D51169
BELAIR
LUCIEN

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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 REMAIR, Lucien (b) Reg'l. No. D51169
2. (a) Arm of service Army (b) Unit P.de Chateauguay(Mit)C.A. (c) Rank Sgt
3. (a) Date of birth 24 april 19 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Dominingue P.Q
4. (a) Place of enlistment St Jerome P.Q. (b) Date of enlistment 18 may 41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 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.) 9 years Commercial
7. If you attended a university, give name of university and standing or degree secured Nil
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? No (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? No
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & English

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? Nil

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 N/A
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 Doctor Lachapelle Address Mont Laurier
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Doctor
20. (a) Your specific occupation Classeur Veneer (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? 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 Nil (b) Where was it located? Nil
23. (a) Number of years engaged in this business Nil (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Nil

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? Nil (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? No

Section G—MISCELLANEOUS

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

DATE St John N.B. July 27 th 43 194 SIGNATURE Sgt L Bélair

FOR COMPLETION AND RETURN BY

Form P. 64

J 6 5
20 6

Mrs. Margaret Bélair,
Douglastown,
Gaspé Cty.,P.Q.

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

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

and the following number quoted:—

H.Q. 405-B-26,501 FD 34

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

June 14 1945

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

BELAIR, Lucien, Sgt.

No. D-51169, Canadian Army

ESTATES BRANCH
JUN 30 19
H. Q.
OTTAWA
NATIONAL DEFENCE

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

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

1/2 per usual
1/2 per community Prop

for Director of Estates.

/TD

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Mrs Margaret Bélair	28	Daveglestown
	~~Same~~		Isaapi Co, Que..		
2	Children of the Deceased and dates of their Births.....		Kevin Bélair	2 yrs 3 mos	Danglestown Isaapi Co. Que
3	Father of the Deceased.....		Amedie Bélair		Deceased.
4	Mother of the Deceased.....		Mrs Hazel Bélair		Nominingue Labelle Co. Que.
5	Brothers of the Deceased	Full Blood	George Bélair	26	Montreal
			Raymond Bélair		Army in montreal
			Paul Bélair		Nominingue
			John Bélair		Nominingue Labelle Co Que.
			Edward Bélair		Nominingue
			Pierre & Gaston Bélair		Labelle co, Que..
		Half Blood	none,		
6	Sisters of the Deceased	Full Blood	Mary Bélair	9	Nominingue Labelle Co Que,
			Antoinnette Bélair	7	Nominingue Labelle Co Que.
		Half Blood	none		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.	Names and ages of their children (if any)	Address of their children
	Leo Bélair Killed in action July 20th 1944.-	Single	X

8	Full names of the decea
9	Date of his birth.
10	Place and date of his ma
11	Place and date of his pa
12	Place where deceased wa
13	State, in order, the Prov resided before enlistm
14	Nature of employment h
15	State whether he owned so, where situated.
16	Name place where dec permanent home.
17	Did the deceased leave your custody, please f
18	If married, and domicile in the U.S.A. or in a C community of proper riage contract dealing
19	(a) Did he have a Ban (b) Give name and add deposit. (c) Do you wish it adi (d) If it is a joint accou tionship to the dece
20	Amount of War Savings and registered in his n
21	(a) Amount of Victory (b) State whether beare (c) State in whose nam (d) During what loan w (e) In whose possession
22	If deceased had life ins payable under each po therein.
23	Describe other assets, if space on page 4 if nec
24	Did the deceased after d (a) His own separat (b) Service clothing a An itemized account fo hereto, and if same "approved" and sig particulars.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph, Gaston, Lucien Bélair
9	Date of his birth.	April 24th.-
10	Place and date of his marriage.	Montreal 18th of April.
11	Place and date of his parents' marriage.	x not known.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal,
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Nominingue about (b) (c) 8 years. (d)
14	Nature of employment before enlistment.	sawing veneer
15	State whether he owned the premises in which he lived, and, if so, where situated.	no.
16	Name place where deceased stated he intended to make his permanent home.	Montreal.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	no.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	no.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	none
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	one of 50.00 is full, another he was paying by installments x receipt in billfold. one in Mrs Margaret Bélair other unknown in the 3rd in his own possession,
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	he had no debts.

(Please Turn Over)

DECLARATION

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

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

* the widow of the deceased.

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

Mrs. Margaret Bélair } Signature of Informant

Douglastown Gaspé Co. Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Margaret Bélair { Name of informant } is the* widowed of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Douglastown this 27th day of June 19 47

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

E. L. Kennedy Qualification J.P.

Address Douglastown Que

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

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

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

eceived..... Checked..... 6 ..... Card..... Photographed FINGER-PRINTED Observations..... D

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité Le Regiment de Chateauguay (Mit.) (AF) ~~RF~~. Matricule ~~C-422002~~ D-51169
Unit Regimental Number

~~Original~~ ~~Duplicata~~ ~~Triplicata~~ Duplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

OCCUPATIONAL HISTORY FORM COMPLETED WSG COMPLETED 12-5-42 A/R

~~Original~~ ~~Duplicata~~ Triplicate

1. Nom (Surname) BELAIR
2. Prénoms (Christian Names) LUCIEN
3. Adresse actuelle (Present Address) R.R. No.11, Nominingue, P. Que., Canada
4. Date de naissance (Date of birth) 24 Avril 1919
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholique Romain
7. Métier ou profession (Trade or Calling) Chauffeur, Classeur de Veneer,
8. Marié, veuf ou célibataire (Married, Widower or Single) ~~Celibataire~~ Marié
9. Nom du plus proche parent (Name of next of kin) ~~Mr. Amedee Belair~~ Mme Greta Belair sec change
10. Parenté de celui-ci (Relationship) ~~Pere~~ Epouse
11. Adresse du plus proche parent (Address of next of kin) R.R. No 11, Nominingue, P. Que., Canada ~~770 Ste Catherine Ouest~~ Montreal, Que. NON See change
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) NON
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars)

OUI.

14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?)
Reg't de Hull RF. C-422002, (M.T.C. NO 44 St Jerome Camp)
Du 9 Octobre 1940 au 7 Novembre 1940
(Indiquez l'unité et la date de l'enrôlement) (Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Lucien BELAIR, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, 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 la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 14 Juin 1941. Lucien Belair
Sgt Bascon J Temoin (Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Lucien BELAIR, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Lucien Belair
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par 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 serment devant moi,

à St-Jérôme ce 24ième jour de Juin 1941

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

E.J. Hantel, Lt.-Col., O.C., C.A.(R) T.C. No. 44.
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

5099
10
19-1-5
3
1
1-5
1111111
4

État de service de / Record of Service of — BELAIR (Nom—Surname) — Lucien (Prénoms—Christian Names) — Matricule / Regimental Number D-57169 ~~C-422082~~

APTITUDES
Qualifications

Militaires / Military: N/A

Professionnelles ou commerciales / Business or Professional: N/A

Civiles ou de métier / Trade or Civil: Classeur de Veneer

Techniques / Technical: N/A

Langues / Languages: Français & Anglais

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate: Primaires 10 années (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: N/A (Spécifier—Specify)

*Collège: N/A

*Université / University: N/A

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
19/5/41		Affecté lors de son enrôlement / Joined on enlistment "ON COMMAND" Le R. de Chat.(Mit.) C.A.(B)T.C.No.44.	Pte.	17/5/41	Le R.de Chat. (Mit.)	Montreal	Part II No.91.	19/5/41.
19-5-41	TC 44	T.O.S. AND ATTACHED FOR ALL PURPOSES	"	17-5-41	TC 44	StJEROME	PT II NO. 88	19-5-41
20-5-41	TC44	Promoted A/L/Cpl. whilst acting as L/CPL instructor and is posted to "C" Coy.	A/L/Cpl	20-5-41	TC44	St Jerome	PT II NO 89	20-5-41
23-6-41	"	Promoted Corporal Instructor	Cpl	23-6-41	"	"	PT II No. 114	23-6-41
		SEE SHEET NO. 2			SEE SHEET NO. 2			

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

Relevez-vous ou avez-vous def

Statement of the Service of No. D-51169 Rank Pte Sheet No. 3

Name BELAIR L.

