completion by Candidate's C.O.:—

Selected to attend Officer's Training Centre at.....

commencing.....194..... as Candidate for appointment.

(i) as a reinforcement officer in.....(Army or Corps) or

(ii) to.....(Unit) { C.A. (Active)* / C.A. (Reserve)*

*Delete where not applicable.

Date.....194..... Commanding.....Signature.....

10. To be completed by Commandant of Officer's Training Centre:—

(a) Report on Candidate Had a fine scholastic record in the extensive M.G. course. His work throughout the Three months has been above average. Should suceed in becoming an outstanding officer.

(b) Recommendation Recommended for commission.

Date Dec. 5th. 194 2 Commanding O.T.C. (E.C.) Signature
(M.F. GREGG) COLONEL

11. **To be completed by O.C., Advanced Training Centre:—**

(a) Report on Candidate.....

.....

(b) Recommendation.....

.....

Date.....194..... Commanding.....Signature.....

12. Remarks by D.O.C. on interviewing Candidate, reported as unsuitable by O.T.C. or A.T.C.:—

.....

.....

.....

Date.....194..... District.....Signature.....

Initials of Candidate..... Does he wish to submit a statement?.....

13. For use at N.D.H.Q.:—

Appointed.....194..... A.P. & R. No.....Date.....194.....
(Date)

Signature.....
(Director of Personal Services)