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
5-12-41	TC 44	GRANTED 14 DAYS FURLOUGH UNDER R.O. 699	CPL.	5-12-41 19-12-41	TC 44	ST.JEROME	PT II NO. 228	5-12-41
31-12-41	"	GRANTED 5 DAYS' LEAVE	"	25-12-41 29-12-41	"	"	PT II NO. 241	31-12-41
26-3-42	"	PROMOTED A/SGT. INSTRUCTOR.	SGT.	16-3-42	"	"	PT 11 No. 51	26-3-42
27-3-42	"	PT. 11 ORDERS NO. 51 IS CANCELLED.	Cpl		"	"	PT 11 No. 52	27-3-42
5-3-42	"	CEASES TO BE ON COMMAND FROM N 0.4 DD AND ATTACHED FOR ALL PURPOSES TO NWE.	"	2-3-42	"	"	PT. II No. 38-A	5-3-42
16-4-42	"	GRANTED PERMISSION TO MARRY MISS MARGARETTA BAIRD FROM MONTREAL .	"	3-4-42	"	"	PT. II No. 64	16-4-42
16-4-42	"	PROMOTED A#SGT.	SGT.	18-4-42	"	"	PT. II No. 64	16-4-42
28-4-42	"	HAVING GRANTED PERMISSION TO MARRY WAS MARRIEDWITH MARGARET BAIRD AT ST.PATICKK'S CHURCH MONTREAL QUE.	"	18-4-42	"	"	PT. II No. 70	28-4-42
29-4-42	"	ADDRESS OF NEXT OF KIN MR. A MEDEE BELAIR (FATHER) ROUTE RURALE No. 11 NDMININGUE QUE. IS CHANGED TO MRS. MARGARET BAIRD? 293 ST. GEORGES ST. ST.JEROME QUE.	"		"	"	PT. II No. 71	29-4-42
7-5-42	"	ADDRESS ON NEXT OF KIN MRS ~~GRETTA~~ Margaret E BLAIR (WIFE) 293 ST. GEORGES ST. ST.JERMOE QUE. IS CHANGED TO 675 ST. GEORGES ST. JEROME.	"		"	"	PT. II No. 75	7-5-42
15-5-42	"	PROCEEDS ON COMMAND FOR ALL PURPOSES EXCEPT PAY TO C.S.A.T.C. LONG BRANCH, ONT.	"	15-5-42	"	"	PT II NO. 81	15-5-42
10-6-42	"	CEASES TO BE ON COMMAND AT LONG BRANCH, ONT.	"	7-6-42	"	"	PT II NO. 96	10-6-42
9-6-42	"	S.O.S. ON REPOSTING TO HIS UNIT LE REG'T DE CHATEAUGUAY, FA[illegible]M, QUE.	"	9-6-42	"	"	PT II NO. 95	9-6-42

TRIPLICATE

Statement of the Service of No. D-61169 Rank Pte Sheet No. 1

Name [illegible] Lucien

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
21-7-41	TC 44	Ceases to be employed under the provisions of C.O. 139/39 and ceases to be on command from 14 Regiment de Chateauguay pending attestation in the Canadian Army Active and allotment reg't No. D-61169						
22-7-41	DD 4	T.C.C. on temporary attachment for records purposes only from C.A. (D) T.C. No. 44 on ceasing to be employed under C.O. 139/39 pending attestation in the Canadian Army Active and allotment of Regimental No. D-61169	Cpl.	23-6-41	TC 44	St Jerome	PT II No.135	21-7-41
22-7-41	TC44	On command and attached for all purposes from No. 4 District Depot on ceasing to be employed under C.O. 139/39 on attestation in the Regt de Chateauguay (AF) and on relinquishing NP Regimental No D-422606	"	23-6-41	DD 4	Montreal	PT II No. 173	22-7-41
22-7-41	TC 44	Having been attested at C.A. (D) T.C. No. 44 in the Regt de Chateauguay (AF) Canadian Army Active on ceasing to be employed under the provisions of C.O. 139 on 1939 and relinquishing NP No.D422606 is on Command and attached for all purposes to C.A. (D) T C. No. 44	Pte.	24-6-41	T.C. 44	StJerome	PT II No.134	22-7-41
22-7-41	TC44	Promoted A/Cpl. Instructor	"	24-6-41	DD 4	Montreal	PT II No.173	22-7-41
27-8-41	"	ON COMMAND TO R.C.O.C. WESTMOUNT BARRACKS QUE.	Cpl	24-6-41	TC 44	St Jerome	PT II No. 134	22-7-41
26-9-41	"	CEASES TO BE ON COMMAND AT R.C.O.C. WESTMOUNT BARRACKS. QUE.	"	27-8-41	"	"	PT II NO. 162	27-8-41
17-10-41	"	PROCEEDED "ON COMMAND" AT C.S.A.T.C. LONG BRANCH, ONT.	"	25-9-41	"	"	PT II NO. 183	26-9-41
29-11-41	"	CEASES TO BE ON COMMAND AT C.S.A.T.C. LONG BRANCH, ONT.	"	17-10-41	"	"	PT II NO. 195	17-10-41
			"	28-11-41	"	"	PT II NO. 224	29-11-41

Statement of the Service of No. D-51169 Rank Sgt Sheet No. 4

Name BELAIR, L.

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
8-6-43	R.de C.	Having been tested in accordance with Instructions reganding trade Tests and Trandsmen's Rate of pay is qualified as Technical Storeman Group "C" Class I	Sgt	13 May43	R.de C.	St.John	Part.II No.114	7 Jun 43
10 Jun43	"	Granted trades Pay as Storeman Technical Group "C".	"	13 May43	"	"	" 115	8 Jun 43
28 Aug 43	1st"A.D.	Granted annual furlough, T.W. A237745.	"	30 Aug 43	1stAD	Aldershot,NS	" 174	27 Aug 43
		EMBARKED ON BOAT #E-755D at Halifax,NS.	"	1-10-43	"	Halifax,NS.	Auth:HC-21-3-2 HC110-844-1	25 Sep 43.
		LANDED AT ST.JOHN,Nfld.	"	4-10-43	"	St,John?Nfld.	Auth:HC-21-3-2 HC110-844-1	25 Sep 43.
7-11-43	"	Detailed for special duty and attached for all purposes to "W" Force.	"	2-10-43	"	Gander,Nfld.	Part II #199	1-10-43
"	"	Attached to 26th A.A. Regt R.C.A., C.A.P.O., #2, for pay.....	"	2-10-43				
		and for rations and quarters.....	"	5-10-43	"	"	" " " # 1	7-10-43
6-12-43	"	Admitted sick to R.C.A.F. Sta.Hosp., C.A.P.O. #2.....	"	30-11-43	"	"	" " " # 16	4-12-43
8-12-43	"	Dischh. R.C.A.F. Sta. Hosp. C.A.P.O. # 2	"	8-12-43	"	"	Part II # 17	8-12-43
22-12-43	"	New Years L. 29-12-43 to 2-1-44 R/A 050 p.d.			"	"	" # 21	22-12-43
4-1-44	"	Qual. for award Canadian Volunteer Serv. Medal ent'le to wear Ribbon	"	24-1-43	"	"	" # 1	4-1-44
		Qual. for award of Clasp to Canadian Volunteer Serv. Medal Ent'le to wear Maple Leaf on Ribbon.	"	3-12-43	"	"	" # 1	4-1-44
14-2-44	1st A.D.	Proceeded on command to Long Branch,Ont. to attend Platoon Weapons Course #810, S-3 CSAS....	"	11 Feb 44				
		Attached to S-3 CSAS,Long Branch,Ont. for all purposes except pay.....	"	18 Fev44	"	"	" "#14	12 Feb 44

Statement of the Service of No. D-51169 Rank Pte. Sheet No. 3

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

Name Bélair Lucien.

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
15-6-42	R.de C.	T.O.S. and attached for all purposes from T.T. 44.	A/Sgt.	10-6-42	R.de C.	Farnham	Part.II No.20	12-6-42
7-7-42	"	Was qualified as indicated below at C.S.A.T.C "E" Wing.15-5-42 to 5-6-42	"	5-6-42	"	St.Johns	" 37	6-7-42
12-12-42	"	Is entitled to draw ration allowance of .50 cts per diem while on leave.	"	14-12-42 17-12-42	"	Valcartier	" 140	3-12-42
18-12-42	"	Add.of Next of Kin is changed to 770 St. Charles st. Three Rivers, Que.	"		"	"	" 150	17-12-42
24-12-42	"	Granted annual leave and New Years leave with ration allowance.	"	4-1-43 18-1-43	"	"	" 153	22-12-42
26-1-43	"	Returned from furlough.	"	18-1-43	"	St.John	" 15	25-1-43
4-3-43	"	Attached for all purposes to A-29 C.I. T.C. Camp Ipperwash, Thedford,Ont., while attending Storemen Technical (Inf)Course.	"	3-3-43	"	"	" 40	2-3-43
		Attached fap including pay, from St.John Defences, Saint John, New Brunswick	"	4 Mar43	A 29 CITC	Camp Ipperwash	D O 54	11 Mar43.
		Born--A son, Joseph Patrick Kevin Belair, St. Joseph's Hospital, Three Rivers, 13 Mar 43	"	13 Mar 43	"	"	D O 65	13 Mar 43
		Cease to be attached fap including pay on return to St. John N.B.	"	29 Apr43	"	"	D O 96	28 Apr43
11-5-43	"	Ceases to beattached for all purposes,including pay to A-29 C.I.T.C. Camp Ipperwash, Thedford, Ont on return to Unit.	"	30 Apr43	R.de C.	St.John	" 91	10-5443
5-6-43	"	Add. of Next of Kin is changed to: Douglastown, Gaspe Co,Que.	"		"	"	" 113	4 Jun 43
18-6-43	"	To be SERGEANT	Sgt.	15-6-43	"	"	" 122	16-6-43

Regimental No. D-51169 Rank Sgt. Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name Belair, L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Att'd to S-3, CSAS(EC)Long Branch for R.Q.D.& D. for course of Instruction	Sgt.	19-2-44	1st AD	Gander Nfld,	35	22-2-44
Ceases to be att'd to S-3, CSAS(EC)Long Branch on completion of course	"	24-3-44	"	"	62	24-3-44
Ceases to be attached for rations and quarters to H.Q.26th A.A. Regt,RCA.	"	11 Feb44	"	"	14	12 Feb44
Ceases to be attached to H.Q. 26th AA Regt, RCA. for pay purposes.	"	31 Jan44	"	"	10	1 Feb44
Granted 96 hrs leave from 25 Mar 44 to 28 Mar 44. To draw ration allowance of .50 cts per diem	"	28 Mar44	"	"	24	24 Mar 44
Ceases to be attached for all purposes except pay to S-3 CSAS, Long Branch, Ont. on completion Platoon Weapons Course #810.....	"	24 Mar44	"	"	24	24 Mar 44
Return from leave wef.....1130 hrs.....	"	7 Apr 44				
and attached for rations and quarters to H.Q. 26th A.A.REGT. RCA.....	"	7 Apr 44	"	"	27	8 Apr 44
Having attended Platoon Weapons Course 810 from 19 Feb 44 to 24 Mar 44 qualified as "Q-II".....	"	19 Feb44	"	"	29	17Apr 44
Appointed to the rank of Acting Company Sergeant Major with pay filling vacancy on authorized establishment..	A/CSM.	1 Jul 44	"	"	57	3 Jul 44
Ceases to be att. for r.&q. and for pay purposes to HQ 26th AA Regt,RCA	"	10 Aug44	"	"	70	9 Aug44
EMBARKED ON BOAT NO E-755-D at St JOhn,Nfld	"	12 Aug44	St John,Nfld	Auth: AdrmOrder		No 35
LANDED AT HALIFAX NS	"	14 Aug44	Halifax NS	Auth: "	"	No 35
GRANTED 14 DAYS PRIVILEGE LEAVE AND 96 HRS ACCUMULATED LEAVE RATION	"	18 Aug44	1ST F/D)			
ALLOW(15 DAYS) WHILE ON LEAVE X 4 DAYS TRAVELLING TIME	"	28 SEP 44	1ST F/D)	BEDFORD NS	22	16 Aug44
ISSUED WITH SPECIAL LEAVE X FURLOUGH WARRANT #H75232	"	18 Aug44	1ST F/D	"	74	19 Aug 44
Ceased attch F.A.P. on ceasing to be detailed for special duty at W Force	"	13 Aug 44	"	"	D.O.71	15 Aug 44
and attch for R.Q. to Att A.A. Reinforcement camp Bedford N.S.	"	14 " "	"	"	" "	" " "
Granted 96 hrs leave .50 per Diem	"	28 nov 44			108	24 nov 44
S.O.S to 1st Bn. R de Chat. C.I.C. Sorel Que	A/CSM	4 dec44	SCOY R de C	Sorel, Que	112	5 dec 44
tos fr No 5 Coy Le R de Chat C I C	"	5 Dec 44	R de Chat	Sorel Que	68	7 Dec 44
Granted Special & hristmas leaves	"	19-12-44	"	"	78	19-12-44

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

Name.....

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Appointed RSM and A/WO I	RSM	1 Jan 45	R de Chat	Sorel	5	7 Jan 45
SOS Edn Army (Canada)	A/"	10-1-45		U.K.	2	26-1-45
TOS Edn Army (O/S)	A/"	11-1-45		U.K.	2	26-1-45
Disembarked in U.K.	A/"	12-1-45		U.K.	2	26-1-45
~~SOS to~~ Reported for duty to #9 CITR	A/"	18-1-45		U.K.	2	26-1-45
SOS to 9 CITR	"	18-1-45		"	8	26-1-45
TOS from R de Chat	"	19-1-45	9 CITR	"	8	26-1-45
W ~~SOS~~ SOS to 4 CITR.	Pte	24 Feb 45	9 CITR	UK	27	25 Feb 45
~~or TOS~~ TOS from 9 CITR	Sgt	25 Feb 45	4 CITR	UK	49	27 Feb 45
CPL Reling. Appt. of A/RSM A/WO I.	Sgt	18 Jan 45	R de Chat	UK	3	6 Feb 45
5138 SOS SOS to x 4 h C IC	Sgt	6 apr 45	4 C I T R	UK	81	1 apr 45
TOS						
Killed 29 apr 45.						
CH6 SOS SOS x 4 to R de Imp	Sgt.	22 apr 45.	4 h Inf Bde Hdqrs	Mall	106	3 May 45
CH6 TOS TOS from x 4 Inf Bde Hdqrs	Sgt	23 apr 45	4 C.I.T.R.	Mall	32	3 May 45
Killed	Sgt.	29 apr 45	4 C.I.T.R.	East. A 575		11 May 45

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) BELAIR Lucien — Date May 13th 1941

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 22 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	no	j. Affection nasale (Nasal trouble)	no
b. Tuberculose (Tuberculosis)	no	k. Maladies des oreilles (Ear disease)	no
c. Bronchite ou asthme (Bronchitis or asthma)	no	l. Maladie des yeux (Eye disease)	no
d. Affection cardiaque (Heart disease)	no	m. Epilepsie (Epilepsy)	no
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	no	n. Maladie nerveuse ou mentale (Nervous or mental disease)	no
f. Gastrite intestinale (Gastro-intestinal)	no	o. Syphilis	no
g. Hernie (Rupture)	no	p. Gonorrhée (Gonorrhœa)	no
h. Varices (Varicose veins)	no	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	no
i. Pieds plats ou déformés (Flat or deformed feet)	no		

Lucien Bélair
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above)
Color vision Ishihara CDS — URINE 4004 S.N. DP
Ears. nose & reflexes normal — MAY 14 1941
A. DELAHAYE MAJOR — X-RAY 7842 N DP

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped. C. SAINT PIERRE TE.COL.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
1 vacc. left arm

2. Taille (Height) 5 pieds (feet) 7 pouces (inches). — 3. Poids (Weight) 150 (147) livres (pounds)
4. Teint (Complexion) Medium — Yeux (Eyes) Blue — Cheveux (Hair) Brown
5. Développement (Development) good — Bon—Good; Passable—Fair; Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36 pouces (inches) — Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20-20 — œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) CV 20 — gauche (left) CV 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) fair
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Moderate flat feet flexible,, no symptoms

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

H. AUBRY MAJOR — J.M. ROUSSEL CAPT. — PAUL ROBERT M.D.

Aubry Major — J.M. Roussel Capt. — Paul Robert M.D.
(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

NON ... Si oui donner les détails. ... pour invalidité.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
28/5/41	Vacc. } a/t Gordon Lt.	JUN 5 1941	Re Exam - Cat A Shortt Capt
28/5/41	TABT }		Urine neg Jaub Quetti &
7-7-42	T.A.B.T.	26/6/41	X-RAY neg. F.C.
5-8-42	T.A.B.T. & Inf. Capt	5-10-43	Re Exam Cat A Aviation Aubry Major
2-11-42	Re-Exam. Cat A. R.B. Taylor Lt Col	13-7-43	19-1-1-3-1-1-1-1 AL
29-9-43	TABT ½ cc Typhus R.G. ND.	29/9/43	19 1 1 1 1 1 1 1 NDL.
2-10-44	TABT (X) Typhus Schick. Test		[redacted] (Rhinite chron)
		18-12-44	19 1 1 1 1 1 1 1

Matricule (Regtl. No.) D-51169 ~~C-422002~~ Grade (Rank) R5M ~~Private~~ Nom (Surname) BELAIR Prénoms (Christian Name) Lucien

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	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 première 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. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
C.A.P.O. #2.		30	11	43	8	12	43	Rt. upper blepharitis	9	Local treatment. Improved. att. "C" for 48 hrs R.C.A.F. Hospital Gander. Nfld.	

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Margaret BELAIR (WIDOW)

ADDRESS: DOUGLASTOWN, Gaspe Co., Que.

(1) 25-5-49

(2) MEMORIAL CROSS

WIDOW (~~1964~~) (1958): Mrs. Margaret BELAIR, (ENGLISH)

ADDRESS: DOUGLASTOWN, Gaspe Co., Que.

(2) DESP. JUN 14 1945 REGN No. 20397

(3) MEMORIAL CROSS

MOTHER (~~1964~~) (1958): Mrs. Hazel BELAIR, (MFM5) (ENGLISH)

ADDRESS: R.R. # 11, NOMININGUE, Que.

(3) DESP. JUN 14 1945 REGN No. 20398

MEMORIAL BAR

DATE DESP.....

REGN. NO. ~~9349~~ 9349

29-4-45

AWARDS—CANADIAN ARMY (ACTIVE)

(1964) M 500M—1-44 (3467) FB
(1958) H.Q. 1772-45-8

FILE No. 405-B-26501

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BELAIR, Lucien	D-51169	Sgt.	Les Fus. Mont-Royal

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal CVSM & Clasp	35278

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CONTINUATION CARD MFM 14

Regimental No. D-51169 Name Belair, L. (A/RSM)

Part II DO		PARTICULARS OF CASUALTIES
No.	Date	
2	26-1-45	SOS Cdn Army (Can) wef. 10-1-45
		T.O.S Cdn army (O/S) wef. 11-1-45
		Disembarked in U.K wef. 17-1-45
		SOS to No 9 C I T R wef. 18-1-45.
8	26-1-45	TOS No 9 C I T R wef 19-1-45
3.	6-2-45	Relinquishes the apt of a/R.S.M. (a. W/O) wef 18-1-45. (auth. Subject to confn. by R.O 's/s -
21	25-2-45	SOS to 4 C I T R wef 24-2-45
	49-27.2.45.	TOS fr. 9CITR wef. 25-2-45.
61	8-4-45	SOS to X-4 list CIC fr 4 CITR wef 6-4-45.
		SOS (X4 List C / C 10 CBR Bn) to [illegible] wef [illegible]

MFM—14A
40/P&S/2310

Part II DO		PARTICULARS OF CASUALTIES
No.	Date	
		SOS X 4 LIST [illegible] To FMR WEF. 22.4.45
C.R.	23-4-45	TOSFMR from X4. LIST Ref Gen. Unit wef 23 Apl 45.
C.R.	30-4-45	SOS Defend Killed in action wef 29 Apl 45.

CASUALTIES. ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
24	24-3-44.	Leave from 25-3-44 to 28-3-44. R/A 0.50 p.diem. Ceases att. for all purp. exc. pay to S/3 CSAS Long Branch, Ont. Wef. 24-3-44.	
27	8-4-44	Ret. from leave Wef. 1130hrs 7-4-44. and att. for R&Q to HQ 26th AA Regt. RCA Wef. 7-4-44.	
57	3-7-44	Appt. A/CSM Wef. 1-7-44.	
70-9	8-44	Ceases att. R. & Q. to H.Q. 26th. Regt. R.C.A. and Pay to 26th. A.A. Regt. R.C.A. on proceeding to Canada 10-8-44	
71	15-8-44	attached for R.Q. to Arty A.A. Reinf camp. 14-8-44	
72	16-8-44	Granted R.A. 28 days from 18-8-44 to 8-9-44 50 c.p.d.	
~~76~~	~~30-8-44~~		
71	15-8-44	Cease att. f.a.p. "W." force off. 15 aug.	
108	24-11-44.	Leave from 28-11-44. to 1-12-44. R/A.	
112	5-12-44	SOS to 1st Bn Le Regt de Chateauguay CIC Sorel, Que.....4 Dec. 44	
68	7-12-44	TOS fr No.5 Coy, Le Regt de Chat.....5 Dec. 44	
78	19-12-44	Gr sp lv and Chr lv and to draw RA of .50 per day from 19 to 26 Dec 44	
5	7-1-45	appt. RSM and a/W O.I. wef 1-Jan.45.	

LOWE-MARTIN CO. LIMITED D85951

M.F.M. 34A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE NO.

No. D-51169 RANK A/Sgt NAME BELAIR Lucien

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		D.O. 1222/16 June 43 Confirmed Sgt wef 15-June 1943	
174	27-8-43.	Furl. 30-8-43 to 12-9-43. R/A 0.50 p.d.	
192	23-9-43.	Spec.L. 23-9 to 28-9-43. R/A 0.50 p.d.	
199	1-10-43	Att'd for a l purposes to W.Force.Eff. 2 10-43.	
62	12.10.43	att. to H. 2. 26th A.A. Regt, R.C.A. for R. & 2. w.e.f. 5 Oct. 43 & for pay purposes w.e.f. 2 Oct. 43.	
17-9-	12-43	Admitted to R.C.A.F. Hosp. 30-12-43	
18-11-	12-43	Discharged from Hosp. R.C.A.F. 8-12-43	
29. 24-	12.43	Granted 5 days N. year leave, All. R. f. 29-12-43. to 2-1-44.	
7	10-1-44	Rural Award Can. Vol. Service Medal w.e.f. wear the ribbon 24 Jan. 43	
7	10-1-44	" " "

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC
Ceased to be on comm.at R.C.O.C. Westmount Brks	183	26-9-41	Eff...2030hrs, 25-9-41
On command at CSATC,Long Branch Ont.	195	17-10-41	Eff.. 17-10-41
Ceased to be on command at CSATC,Long Brch,Ont.	224	29-11-41	Wef. 28-11-41
Granted 14 days'Furlough	228	5-12-41	from 5-12-41 to 19-12-41
Granted Leave absence	241	31-12-41	from 25 to 29-12-41
P. & A. I.E.P. AGREES FEB 26 1942			
Promoted Sgt.inst.	51	26-3-42	wef; 16-3-42.
Sgt's promation cancel.	52	27-3-42.	
Granted permission to marry	64	16-4-42	Miss Marg. Baird, Montreal
Promoted Rank of Sergeant,	64	16-4-42	wef. 16-4-42
Was married on 18-4-42	70	28-4-42	with Margaret Baird.
Nestof Kin Am. Bélaire	71	29-4-42	is changed to Margaret Bélair.
on command for all Purp. except Pay to C.S.A.T.C. LONG BRANCH ONT	81	15-5-42	Wef 15-5-42

REGIMENT DE CHATEAUGUAY (AF)

NAME BELAIR, Lucien

REGIMENTAL NO. C-422002 (AF) D-51169 RANK Pte.

ENLISTED AT PROMOTIONS, ETC. AND DATE L/Cpl. 20-5-41

DATE 15th May. 1941 Cpl. 23-6-41

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN BELAIR, Amedee RELATIONSHIP: Father.

ADDRESS OF R.R. Nominingue, QUe. Canada.

ASSIGNMENT OF PAY, $ C

ADDRESS

DEPENDENT'S ALLOWANCE ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER M. F. M. 14

IN WHOSE FAVOUR

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
Taken on Strength 44	88	19-5-41	wef 17-5-41
Promoted L/Cpl. Inst.	89	20-5-41	wef 20-5-41
Promoted ~~XX~~Cpl. Ins.	114	23-6-41	wef 23-6-41
Attested CA(AF)RF.Reg'l No.rel'd & att&d for all purposes from ~~XXXX~~ le R.de Chat.	134 135	21-7-41	Wef.24-6-41
Cease to be empl'd G.O. 139/39	134	22-7-41	Wef.23-6-41
Promoted A/L/Cpl. Part 11 Orders,No.134 Sec "B" para 1 item 1	135	22-7-41	Wef.24-6-41
Regt'l No.amended	137	24-7-41	
Part 11 Orders No.134, d/21-7-41 & 135 D/22-7-41 amended to read:D-51169			
A/Cpl.Bélair,L.	145	7-8-41	Eff. 22-7-41
On command RCOC,Westmount Barr.QUE.	162	27-8-41	Eff. 27-8-41

REGIMENT DE CHATEAUGUAY (RF)

NAME BELAIR Lucien

REGIMENTAL NO. ~~B-422002~~ (AF) D-51169 RANK ~~Pte.~~ A/Sgt

ENLISTED AT Montreal, Que. Canada PROMOTIONS, ETC. AND DATE ~~L/Cpl. 20-5-41~~ ~~Cpl. 23-6-41~~ ~~Sgt. 15-3-42~~ Promotion Sgt. cancelled A/Sgt 16-4-42

DATE 15th May 1941

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE ~~Single~~ Married

NEXT OF KIN ~~Amedee Belair~~ Margaret Belair RELATIONSHIP ~~Father~~ Wife

ADDRESS OF ~~R.R.11 Nominingue Que. Canada~~ 293 St-Georges, St-Jerome, Que.

ASSIGNMENT OF PAY, $ 35 .00 Eff. 1-5-42

ADDRESS as above

DEPENDENT'S ALLOWANCE ENTITLED OR NOT yes ~~no~~ $35.00 Eff. 18-4-42

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 30-4-42

M. F. M. 14

IN WHOSE FAVOUR Wife as above

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
54	11 Mar'43	Attached for all purposes to A.29 C.I.T.C. eff 4 Mar'43.	
96	28 Apr'43	Ceases to be attached A.29 Eff. 29 Apr'43	
95	9-6-42,	ceases to be att TC#44, report to Unit, Le R.deC 9-6-42.	
20	12-6-42,	TOS from #44, 10-6-42.	
37	6-7-42,	Qualify CSATC "E" Wing, 15-5-42 to 5-6-42.	
140-3	12-42,	Lv 96hrs, 14-10-42 to 17-10-42, r/a.50p/d.	
148	15-12-42,	Xmas Lv, 5 days, r/a.50 p/d.	
150	16-12-42,	Furl and 5 days LV, 4-1-43 to 18-1-43, r/a. 50p/d.	
40	2-3-43,	att'd all prup A-29 CITC Camp Ipperwash, Thedford Mine, Ont; Course Storeman Technical (INF) 3-3-43.	
91	10-5-43,	Ceases to be att'd from same, 30-4-43.	
114-7	6-43;	qualify Tech-Storeman-Group "C" & Tpay 13-5-43	
122	16-6-43;	to be sergeant, 15-6-43.	
137	6-7-43,	Lv 96hrs, r/a.50 p/d.	

No. D-51169 RANK ~~A/Sgt~~ A/CSM NAME BELAIR Lucien *~~Married~~ *~~Widower~~ *~~Single~~ Married

Place of {*Appointment *Enlistment} Date of {*Appointment *Enlistment} 17-5-41.

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
64	16-4-42	A/Sgt.		AS	2.20	16-4-42.		
~~115~~ 57	~~8-643~~ 3-7-44.	~~A/~~ CSM	"C"	AS	~~0.25~~ 3.00	13-5-43 1-7-44.		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Margaret Belair, MFM 19	1-8-44.	35.00
~~293 St-Georges, 1-5-42.~~		45.00
~~St-Jerome, PQ.~~		
Douglastown, Gaspe County, QUE.	1-11-44.	8 40
1st Vict Loan Bond.	Total	53 40

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
25-4-42	Wife.	37.20	18-4-42.
	Son	13.92	13Mar43

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

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

*Delete words which are inapplicable.

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

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

Occupational Form Completed.....

No. D51139 RANK ~~A/RSM~~ Sgt. ~~W.O.1~~) NAME BELAIR Lucien *Married. *Widower *Single

Place of {*Appointment *Enlistment} Montreal, Que. Date of {*Appointment *Enlistment} 17 May 1941

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
5	7-1-45	A/RSM(WO1)		AS	4.20	1Jan.45		Auth Ranks 1845 d/31 Dec.1944)
3-	6-2-45	Sgt.			2.20	18-1-45		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
~~Margaret Belair (Wife)~~	~~1 Feb 45~~	~~75.00~~
Douglastown, GaspeCo. Que.	1-3-45	~~35.00~~
	1-2-45 MFM 19	~~40.00~~
~~7th V.L.B~~ CANCELLED MFM 19	1-11-44	~~8.40~~
	1-4-45	~~44.00~~
Total		~~83.40~~ 44.00

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
25-4-42	Wife&1	51.12	
		13-3-43	

*Outfit {Allce. $..... Paid on.....
*Clothing {
Rehabilitation Grant $..... Paid On.....
*Delete words which are inapplicable.

M. F. M. 14
250M-7-43 (1001)
H.Q. 1772-39-1662
K.P. 85489

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

Occupational Form Completed.....

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		

FEUILLE D'ATTESTATION
MILICE ACTIVE NON PERMANENTE DU CANADA

LE REGIMENT DE CHATEAUGUAY

UNITÉ MITRAILLEUSES N° MATRICULE C-422002

1. Nom (lettres moulées) BELAIR
2. Prénoms Lucien
3. Adresse actuelle Nominingue, Qué., Canada

N° du tél.

4. Date de naissance(*) 24 avril 1919 5. Sujet britannique Oui
6. Profession Classeur de Veneer 7. Religion C.R.
8. Nom du plus proche parent Amédée Bélair 9. Degré de parenté Père

Adresse Nominingue, Québec, Canada

10. Avez-vous déjà servi dans la marine, l'armée ou l'aviation militaire
(Si oui, indiquez les détails, brevets d'aptitude, etc.)
30 jours Centre d'Entraînement T.C.44 St.-Jérôme, 1er. Groupe

CERTIFICAT D'EXAMEN MÉDICAL

Taille 5'7" Poids 150 Développement de la poitrine, max 36 min 32

Marques distinctives Medical Board.

J'ai examiné le sujet susnommé, conformément aux instructions stipulées dans les règlements régissant les services de santé de l'armée canadienne et le corps dentaire militaire canadien, 1937, appendice V, et

je classe "A"

Date 13th May 1941 Signature

DÉCLARATION À FAIRE LORS DE L'ATTESTATION

Je, soussigné Lucien BELAIR déclare sincèrement et solennellement que, au meilleur de ma connaissance, les réponses que j'ai faites aux questions ci-dessus sont exactes; que je consens à être inscrit pour la période de trois années, ou jusqu'à ce que je sois libéré légalement; que je comprends la nature et la portée de cet engagement, et que je prendrai soin de tous les effets d'habillement, armes et équipement qui me seront confiés, et les renverrai sur demande; que j'aviserai mon commandant de tout changement d'adresse de mon plus proche parent ou de moi-même.

SERMENT À PRÊTER

Je, Lucien BELAIR promets sincèrement et jure (ou déclare solennellement), fidélité et obéissance à Sa Majesté.

L. Beauvais — Signature du témoin

Lucien Bélair — Signature du déclarant

Fait ce 13ième. jour de mai 19 41 à Montréal, Qué.

CERTIFICAT DE L'OFFICIER CERTIFICATEUR

J'ai averti le sujet susnommé que s'il faisait une fausse déclaration en réponse aux questions sus-indiquées, il s'exposait aux rigueurs de la loi. Les questions et réponses ci-dessus indiquées ont été lues à cette recrue en ma présence. Je me suis assuré qu'il comprend chaque question, et que ses réponses ont été inscrites telles que données, et ladite recrue a fait et signé la déclaration et prêté serment.

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

major adjt

M.F.B. 235e

(*) Le jour, le mois, l'année doivent être indiqués—exemple: 25-8-39

ACTIVE SERVICE. **États de service**

Promotions, abaissements de grade, changements de corps, blessures, etc., exercices annuels, certificats d'aptitude	Date applicable	Inscription autorisée par	Signature des officiers certifiant l'exactitude des inscriptions
Accepté dans le service à partir du.....			..... Commandant
.....			Unité.....
T.O.S. this Unit on transfer from Le Regiment de Hull (RF) Supernumerary Strength w.e.f. 13-5-41 RO.Part II Order No.95 dated 26-5-41.			
ON COMMAND CA(B)TC.No.44,St.Jerome,Que.& attached for all purposes w.e.f.17-5-41 RO.Part II No.97 dated 26-5-41.			
S.O.S. this Unit on transfer to R. de C. (AF) and allotted No. D-51169, 23/6/41.Part II No.175,dated 4/8/41.			
Médailles et décorations			

NOTE.—Ces inscriptions devront être faites au fur et à mesure et certifiées par l'officier qui les fait.

Les attestations devront être faites en double exemplaire, l'original devant être transmis pour être consigné à la salle du rapport du régiment et le double devant être conservé à la batterie, l'escadron, la compagnie, etc.

M.F.D. 235e

États de service

Promotions, abaissements de grade, changements de corps, blessures, etc., exercices annuels, certificats d'aptitude	Date applicable	Inscription autorisée par	Signature des officiers certifiant l'exactitude des inscriptions
Accepté dans le service à partir du.....			..... Commandant
.....			Unité.....

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États de service

Promotions, abaissements de grade, changements de corps, blessures, etc., exercices annuels, certificats d'aptitude	Date applicable	Inscription autorisée par	Signature des officiers certifiant l'exactitude des inscriptions
Accepté dans le service à partir du.....			..... Commandant
.....			Unité.....

NOTE.—Ces inscriptions devront être faites au fur et à mesure et certifiées par l'officier qui les fait.

Les attestations devront être faites en double exemplaire, l'original devant être transmis pour être consigné à la salle du rapport du régiment et le double devant être conservé à la batterie, l'escadron, la compagnie, etc.

NO D.51169 Rank Sergeant Name BELAIR, Lucien

Unit Fus. Mont-Royal Date of death 29th April, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-B-26501

N/K Mrs. Margaret Belair, Relashionship Widow

Address Douglastown, Gaspe Co., Québec.

Remains buried in Germany MR 431904 Grave 2 Cemetery

Grave location

C1K

OVER-

BURIAL REPORT TO N.K. JUN 18 1946

RETURN TO BUR. OF STAT. JUN 14 1945

ROYAL MESSAGE DESP'D. JUN 8 1945

CAN. MESSAGE DESP'D. MAY 29 1945

Temp B R sent to N K

REBURIAL

Holten Canadian Military
Holten, Holland.

Grave 13, row E, plot 8.

HI & CR Form Despd.

Photographs
Despatched
FEB - 3 1949

OCT 8 1946

10M-1-45 (M-4608)

...OIR INSTRUCTIONS AU VERSO.

M.F. M 10a
20M—7-40 (5760)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, LUCIEN BELAIR (Nom au long), de la VILLE de NOMININGUE, dans le Comté / District de LABELLE, Province de QUEBEC, LATHE MACHINE (Occupation civile), N° matricule D-51169, Unité REG. DE CHATEAUGUAY, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

L.B. Noms et adresse des bénéficiaires

(2) Je lègue à Ma mère Madame Hazel Belair résidant à Nominingue. Québec. Tous mes biens.

L.B. Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme ..... (Nom)
..... (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

En foi de quoi j'ai signé ce 21ème jour de Juillet A.D. 19 41.

(5) Herm Robert Gathills
Signature du premier témoin
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Lucien Belair
(Signature du soldat)

Signature du second témoin Pierre Lalonde Oka Co. Deux-Montagnes
(Adresse)

Lui.

(VOIR AU VERSO)

INSTRUCTIONS

Si vous avez déjà fait votre testament, ne remplissez pas cette formule, mais dites seulement où votre testament pourra être ou à qui il a été confié.

(1) (Exemple) Je, Jean-Baptiste Duval, de la cité de Québec, dans le comté de Québec-Centre, Province de Québec, mécanicien, N° matricule 1234, Royal 22ème Régiment, par les présentes.....

(2) Si vous ne désirez nommer qu'un seul bénéficiaire, remplissez la formule comme suit: Je lègue à "mon épouse, Marie Duval: tous mes biens",— et dans ce cas, retranchez la clause (3).—Si vous désirez nommer plus d'un bénéficiaire, dites ce que vous voulez donner à chacun, ainsi par exemple

"mon épouse, Marie Duval: $.....00, et mon ménage";
"mon frère, Thomas Duval: $.....00";
"ma sœur, Marguerite Duval: $.....00";
"mon ami, Jean Côté: $.....00";

et tout cadeau personnel que vous désirez faire.

(3) Si vous voulez léguer le reste de vos biens à une seule personne, nommez cette personne, comme "mon épouse, Marie Duval". Si vous voulez léguer le reste de vos biens à plusieurs personnes, nommez ces personnes, comme "ma mère et mon père, en parts égales". (Vous pouvez répartir les parts inégalement et de la façon que vous désirez.)

(4) Inscrivez le nom de l'exécuteur ou de l'exécutrice, comme "Jean Caron, 24 rue St-Jean, Québec, Province de Québec", ou, si c'est une femme, comme "Jeanne Caron", et donnez son adresse. (Le bénéficiaire ou le légataire peut être validement nommé exécuteur testamentaire.) Il n'est pas nécessaire de nommer un exécuteur ou une exécutrice si vos biens ne comprennent que votre solde (salaire), vos allocations ("allouances"), votre équipement et vos effets personnels.

(5) Deux témoins doivent signer en présence du soldat, et chaque témoin doit donner son adresse au long.—Voyez à ce que le soldat inscrive la date et signe de sa signature ordinaire.

(6) Ne nommez pas un soldat comme votre exécuteur testamentaire.

RECEIVED
D.C.R. RECORDS
MAR 1 1946
WILL SEC.
N.D. H.Q.

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

---

(1) Name of Officer of Other Rank BELAIR Lucien
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank C-422002

(3) Unit Le Regiment de Chateauguay (Mit.) RF. CABTC 44

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? N/A

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

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address

N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Amédée BELAIR, R.R.No.11, Nominingue, Quebec, Canada ENGINEER

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

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

N/A

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

(14) Is your mother alive? Yes

If so, state name and address Hazel BELAIR, R.R.No.11, Nominingue, Quebec, Canada

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

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

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

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months

N/A

(18) Are you insured? No

If so, in what Company? N/A
(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.

Lucien Belair
(Signature of officer or man)

Date 15th. May, 1941

W.J. Richter Major
Officer Commanding

Date 15th. May, 1941

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.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit 1st Airfield Defence Bn. (R.deC.) C.I.C. Regimental Number D- 51169

1. Surname BELAIR,
2. Christian Names Lucien,
3. *Substantive Rank and Appointment ~~A/CSM~~ Sgt
   *Acting Temporary or Local Rank ~~(W.O.II)~~
   giving date ~~1 Jul 44~~

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Que. (Canada)
5. Date of birth as declared on attestation 24 Apr 1919
   (A)
6. Date of enlistment 24-6-41
7. Place of enlistment St. Jerome, Que. (Canada)
8. Residence at time of enlistment Douglastown, Gaspe Co., 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 18-4-42
13. Trade on enlistment Classeur de Veneer.
14. Corps, trade and grade
15. (D) Qualifications Tech. Foreman 'C'
16. (E) Miscellaneous entries

No 1P

(17) Regiment or Corps: C.I.C.

Unit (Battn., etc.): No. 5 Coy, ~~1st A.D.Bn. (R.deC.)~~

(18) Medical

Category	Date	Authority

(19) Next of kin (entries to be made in pencil) (Wife)

Mrs Marguerite Belair
675 St. Georges St.
St. Jerome P.Q.

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

CFEF	1st	2nd	Mor S	Soore
			M	114
MD	MD	MD	YOB	Disp
			19	

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
			Appt. ~~A/~~S R.S.M. A/WO I	Can.	1-1-45	A/RSM	AO 5-45
			Qual. Tech Storeman "C"	"	13-5-43	"	AO 115-43.
			Awarded C.V.S.M.	"	24-1-43	"	AO 1-44
			Awarded Clasp to CVSM.	"	3-12-43	"	AO 1-44
			S.O.S. C.A. Can	U.K	10-1-45	"	D.O. 2-45
			T.O.S. C.A. Overseas	"	11-1-45	"	" "
			Disembarked U.K.	"	17-1-45	"	" "
			Reported for duty to 9 C.I.T.R	"	18-1-45	"	" "
		R de 9CITR	C.S.O.S. to #9 C.I.T.R.	U.K.	18-1-45	"	D.O. 2-45
		R de C	T.O.S. #9 C.I.T.R.	U.K.	19-1-45	"	D.O. 8-45
			Relng. thro' Pool of A/RSM (A WO I) (auth: P Subject to confirmation by Supp to Overseas RO)				
		"	S.O.S. 9CITR to #4CITR (Auth:406/14 CITBde/1 d/29 Jan 45)	U.K.	18-1-45	Sgt.	D.O. 3/45.
				"	24Feb45	"	DO 27/45
		4 CITR	TOS FROM 9 CITR	U.K.	25 Feb 45	Sgt "	49/45
		4CITR	SOS to X4 List CIC(UKAG 36/14 C6661/1C)	"	6 APR. 45	"	82/45
			Embarked UK 6 Apr 45 Disembarked NWE 7 Apr 45 TOS X-4 List (10 Bn) Inf Gen Unall wef 7 Apr 45				DO 97 d/ Apr
X4	13 Bn Inf Unit		S.O.S. to ~~R de Mais~~ FusMR	Fd.	22Apr45	Sgt	106 45 and by 109/45
		FusMR	TOS from X-4 List Inf Gen Unall	Fd	23APR45	Sjt	DO 32/MAY 45
3014/321		FusMR	SOS DECEASED KILLED IN ACTION	Fd	29APR45	Sjt	DO 37/MAY 45

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (GERMANY)

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: BELAIR (*Block letters*)

Given names: Lucien

RESIDENCE

4. Street: R.R.#11 No.:

Official name of civil municipality or township: Nominingue

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 24th (Day) 1919 (Year)

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

OCCUPATION

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

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	BELAIR Amedee	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 29th (Day) 19 45 (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

OVERSEAS CASUALTY CANADIAN ARMY

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

JUN 14 1945

Signed....M.D.

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

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

G Gauvreau Lt/S.

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

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

(Voir l'autre côté pour le francais)

Director of Records Dept. of National Defence

FORMULE 6

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

N'écrivez pas dans cet espace

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

Rue | No. | Hôpital ou institution

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

3. NOM DU DÉFUNT

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

N'écrivez pas dans cet espace

4. RÉSIDENCE

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

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

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

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

24. CAUSE DU DÉCÈS

I

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

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

II

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

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

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

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

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

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

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

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

Nature de la blessure.....

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

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

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

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

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

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

.....

(For English see other side)

3/45A MFM 510
40 P&S/254 (8550)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D51169 Rank and Name BELAIR L. SGT.

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

~~(Transfer~~ or Discharge) ..... to ..... on 29th Apl. 45. 19 .....

Reason Death Authority : CCL. "A" 575/11th May. 45.

The following is a statement of the account of the above-named from 1st Apl. to 30th Apl. 45. 19 ..... the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account		08	Balance Cr from last account		
First Monthly Payment AR4/6.4.45.	5	07	Regimental Pay 30 days at $ 2.20	66	00
Casual Payments AR 3/16.4.45.	5	07	Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at ..... $		
Assigned Pay	44	00			
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars) : I and I Roll Apl. 45.		90			
To Balance Cr — Free	10	88	By Balance Dr		
To Balance Cr — Deferred					
Total	66	00	Total	66	00

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

Remarks

A.P. $44.00 (W) Stopped eff May. 45.

Compiled by B. M. Wadsworth.

Checked by L Boughton

Date 18th Oct. 45. 19 .....

MW

Certified correct W. V. Blackmore.
for Chief Treasury Officer, Overseas

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr	Amount Cr	Paymaster's Signature
		Balance from L P C.....			

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above.....				
		Pay and Allowances from.....to.....				
		Assigned Pay months of.....				
		Civilian Clothing Allowance.....				
		Boat Expense Money.....				
		Train Expense Money.....				
		Miscellaneous Debits (give details).....				
		Miscellaneous Credits (give details).....				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr	Cr	Signature of Paying Officer

Place of Embarkation.....

Date of Embarkation.....

Place of Disembarkation..... HM Transport.....

Date of Disembarkation.....

M.F.M 267
50M-9-44 (5634)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

MA

FILE H.Q. 405-B-25601

CASUALTY (REPORT DELIVERY)

OTTAWA 9 MAI 1945

TO:- MME MARGARET BELAIR
DOUGLASTOWN
CTE DE GASPE QUE

8/283

REGRETTONS PROFONDEMENT SERGENT LUCIEN BELAIR D51169 OFFICIELLEMENT PORTE TUE AU COMBAT VINGT NEUF AVRIL 1945 STOP VOUS DEVRIEZ RECEVOIR DES RENSEIGNEMENTS SUPPLEMENTAIRES PAR COURRIER DIRECTEMENT DE SON UNITE DANS LE THEATRE DE GUERRE

le directeur des archives militaires

PREPAID

DIRECTOR OF RECORDS

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-51169 RANK Sergeant SERVICE UNIT Les Fusiliers Mont-Royal (CA)

NAME BELAIR, Lucien

DATE OF BIRTH 24-4-19 DATE OF ENLISTMENT 24-6-41

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

ADDRESS Douglastown, Gaspe County, Que.

NAME ADDRESS D.A.B. Mrs. Margaret Belair,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 9071A H.Q.405-B-26,501 DATE 29-4-45

CASUALTY DETAILS Killed in action

F.T.

WESTERN EUROPEAN THEATRE OF WAR

12

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 14-5-45

O/S with R do Chat S/14596

DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

le 17 mai 1945.

Chère madame,

C'est avec un profond regret que j'ai appris le décès de votre mari, le sergent Lucien BÉLAIR, matricule D-51169, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 29 avril 1945.

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

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

Nous rendons hommage au sergent Bélair pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

(A.E. Walford)
major général.

Mme Margaret Bélair,
Douglastown,
Cté de Gaspé, Qué.

14

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Lucien (CHRISTIAN NAMES) BELAIR (SURNAME)

REGISTER NO. D-13542
FILE NO. 405-B-26501
DATE 27-8-45

PAYEE Mrs. Margaret BELAIR,
ADDRESS Douglastown, Gaspe Co., P.Q.

SERVICE NO. D-51169
FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE 29-4-45
DATE OF DISCHARGE 29-4-45

		$	¢
A. TOTAL QUALIFYING SERVICE 1380 — NO. OF DAYS 1406/30 EQUAL TO 46 COMPLETE PERIODS AT $7.50		345.00	
B. QUALIFYING OVERSEAS SERVICE — No. of Days 109 LESS 26 INELIGIBLE DAYS, EQUAL TO 83 DAYS @ 25c. PER DAY		20.75	
SEE PAR. 2 OVERLEAF FOR EXPLANATION			
		365.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 2.20		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12	$ 1.70		
TOTAL	$ 5.15 X7 = $ 36.05		
NO. OF DAYS 109/183	X $ 36.05	21.47	
D. WAR SERVICE GRATUITY		387.22	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		387.22	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY

CHECKED BY	DATE
	19/9/45

SERVICE REPRESENTATIVE

Director of Estates

Regimental No. D-51169 Rank Sergeant

BELAIR Lucien
Surname Christian Names

Unit Les Fusiliers Mont-Royal (CA)

Date of death 29 Apr 45 Place of Death Overseas(Western European)

Casualty Details. Killed in action

Next-of-kin Mrs Margaret Belair Relationship Wife

Fw P64

Address Douglastown, Gaspe County, Que.

ESTATES BRANCH MAY 23 H.Q. OTTAWA NATIONAL DEFENCE

Will Wills dated 15 May 41 and 21 Jul 41 herewith.

Date 22 May 45

EXCERPT OF M.F.M.5 dated 15 May 41

(1) Are you married? No Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? Yes If so, state name and address

Amedee Belair

R.R. No.11, Nomininguе, Quebec, Candad (Engineer)

(3) Is your mother alive? Yes If so, state name and address

Hazel Belair

R.R. No.11, Nomininguе, Que. Canada

(4) Are you insured? No If so, in what company?

JEC/MW

ESTATES LIAISON

J
30-11-J

BF-

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date .....

The Estates Branch has received the following personal effects of:

NAME D-51169 Sgt. L.BELAIR .....

2 leather wallets
1 rel.medal
1 note book
2 Rosaries
2 souvenir coins
1 sweater
1 collar pin
1 fountain pen (Waterman)
1 fine silver chain
2 mech pencils (Waterman) 1 damaged
2 drivers licence
snapshots
5 personal papers
1 Ronson Cig lighter
1 wrist watch (waterproof)broken
1 pr.leather gloves
1 pipe in leather case
1 cig.case
1 sweat shirt
9 handkerchiefs
1 key & chain
clippings
1 blood donors book
Letters
1 kit bag

ESTATES BRANCH DEC 1 1945 H.Q. OTTAWA NATIONAL DEFENCE

Received the effects as listed

SIGNATURE Mrs. Margaret Belair.

DATE REC'D Nov 19th 1945.

DG

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HC

Name BELAIR Lucien. No. D.51169
Surname Christian Names

Sgt. C.A.O/3 29-4-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 10.88

Date 15-12-45

Other Credits

Total 10.88

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Mother	Mrs. Hazel Belair, NOMININGUE, Que. (Sole beneficiary under will)	~~xxxxx~~ 5.44
1/2	Widow	Mrs. Margaret Belair, DOUGLASTOWN, GASPE CO., Que. (Per community of property)	5.44

P4. TO TREAS. 8-1-46 QW.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$10.88

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

N.R. 214

40M—8-45 (7876)
H.Q.1772-45-27

File No 405-B-26501

REBURIAL

NO D-511169

RANK SgT.

NAME BELAIR L.

NAME OF CEMETERY Holten Canadian Military Cemetery,

LOCATION OF CEMETERY Holten, Holland.

GRAVE LOCATION Grave 13 Row E PLOT 8

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

H.Q. 405-B-26501
(D.R. 2(C))

18th June, 1946.

Mrs. Margaret Belair,
Douglastown,
Gaspe County, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D51169 Sergeant Lucien Belair, have been carefully exhumed from the original place of interment and reverently reburied in grave 13, row E, plot 8, of Holten Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

File No 405-B-26,501

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D5169 Name BELAIR LUCIEN

Rank on Discharge Lgt. Date of Discharge 29-4-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	24-6-41	to 10-1-45	
	from		to	
United Kingdom	from	11-1-45	to 6-4-45	
	from		to	
Italy	from		to	
Northwest Europe	from	7-4-45	to 29-4-45	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK 3-12

with Clasp OK

M

Verified by Esther Daby

Date 7-6-46

JUN 7 1946

Carded

NPD

HA 165

DUPLICATE

Statement of the Service of No. D-51169 Rank Pte Sheet No. 2

Name BELAIR Lucien

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
21-7-41	TC 44	Ceases to be employed under the provisions of C.O. 139/39 and ceases to be on command from Le Regiment de Chateauguay pending attestation in the Canadian Army Active and allotment reg't No. D-51169						
22-7-41	DD 4	T.O.S. on temporary attachment for records purposes only from C.A. (B) T.C. No. 44 on ceasing to be employed under C.O. 139/39 pending attestation in the Canadian Army Active and allotment of Regimental No. D-51169	Cpl.	23-6-41	TC 44	St Jerome	PT II No.133	21-7-41
22-7-41	TC44	On command and attached for all purposes from No. 4 District Depot on ceasing to be employed under C.O. 139/39 on attestation in the Regt de Chateauguay (AF) and on relinquishing RF Regimental No D-422006	"	23-6-41	DD 4	Montreal	PT II No. 173	22-7-41
22-7-41	TC 44	Having been attested at C.A. (B) T.C. No. 44 in the Regt de Chateauguay (AF) Canadian Army Active on ceasing to be employed under the provisions of C.O. 139 on 1939 and relinquishing R" No.D422006 is on Command and attached for all purposes to C.A. (B) T.C. No. 44	Pte.	24-6-41	T.C. 44	StJerome	PT II No.134	22-7-41
			"	24-6-41	DD 4	Montreal	PT II No.173	22-7-41
22-7-41	TC44	Promoted A/Cpl. instructor	Cpl	24-6-41	TC 44	St Jerome	PT II No. 134	22-7-41
27-8-41	"	ON COMMAND TO R.C.O.C. WESTMOUNT BARRACKS QUE.	"	27-8-41	"	"	PT II NO. 162	27-8-41
26-9-41	"	CEASES TO BE ON COMMAND AT R.C.O.C. WESTMOUNT BARRACKS. QUE.	"	25-9-41	"	"	PT II NO. 183	26-9-41
17-10-41	"	PROCEEDED "ON COMMAND" AT C.S.A.T.C. LONG BRANCH, ONT.	"	17-10-41	"	"	PT II NO. 195	17-10-41
29-11-41	"	CEASES TO BE ON COMMAND AT C.S.A.T.C. LONG BRANCH, ONT.	"	28-11-41	"	"	PT II NO. 224	29-11-41

Statement of the Service of No. D-51169 Rank Pte Sheet No. 2

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

Name BELAIR L.

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
				5-12-41				
5-12-41	TC 44	GRANTED 14 DAYS FURLOUGH UNDER R.O. 699	CPL.	19-12-41	TC 44	ST.JEROME	PT II NO. 228	5-12-41
				25-12-41				
31-12-41	"	GRANTED 5 DAYS' LEAVE	"	29-12-41	"	"	PT II NO. 241	31-12-41
26-3-42	"	PROMOTIED A/SGT. INSTRUCTOR.	SGT.	16-3-42	"	"	PT 11 No. 51	26-3-42
27-3-42	"	PT. 11 ORDERS NO. 51 IS CANCELLED.	Cpl		"	"	PT 11 No. 52	27-3-42
5-3-42	"	CEASES TO BE ON COMMAND FROM N O.4 DD AND ATTACHED FOR ALL PURPOSES TO NWE.	"	2-3-42	"	"	PT. II No. 38-A	5-3-42
16-4-42	"	GRANTED PERMISSION TO MARRY MISS MARGARETTA BAIRD FROM MONTREAL .	"	3-4-42	"	"	PT. II No. 64	16-4-42
16-4-42	"	PROMOTED A/SGT.	SGT.	18-4-42	"	"	PT. II No. 64	16-4-42
28-4-42	"	HAVING GRANTED PERMISSION TO MARRY WAS MARRIEDWITH MARGARET BAIRD AT ST.PATICKK'S CHAURCH MONTREAL QUE.	"	18-4-42	"	"	PT. II No. 70	28-4-42
29-4-42	"	~~ADDRESS OF~~ NEXT OF KIN MR. A MEDEE BELAIR (FATHER) ROUTE RURALE No. 11 NDMININGUE QUE. IS CHANGED TO MRS. MARGARET BAIRD ? 293 ST. GEORGES ST. S T.JEROME QUE.	"		"	"	PT. II No. 71	29-4-42
7-5-42	"	ADDRESS ON NEAT OF KIN MRS GRETA BLAIR (WIFE) 293 ST. GEORGES ST. ST.JEROME QUE. IS CHANGED TO 675 ST. GEORGES ST. JEROME.	"		"	"	PT. II No. 75	7-5-42
15-5-42	"	PROCEEDS ON COMMAND FOR ALL PURPOSES EXCEPT PAY TO C.S.A.T.C. LONG BRANCH, ONT.	"	15-5-42	"	"	PT II NO. 81	15-5-42
10-6-42	"	CEASES TO BE ON COMMAND AT LONG BRANCH, ONT.	"	7-6-42	"	"	PT II NO. 96	10-6-42
9-6-42	"	S.O.S. ON REPOSTING TO HIS UNIT LE REG'T DE CHATEAUGUAY, FARNHAM, QUE.	"	9-6-42	"	"	PT II NO. 95	9-6-42

Statement of the Service of No. D-51169 Rank Sgt Sheet No. 4

Name BELAIR, L

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
8-6-43	R.de C.	Having been tested in accordance with Instructi ns reganding trade Tests and Trandsmen's Rate of pay is qualified as Technical Storeman Group "C" Class I	Sgt	13 May43	R.de C.	St.John	Part.II No.114	7 Jun 43
10 Jun43	"	Granted trades Pay as Storeman Technical Group "C".	"	13-May43	"	"	" 115	8 Jun 43
28 Aug 43	1st"A.D.	Granted annual furlough, T.W. A237745.	"	30 Aug 43	1stAD	Aldershot,NS	" 174	27 Aug 43
		EMBARKED ON BOAT #E-755D at Halifax,NS.	"	1-10-43	"	Halifax,NS.	Auth:HC-21-3-2 HC1D0-844-1	25 Sep 43.
		LANDED AT ST.JOHN,Nfld.	"	4-10-43	"	St,John?Nfld.	Auth:HC-21-3-2 HC110-844-1	25 Sep 43.
7-11-43	"	Detailed for spedcal duty and attached for all purposes to "W" Force.	"	2-10-43	"	Gander,Nfld.	Part II #199	1-10-43
"	"	Attached to 26th A.A. Regt R.C.A., C.A.P.O., #2, for pay.....	"	2-10-43				
		and for rations and quarters.....	"	5-10-43	"	"	" " " # 1	7-10-43
6-12-43	"	Admitted sick to R.C.A.F. Sta.Hosp., C.A.P.O. #2.....	"	30-11-43	"	"	" " " # 16	4-12-43
8-12-43	"	Dischh. R.C.A.F. Sta. Hosp. C.A.P.O. # 2	"	8-12-43	"	"	Part II # 17	8-12-43
22-12-43	"	New Years L. 29-12-43 to 2-1-44 R/A 050 p.d.			"	"	" # 21	22-12-43
4-1-44	"	Qual. for award Canadian Volunteer Serv. Medal ent'le to wear Ribbon	"	24-1-43	"	"	" # 1	4-1-44
		Qual. for award of Clasp to Canadian Volunteer Serv. Medal Ent'le to wear Maple Leaf on Ribbon.	"	3-12-43	"	"	" # 1	4-1-44
14-2-44	1st A.D.	Proceeded on command to Long Branch,Ont. to attend Platoon Weapons Course #810, S-3 CSAS....	"	11 Feb 44				
		Attached to S-3 CSAS Long Branch,Ont. for all purposes exce pay.....	"	18 Fev44	"	"	" #14	12 Feb 44

Statement of the Service of No. D-51169 Rank Pte. Sheet No. 3

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

Name Bélair Lucien.

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
15-6-42	R.de C.	T.O.S. and attached fof all purposes from T.T. 44.	A/Sgt.	10-6-42	R.de C.	Farnham	Part.II No.20	12-6-42
7-7-42	"	Was qualified as indicated below at C.S.A.T.C "E" Wing.15-5-42 to 5-6-42	"	5-6-42	"	St.Johns	" 37	6-7-42
12-12-42	"	Is entitled to draw ration allowance of .50 cts per diem while on leave.	"	14-10-42 17-10-42	"	Valcartier	" 140	3-12-42
18-12-42	"	Add.of Next of Kin is changed to 770 St. Charles st. Three Rivers, Que.	"		"	"	" 150	17-12-42
24-12-42	"	Granted annual leave and New Years leave with ration allowance.	"	4-1-43 18-1-43	"	"	" 152	22-12-42
26-1-43	"	Returned from furlough.	"	18-1-43	"	St.John	" 15	25-1-43
4-3-43	"	Attached for all purposes to A-29 C.I. T.C. Camp Ipperwash, Thedford Ont., while attending Storemen Technical (Inf)Course.	"	3-3-43	"	"	" 40	2-3-43
11-5-43	"	Attached fap including pay, from St.John Defences, Saint John, N.B.	"	4-3-43	A-29 c.i.t.c.	Camp Ipperwash	" 54	1-3-43
		Born a son, Joseph Patrick Kevin Belair St.Joseph's Hospital, Three Rivers, Que.	"	13-3-43	"	"	" 65	13-3-43
		Cease to be attached fap including pay on return to St.John, N.B.	"	29Apr43	"	"	" 96	28-4-43
11-5-43	"	Ceases to beattached for all purposes, including pay to A-29 C.I.T.C. Camp Ipperwash, Thedford, Ont on return to Unit.	"	30 Apr43	R.de C.	St.John	" 91	10-5-43
5-6-43	"	Add. of Next of Kin is changed to: Douglastown, Gaspe Co, Que.	"		"	"	" 113	4 Jun 43
18-6-43	"	To be SERGEANT	Sgt.	15-6-43	"	"	" 122	16-6-43

Statement of the Service of No. D-54169 Rank Pte Sheet No. 5

Name Belair, Lucien

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
		Ceases to be attached for rations and quarters to H.Q.26th A.A. Regt,RCA.	"	11 Feb44	"	"	14	12 Feb44
		Ceases to be attached to H.Q. 26th AA Regt, RCA. for pay purposes.	"	31 Jan44	"	"	10	1 Feb44
		Granted 96 hrs leave from 25 Mar 44 to 28 Mar 44. To draw ration allowance of .50 cts per diem	"	28 Mar44	"	"	24	24 Mar 44
		Ceases to be attached for all purposes except pay to S-3 CSAS, Long Branch, Ont. on completion Platoon Weapons Course #810.....	"	24 Mar44	"	"	24	24 Mar 44
		Return from leave wef.....1130 hrs.....	"	7 Apr 44				
		and attached for rations and quarters to H.Q. 26th A.A.REGT. RCA.....	"	7 Apr 44	"	"	27	8 Apr44
		Having attended Platoon Weapons Course 810 from 19 Feb 44 to 24 Mar 44 qualified as "Q-II".....	"	19 Feb44	"	"	29	17Apr 44
		Appointed to the rank of Acting Company Sergeant Major with pay filling vanancy on authorized establishment..	A/CSM.	1 Jul 44	"	"	57	3 Jul 44
		Ceases to be att. for r.&q. and for pay purposes to HQ 26th AA Regt,RCA	"	10 Aug44	"	"	70	9 Aug44
		EMBARKED ON BOAT NO E-755-D at St John,Nfld	"	12 Aug44	St John,Nfld	Auth: AdrmOrder		No 35
		LANDED AT HALIFAX NS	"	14 Aug44	Halifax NS	Auth: "	"	No 35
		GRANTED 14 DAYS PRIVILEGE LEAVE X 96 HRS ACCUMULATED LEAVE RATION						
		FOLLOW (12 DAYS WAIVE ON LEAVE X 4 DAYS TRAVELING TIME	"	1ST H.D.	BEDFORD	72		16 AUG 44
		ISSUED WITH SPECIAL LEAVE X FURLOUGH WARRANT #A36 4232	"	"	"	74		19 AUG 44
		Ceases ath F.A.P. on ceasing to be detailled for special duty at W. force	A/CSM	13 Aug 44	"	"	D.O 71	15 Aug 44
		And att for R.Q to Art A.A. Reinforcement camp Bedford N.S	"	14 " "	"	"	" "	" " "

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

Name.....

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

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated