

D61049
BELANGER
ALEXANDRE

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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

Section A—GENERAL INFORMATION

1. (a) Print name in full BELANGER Alexander (b) Reg'l. No. D-61049
2. (a) Arm of service Army (b) Unit F.M.R. (c) Rank Pte
3. (a) Date of birth 21 Feb 1919 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, P.Q.
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 7 Sep 1939

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school Not stated (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.) 5th grade
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?..... (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? 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? None

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 J. H. Poirier Address Montreal, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Trunk Manufacturers
20. (a) Your specific occupation Fremer (Trunks & Purses) (b) Number of years' experience at this occupation with any employer 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

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

DATE 17th June 1943

SIGNATURE For Officer i/s Records, C.M.R.C.

Doit être remplie en triplicate, 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.

Unité..... LES FUSILLIERS MONT ROYAL C.A.S.F. Matriculé..... 61049
Unit Regimental Number

Original
Duplicata
Triplicata

TROUPES CANADIENNES DE CAMPAGNE

SERVICE ACTIF

CANADIAN FIELD FORCE ACTIVE SERVICE FORMULE D'ENRÔLEMENT ATTESTATION PAPER

Original
Duplicata
Triplicata

01
PTE

- Nom..... BELANGER
Surname
- Prénoms..... ALEXANDRE
Christian Names
- Adresse actuelle..... 65/84 rue Boyer Montreal
Present Address
- Date de naissance..... 21 fevrier 1919
Date of birth
- Lieu de naissance..... CANADA QUEBEC MONTREAL
Place of birth (Pays) (Country) (Comté ou province) (County or Province) (Ville ou canton) (Town or Twp.)
- Religion..... C.R..
(state denomination)
- Métier ou profession..... CHOMEUR TAILLEUR DE CUIR
Trade or Calling
- Marié, veuf ou célibataire..... CEL
Married, Widower or Single
- Nom du plus proche parent..... PHILIPPE BELANGER
Name of next of kin
- Parenté de celui-ci..... PERE
Relationship
- Adresse du plus proche parent..... MEME
Address of next of kin
- Avez-vous servi dans les forces navales, militaires ou aériennes?..... n m
Have you served in any Naval, Military or Air Force?
- 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
- Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force?..... oui
Do you now belong to or have you served in the Active Militia of Canada?

SEE CHANGE

(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, *Alexandre Belanger*, 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.
pourvu que Sa Majesté requiere mes services pendant ce temps.

Date..... *Sept 7 1939*
(Signature de la recrue) *Alexandre Belanger*

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

Je, *Alexandre Belanger*, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.
(Signature de la recrue) *Alexandre Belanger*

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 *Montreal* ce *7* jour de *septembre* 19 *39*

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment) *Benjamin...*
(Titre, grade et unité ou emploi) *Capt Fus. M.R.*

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



FINGERPRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier BELANGER, ALEXANDRE
Name in full

Date Sept. 6, 1939

PARTIE 1. Renseignements obtenus de la recrue.

Part 1. Information obtained from the applicant.

1. Age 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?
- | | |
|---|--|
| a. Rhumatisme..... <u>Non</u>
Rheumatism | j. Affection nasale..... <u>Non</u>
Nasal trouble |
| b. Tuberculose..... <u>Non</u>
Tuberculosis | k. Maladie des oreilles..... <u>Non</u>
Ear disease |
| c. Bronchite ou asthme..... <u>Non</u>
Bronchitis or asthma | l. Maladie des yeux..... <u>Non</u>
Eye disease |
| d. Affection cardiaque..... <u>Non</u>
Heart disease | m. Epilepsie..... <u>Non</u>
Epilepsy |
| e. Maladie du rein ou de la vessie..... <u>Non</u>
Kidney or bladder disease | n. Maladie nerveuse ou mentale..... <u>Non</u>
Nervous or mental disease |
| f. Gastrite intestinale..... <u>Non</u>
Gastro-intestinal | o. Syphilis..... <u>Non</u> |
| g. Hernie..... <u>Non</u>
Rupture | p. Gonorrhée..... <u>Non</u>
Gonorrhoea |
| h. Varices..... <u>Non</u>
Varicose veins | q. Avez-vous déjà porté des verres?..... <u>Non</u>
Have you ever worn glasses? |
| i. Pieds plats ou déformés..... <u>Non</u>
Flat or deformed feet | |

Alexandre Belanger
(Signature de la recrue) — (Signature of Recruit)

Observations des examinateurs.....
Examiners remarks re above

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails).....
Identification marks or scars (If operative obtain history).
Cicatrice sur sourcils oeil droit; con. cote gauche; vaccin bras gauche
2. Taille..... 5 pieds..... 3 1/2 pouces..... 3. Poids..... 121 livres.....
Height..... feet..... inches..... Weight..... pounds
4. Teint..... frais, blanc Yeux..... bruns..... 5. Développement..... Bon.....
Complexion..... Eyes..... Cheveux..... noirs..... Développement..... Bon.....
Hair.....
6. Tour de poitrine—Circonférence, pleine expansion..... 35..... pouces..... Degré d'expansion..... 3..... pouces.....
Chest measurement—Girth on full expansion..... inches..... Range of expansion..... inches
7. Vue, oeil droit..... 20/20..... oeil gauche..... 20/10..... 8. Ouïe, oreille droite..... O.K...... gauche..... O.K......
Vision, right..... left..... Hearing, right..... left
9. Condition de la bouche et des dents..... 1 dent carree.....
Condition of mouth and teeth
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:

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

Charles Dupond (Président) — (President) *Paul Ricard* (Membre) — (Member) *Daniel Robert* (Membre) — (Member)

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
7-12-39	Réex: OK - Guérison - OK <i>Paul Ricard</i>	19-12-39	Tétanos toxoid see <i>Paul Ricard</i>
6-11-39	T.A.B.	28-2-40	Tétanos toxoid see <i>Paul Ricard</i>
23-11-39	3	6-12-39	X ray - negative <i>Paul Ricard</i>
1-12-39		17-1-41	T.A.B. see <i>Paul Ricard</i>
2-12-39	Vaccination	15-1-42	T.A.B.T.
			1/2

3/2/40 3-2-40
28/3/40 28/3/40
5-8-40 5-8-40
6-11-40 6-11-40

Libéré de l'hôpital
Fusé par les bris de verre
Embarcation - M.S.F. Canada
Missions de l'Armée
Embarcation - Island

pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)
RECEVEZ-VOUS OÙ AVEZ-VOUS
déjà reçu une pension ou
compensation pour invalidité?
OUI SI OUI, donnez détails.

Matricule **D61049** Grade _____ Regtl. No. _____
 Rank _____
 Nom **BÉLANGER** Prénoms **ALEXANDRE**
 Surname Christian Name

Garrison Station	Date d'arrivée à la garnison Date of Arrival at the Station	Date de Dates of						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 from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin Signature of Medical Officer
		L'admission à l'hôpital Admission into Hospital			La sortie de l'hôpital Discharge from Hospital						
		Jour Day	Mois Month	Année Year	Jour Day	Mois Month	Année Year				
<i>Montreal Que.</i>	<i>7-9-39</i>	<i>31</i>	<i>1</i>	<i>40</i>	<i>3</i>	<i>2</i>	<i>40</i>	<i>V.D.G. suspect.</i>	<i>4</i>	<i>St John's Mt. Hosp. G.C. negative. no fos. presf. <i>[Signature]</i></i>	

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

No D.61049 Rank Sergeant. Name BELANGER, Alexandre.

Unit ~~Regiment de Québec~~ FUS. MONT-ROYAL Date of death 16th December, 1943.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-B-23545 d 15-1-44

N/K Mr. Phillippe Belanger, Relationship Father.

Address 11881 Lamoureux Street, Montreal North, P.Q.

Remains buried in _____ Cemetery

Grave location GAN ✓

CASSINO MEMORIAL

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. **JUL 26 1944**

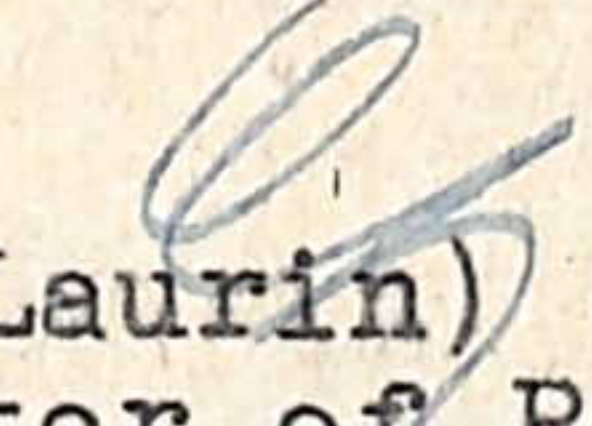
ROYAL MESSAGE DESP'D. **FEB 2 1944**

CAN. MESSAGE DESP'D. 21-1-44

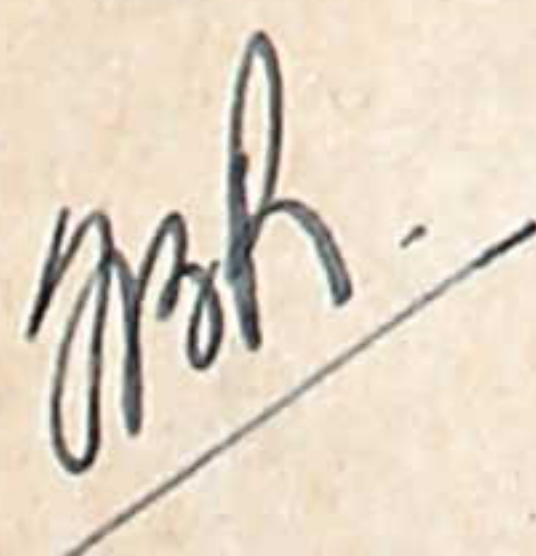
405-B-23545
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.61049, Sergeant Alexandre BELANGER, of the 4th Battalion, 1st Canadian Base Reinforcement Depot, Canadian Army, was killed in action on the 16th of December, 1943.


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

Department of National Defence,
Ottawa, Canada.
January 31st, 1944.



FIELD SERVICE

405-B-23545
Army Form B. 2090A.

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

REGIMENT } GEN LIST X-4 4 BN. Squadron, Troop, }
OR CORPS } Battery or Company }

Officer's Personal No. (if known) } D 61049 Rank Sgt.
Soldier's Army No. }

Surname BELANGER Christian Names A.

Died { Date 16 Dec 43 Place ITALY
Cause of Death* KILLED IN ACTION

Nature and Date of Report CAS LIST 105

By whom made HQ 1 CDN DIV.

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

Burial { Place Date
By whom reported

State whether he leaves { (a) in Army Book 64 Not known
a Will or not { (b) as a separate document No

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

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

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

Station and } ITALY
Date } 27 April 44

Signature of Officer in charge of Section }
Adjutant-General's Office at the Base } (H.J. McDOUGALL) Captain
for Officer i/c

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (ITALY)						Official name of civil municipality or township						Place an X over the word which applies to this municipality or this territory City Town Village Parish Township					
	Street	No.						Hospital or Institution											
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days			
3. NAME OF DECEASED	Surname	BELANGER <i>(Block letters)</i>						Do not write in this space						CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH					
	Given names	Alexandre																	
4. RESIDENCE	Street	Boyer						No. 6584						22. Date of death					
	Official name of civil municipality or township	Montreal,												December 16th 1943. (Month) (Day) (Year)					
	Municipal county	Province Quebec.												23. I HEREBY CERTIFY that I attended deceased from19..... to.....19..... and last saw h.....alive on.....19.....					
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced <i>(Write the word)</i>						24. CAUSE OF DEATH										
M.			Single.						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							
9. If married give name of wife or husband of deceased										Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).			(b) due to						
10. BIRTHPLACE (Province or Country)				Quebec.						II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.			(c) due to						
11. DATE OF BIRTH				February 21st 1919. (Month) (Day) (Year)						III If a communicable disease is mentioned on this certificate, give			(a) Date of appearance.....19.....						
12. AGE OF DECEASED				24			If less than one day oldhrs. or.....min.			(b) Duration of disease.....days									
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.						Leather Cutter.						25. If a woman, was there a puerperal condition?.....						
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.												26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....						
	15. Date deceased last worked at this occupation						16. Total years spent in this occupation						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.....						
17. NAME						18. BIRTHPLACE (Province or Country)						Signed.....M.D. Address.....Date.....19.....							
FATHER						BELANGER, Phillippe.						28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) J. B. Rading This signature authorizes the collector to accept this form as authentic.							
MOTHER (Maiden Name)												29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							
19. Place of burial, cremation or removal												(Voir l'autre côté pour le français)							
20. Date of burial.....19.....												for Director of Records, Dept. of National Defence.							
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)																		

JUL 26 1944

Form No. 1

D 1646

Register No. 04202

Maginal Roll No. 86

H.Q. File No. 405 B 23545

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMMITTEE OF SERVICE
WAR SERVICE GRANT

Rank When S.O.S. ✓
Regt. No. ✓ S.O.S. ✓ Surname ✓ Christian Name in Full ✓
D61049 / SGT. BELANGER Alexandre

Reason for Termination of Service:

1st Enlistment Deceased CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment ✓ 2nd Enlistment 3rd Enlistment
T.O.S. 10 Sept 39 T.O.S. T.O.S.
S.O.S. 16 DEC 43 MD S.O.S. MD S.O.S. MD
Total Days 1559 ✓ Total Days Total Days
TOTAL SERVICE 1559 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>295</u> ✓	<u>12</u> ✓	<u>283</u> ✓
OVERSEAS SERVICE	<u>1264</u> ✓	<u>15</u> ✓	<u>1249</u> ✓
Totals	<u>1559</u> ✓	<u>27</u> ✓	<u>1532</u> ✓
Add Non-qualifying Service			<u>27</u> ✓
TOTAL SERVICE			<u>1559</u> ✓

EMBARKATION DETAILS:

1. T.O.S. 1 July 40.
Date S.O.S. Overseas 16 DEC 43. 2. Date S.O.S. Overseas

REMARKS:

Enlisted 7 Sept 39

KILLED IN ACTION
16 Dec 43

Computer's Signature [Signature]

Checker's Signature [Signature]

Date Computed 20 JAN 45

Dates of T.O.S. shown above agree with documents

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

[Signature]
(C.L. Laurin) Colonel,
Director of Records

TRANSLATION

MB/CGa

2/6/45

W.S.G.

Montreal, May 29th, 1945.

Brigadier A.R. Mortimore,
Paymaster General,
OTTAWA, Ont.

Dear Sir:

Re: D-61049, Sgt. Alexandre BELANGER,
Mont-Royal Fusiliers.

I am writing for information about the application for my son's war service gratuity. You sent me a letter dated May 8th, 1945 stating that you would investigate but I have received no news since then. I had but that son to help me, my other children being all girls and always sick. It is not ~~but~~ with the allowance which I am drawing from the Army that I can make a living. My husband having signed for service in the Pacific, I would appreciate a reply before his departure because the house in which I live does not belong to me and I have to vacate same for the owner this Fall. I was counting on that money to buy a small home and my husband must attend to the matter because I am sick. The sooner I draw my money the better and I would be very grateful to you for it.

Yours truly,

(SGD) Mrs. Orcilia Bélanger,
4969 Ardennes,
Montreal North, P.Q.

H.Q. 405-B-23545

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Alexandre

BELANGER

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

D-4202

FILE NO.

405-B-23545

DATE

19-7-45

PAYEE

Director of Estates

SERVICE NO.

D-61049

ADDRESS

FINAL RANK OR RATING

Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE

16-12-43

DATE OF DISCHARGE

16-12-43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1530 EQUAL TO 51 COMPLETE PERIODS AT \$7.50

\$ 382.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1249 LESS 2 INELIGIBLE DAYS, EQUAL TO 1247 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

311.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

RECEIVED

JUL 23 1945

WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

PAY \$ 2.20
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.45 X 7 = \$ 24.15
NO. OF DAYS 1249 X \$ 24.15

183

164.83

D. WAR SERVICE GRATUITY

859.08

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

859.08

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

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

PREPARED BY CHECKED BY

PJ

TREASURY

CHECKED BY

DATE

24/7/45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ALEXANDRE BELANGER Register No. D 4202
(Christian Names) (Surname)

PAYEE'S NAME DIRECTOR OF ESTATES File No. 405-B-22545
(Christian Names) (Surname)

ADDRESS Date 19-7-45

..... Service No. D61049

..... Final Rank Lt

DATE OF TERMINATION OF OVERSEAS SERVICE 16-12-43 Date of Discharge 16/12/45

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of day <u>1532</u> = <u>51</u> ⁽²⁾ Periods @ \$7.50 30		382	50
B. QUALIFYING OVERSEAS SERVICE No. of days <u>1249</u> less <u>✓</u> Ineligible days, equal <u>1247</u> Days @ 25c per day		311	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>2.20</u> Subsistence Allowance \$ <u>1.25</u> Additional Pay \$ Dependents' Allowance 1/30 \$ <u>✓</u> \$ <u>✓</u>		694	25
TOTAL \$ <u>3.45</u> × 7 = \$ <u>24.15</u> No. of Days <u>1249</u> × \$ <u>24.15</u> 183		164	83
D. WAR SERVICE GRATUITY Computed By <u>Gates. [Signature]</u>		859	08
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$ (2) D.A. & A.P. \$ Other Deductions \$			
Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>859.08</u> each)		859	08
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$ × 30 = \$			

REMARKS correct name.

Montreal, 25 avril 1944

A qui de droit

Je vous écrit pour vous demander
pour quel raison que vous ne m'en-
voyer pas de nouvelles de l'argent
que mon fils m'avait laider ainsi
que ses emprunt de la victoire et
de ses effets personnel. Avez-vous
la bonté de m'envoyer une réponse
au plus tot s.v.p. parce que je
suis inquiet.

Votre toute dévoué

M^{de} Cecilia Belanger

Mon fils son adresse est:

Sergent A. Belanger

D. 61049



1-B-735

M.F. M 10a
10 M-1-40 (3574)
H.Q. 1772-39-1657

VOIR INSTRUCTIONS AU VERSO.

FORMULE DE TESTAMENT

(1) Je, ALEXANDRE BELANGER, de la CITE
(Nom au long)
de MONTREAL, dans le Comté de Montreal-Nord
District de Montreal-Nord
Province de QUEBEC, Montreal-Nord
(Occupation civile)

N° matricule D. 61049, Unité Fusiliers Mont-Royal C.A.S.F. révoque par
les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon
testament.

Noms et
adresse des
bénéficiaires

(2) JE LÈGUE à

MME ORSILIA (LEVIS) BELANGER (MERE)
ET MELLE LUCIENNE BELANGER (SOEUR)
II657, Drapeau. MONTREAL

JE LEGUE LE TOUT DE MES BIENS EN 2 PARTIES EGALES.

Noms et
adresse des
bénéficiaires
résiduaire

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

(4) JE NOMME MME ORSILIA (LEVIS) BELANGER (MERE)
(Nom)
II657, Drapeau MONTREAL exécuteur
(adresse) 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... 17 ème
jour de Juin A.D. 19 40

L. Q. M. B.
Signature du
premier témoin

(5) **Les Fusiliers Mont-Royal C.A.S.F.**
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Alex Belanger
(Signature du soldat)

Signature du
second témoin

Les Fusiliers Mont-Royal C.A.S.F.
(Adresse)

M. G. Ayres

(VOIR AU VERSO)

Montréal
15-9-44

Le 16 septembre 1944

Cher Mrs.



Seriez-vous assez
bien si vous avez reçu mes papiers
et des nouvelles pour le testament
et si'il y a d'autres papiers
à remplir.

J'ai reçu le certificat du testament
et si'il y a quelques choses
à faire faite moi le dire si'il
vous plaît.

Mme. Cecilia Belanger

Sgt. Belanger
D. 61049.

4869 Ardennes
MONTREAL NORD
P. O.

Sergent Major. P. Belanger. Merci. D'AVANCE

25-10-5

Montréal 26 octobre 1944

Monsieur



Je vous écris pour vous
demander ce que sa veut
dire que vous m'envoyer
pas l'argent je vous m'avez
fait demander le papier
du testament et je vous
l'ai envoyer. lui mon
garçon n'a pas ententue
2 ans avant de sa aller
il s'est enrôler le
14^e jours de sept 1939 et été
fier de servir son pays faite donc
la même chose soyez donc
assez la bonté de m'envoyer
soit argent dans ce temps
ici j'en ai besoin. votre tout

tout devouer Mad Philippe
Belangeb

NON DU SERCENT

Serjt Grande Belangeb

1161049 Fus Mont Royal

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: BELANGER Surname Alexandre Christian Names No.: D.61049
 Rank Sgt. Unit C.A. O/S Date of Death 16-12-43

AMOUNT

Date: 16-11-44
 L.P.C.....\$ 991.99
 Other Credits.....
 Total..... 991.99

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Ocellia Belanger, Executrix of will of Alexandre Belanger, deceased. 1969 Ardennes St., MONTREAL North, Que.,	991.99

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 4/12/44

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	89000 991.99
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

MR
Estates Form "P. 4"

ARMY

Name BELANGER Surname Alexandre Christian Names No. D-61049

Rank Sgt. Unit C.A. O/S Date of Death 16-12-43

AMOUNT

W.S.G. 859.08
L.P.C. \$ 991.99

Date 17-10-45

Other Credits.....

Total..... 1851.07

Prev. dist. 991.99
This dist. 859.08

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Orcilia Belanger, Executrix of the Estate <i>will T 114</i> of Alexandre Belanger, dec'd, 4969 Ardennes St., Montreal North, Que.	859.08

P4 TO TREAS.
OCT 25 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$859.08
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

J. J. K. 9
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

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

District.....
Dispersal Area.....

Regtl. No. **D. 61049** Rank and Name **BELANGER A. Sgt.**
of (Unit)..... on.....
(~~Transfer~~ Discharge)..... to..... on **16 Dec** 19 **43**
Reason **Death** Authority: **GGL "A" 369 d/ 26 Dec 43.**

The following is a statement of the account of the above-named from **1st Dec** to **31st Dec** 19 **43**, the inclusive date of transfer or discharge.

Dr.		Cr.	
Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....		Balance Cr. from last account.....	894 94
First Monthly Payment AR 78 d/7 Dec 43	4 47	Regimental Pay 31 days at \$ 2.20	68 20
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
Payments on Transfer or Discharge.....		Additional Pay (Give particulars)..... days at \$.....	
Assigned Pay.....	10 00	Allowances (Give particulars)..... days at \$.....	
Regimental Charges.....		Def Pay Interest	43 32
Public Stoppages (Give particulars):			
	136 99		
To Balance Cr. { Free.....		By Balance Dr.	
{ Deferred.....	855 00		
Total.....	1006 46	Total.....	1006 46.

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

Remarks:

1. A.P. \$10.00 (M) stopped eff 1 Jan 44.

**2. The above statement has been compiled from Treasury Records,
the latest paybook not being available.**

Compiled by **E.V. Collins**
Checked by *S.M. Wadsworth*
Date **14th July 44.**

Certified correct *L. G. Munbrock*
for Chief Treasury Officer, Overseas.

To be made out in duplicate.

M.F.M. 5
88M-11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF
THE CANADIAN [REDACTED] FORCE
ACTIVE SERVICE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [REDACTED] C.A.S.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

(1) Name of Officer or Soldier BELANGER
(Surname first—Christian names in full—Block capitals)

ALEXANDRE

(2) Regimental Number D61049

(3) Unit FUS. M.R. C.A.S.F.

(4) Are you married? No

(5) If married, state,

(a) Full name of your wife /

(b) Present postal address of wife /

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls /

Also their names and ages /

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name /

Postal Address /

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? *No*

If so, state her full name and Postal Address

(11) Is your father alive? *Yes*

If so, state name and address *Phillippe Belanger*

6584 Boyer St.

(12) If your father is a ~~widower~~ and is totally incapacitated from earning a living—are you his sole support? *No*

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining ~~██████~~ C.A.S.F.

Also state reason he has no other means of support

(14) Is your mother alive? *Yes*

If so, state name and address *Ocellia Belanger*

6584 Boyer St.

(15) If your mother is a ~~widow~~, are you her sole support? *No*

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining ~~██████~~ C.A.S.F.

Also state reason why she has no other means of support

(17) Are you insured? *Yes*

If so, in what Company *Prudential Life Ass.*

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

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.

Alexandre Belanger
(Signature of officer or man) *J.E. Payne (M.T.)*

Date *Sept. 7/1939.*

Ernie L. Col.
Officer Commanding *Les Fusiliers Mont-Royal*

Date

CARDS PUNCHED

Regt'l. Number D61049 Last Name BELANGER First Name ALEXANDRE Middle Names

Unit #2 C.I.F.V. J.M.R.
1 Corps F.M.R (REIN U.) **CODED** 515

2 Nationality 08 Canadian By Birth By Naturalization Country of Birth Canada

3 Racial 2 Language spoken in home: French English Other

5 Age 22 1920 6 Height 5'5 1/2" 7 Weight 135 lbs. 8 Silhouette 1 2 3 4
9 Eyes 4 Colour of Brown 10 Acuity 1 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects

14 Handedness R L A 15 Med Category A

Health History Abnormal (V.D.)

16 Education Level: Illiterate E 5 S (Grade completed)
Conduct during school life Aggressive

17 University or Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From-To	Degree

Specialized Training:
20 1. (Course) At From-To Completed
21 2. (Course) At From-To Completed
22 3. (Course) At From-To Completed

Other trades papers, Diplomas, Certificates or Qualifications

23 Languages: Spoken fluently French, English
Written well French

24 Main occupation: Description Framer (Lumber, fumes)
Estimate of skill
Duration (from-to) Sept. 37 - Sept. 39 Weekly Wage \$1.20
Employer's Name and Address J. F. Fournier, Notre-Dame St. Montreal

50 "M" Test	Score	SM	S. Tot.
1	16		29
2	11	SM	
3	2		
4	14		26
5	12	SM	
6	7		32
7	9	SM	
8	16		
Tot.	87	SM	Grade

9 15

51 OTHER MENTAL
Test
Score L. Grade
Date

52 MECHANICAL
Test
Score Grade
Date

52 CLERICAL APT.
Test
Score Grade
Date

53 TRADE TEST
1. Score G. Date
2. Score G. Date
3. Score G. Date
4. Score G. Date

54 OTHER
Test
Score Grade
Date

25 Second Most Important Occupation: Description: 5754 Delivery (Milk)
Duration (from-to) Sept. 35 - Sept. 37 Estimate of skill Weekly Wage \$4.00
Employer's Name and Address Ernest L. Corrigan, 187 Colburn Montreal

26 Third Most Important Occupation:
Duration (from-to)
Employer's Name and Address
Estimate of skill Weekly Wage

Trade Union or Professional Society
Vehicles: 27 Heavy Truck 28 Light Truck I 29 Auto I 30 Motorcycle
31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane
35 Accident Prone

Farming Experience: Wide Limited
District Type

Job promised after discharge By whom? Name
Address
Other provision for post-discharge occupation
Type of work desired Remain in Army
Occupational history: Ambitious Accidental
Stable Erratic

36 Material Status: M S W D Sep.

2 Marital Problems (Remarks)
Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers No. Sisters 8
Position in family 1 38 No. Dependents 0

Relationship of Dependents
Status of home in childhood Normal

39 Hobbies: Photography M S Radio Engines
Mechanics Other

40 Sports: (1) Hunting (2) Fishing (3) Tennis
Team Games and Position (1) Baseball (Catcher)
(2) Ice Hockey (Center) (3)

41 Ability to Entertain: Music: String Brass
Woodwind Percussion Piano Vocal
Theatrical Other

2952

JFS
3

21 SEP 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
Infantry	N.P.A.M.	2	PTE	1940	Infantry (Periodical)

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Cpl. Instructor P.T.	Excellent	10-5-41	Pay book

43 CURRENT SERVICE: Date Enlisted 7 Sept 39 Place Enlisted Montreal

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
7 Sept 39	Can	F.M.R.	D.D. 4	PTE	Training (Infantry)	SAT
16 Sept 39	"	"	"	Cpl.	"	"
29 June 40	Island	"	"C" Coy	PTE	Guard (A.A.)	"
29 Oct 40	G.B.	"	"C" Coy	Cpl.	Guard & Training	"
17 Jan 41	G.B.	"	2 C.D.H.R.V.	"	P.T. Instructor	H SUP 123
21/8/42	GB	"	F.M.R.	PC		385

55 Type of Service Desired (1) INFANTRY 123 (2)

Remarks re Outstanding or Limiting Factors: Soldier is also in the Army Overseas - Impressive appearance - Good soldier - Not extremely dependable where women are concerned - Considerable but not ambitious - Likes Army life.

45 COURSES ATTENDED

COURSE	PLACE	Date: From—to	Qualified as	Rating
P.T. Course (705)	Bordon	28-4-41/10-5-41	Instructor	Q.1 175
Guards & Drill	Caterham	9-8-41/30-8-41	"	" 163
PAR. RECREA Training	Bordon	19-5-41/7-6-41	"	"
Our course # 907	P.T. Army School	16/6/42-29/7/42	Qual.	Q.2 423

46 Crime: Number Courts Martial Convictions Hospitalization 1-17 (V.D.)
 Number Civil Convictions Minor Offender A.W.L. (1-17) Occasional Offender
 / Chronic Major Offender 1/15 Chronic Minor Offender Occasional Offender

49 Psychiatric

Attitude to Interview: Antagonistic Overanxious Co-operative Indifferent

Reason for Joining Cdn. Army (if ascertainable)

48 Suggested Possibilities for Employment (1)
 (2)

Tests Indicated: 2nd Mental Mech. Apt. Clerical Apt.

Other Apt. Pers. Trade Test as

Interviewed by R. LANGLOIS Date 21-1-42

Reviewed by Date

ARMY SCHOOL OF PHYSICAL TRAINING, ALDERSHOT

To:

Canadian Military Headquarters,
2, Cockspur Street,
London, S.W.1.

REPORT ON: No. D/61049 Corporal Belanger, A.,
Fusiliers Mont Royal,

Who attended a Short Advanced Course at the Army School of Physical Training, Aldershot, from 16.6.42 to 29.7.42 in the application and organisation of Physical and Recreational Training.

1. PHYSICAL TRAINING

A very keen and hard-working N.C.O., he was handicapped by an insufficient grounding in the type of work done at the School and by a limited knowledge of the language. Nevertheless, he showed a good grasp of the work, a good idea of its application and has potential qualities of P.T. leadership; he should do good work in his own unit.

He passed Standard and most of the 2nd Class P.T. Tests, secured 76% for Basic P.E. Tests and passed most of the Trained Soldiers' P.E. Tests except for swimming.

2. PARTICULAR SUBJECTS

He showed fair ability all round at games and is good at Soft Ball.

He qualified as a judge of Boxing under I.S.B.A. Rules within his own unit.


3. NATURE OF EMPLOYMENT FOR WHICH QUALIFIED

He is considered competent to undertake the duties of P.T. instructor in his own unit and to supervise Purposeful and Basic P.T.

He volunteered for a parachute course.

4. QUALIFICATION: Q.II.

5th August, 1942
GK


L. Phadley Williams
Colonel,
Commandant,
Army School of Physical Training.

*Entered By
JH Maed
25 aug 42*

R22

~~ad Sgt 1-12-42~~
~~Pte eff. 20-8-42~~
~~D/Pl 7-8-41~~
~~A/Pl. Eff 23-4-41~~
~~ad Sgt/Pl. eff. 20-8-41~~
~~A/Cpl D.O. 22~~
~~G/Sgt. W.O. 185.~~

NAME BELANGER Alexandre

REGIMENTAL NO. D-61049

RANK Pte.

ENLISTED AT Montreal P.Q.
DATE Sept. 4th. 1939

PROMOTIONS, ETC. AND DATE 18/1/40

IF SERVED PREVIOUSLY, STATE UNIT, ETC. No

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN BELANGER Philippe RELATIONSHIP Father

ADDRESS OF 6584, Boyer St. Montreal P.Q.

ASSIGNMENT OF PAY, \$ 10.00 ~~1.5.42~~
11881 Lamoureux St.

ADDRESS 11881 Lamoureux, Montreal North, Quebec, Canada

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Mrs. Oriella Belanger (Mother)

M. F. M. 14
50M-1-40 (3878)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
Caporal	31	25/9/39	
A.W.L. 2 days	18	18/1/40	
Pte.	18	18/1/40	
V.D.	31	31/1/40	In Hosp. 31/1/40
	54	3/2/40	Out of Hosp. 4 days
A.W.L. 3 days	43	12/2/40	
A.W.L.	48	17/2/40	Since 15/2/40
A.W.L. 7 days	54	23/2/40	
A.W.L. 15 days	13/40	23/12/40	
Admitted to Connaught Hosp.	C.R.	20/1/41	20/1/41 V.D.G.
<i>s.o.s. on Transf. to No 2. 9mf.</i>	C.R.	23-1-41	
<i>Holding Unit W.O. of 23-1-41</i>	39	15-2-41	<i>eff 30-1-41</i>
<i>To S # 2 CINU on adm Hosp</i>	-	-	<i>21-2-41</i>
<i>adm. to Connaught H.</i>	46	24-2-41	<i>1-2-41</i>
<i>Dischd</i>	46	24-2-41	
<i>Stopp Hosp ceases</i>	46	24-2-41	<i>1-2-41</i>

CANADIAN TRAINING SCHOOL
NO. 5 (BATTLE) WING
(BATTLE) WING

C.M.H.Q. COURSE NO. 801 SERIAL 8R (BATTLE) WING

D-61049
Number

Sgt.
Rank

Belanger, A.
Name

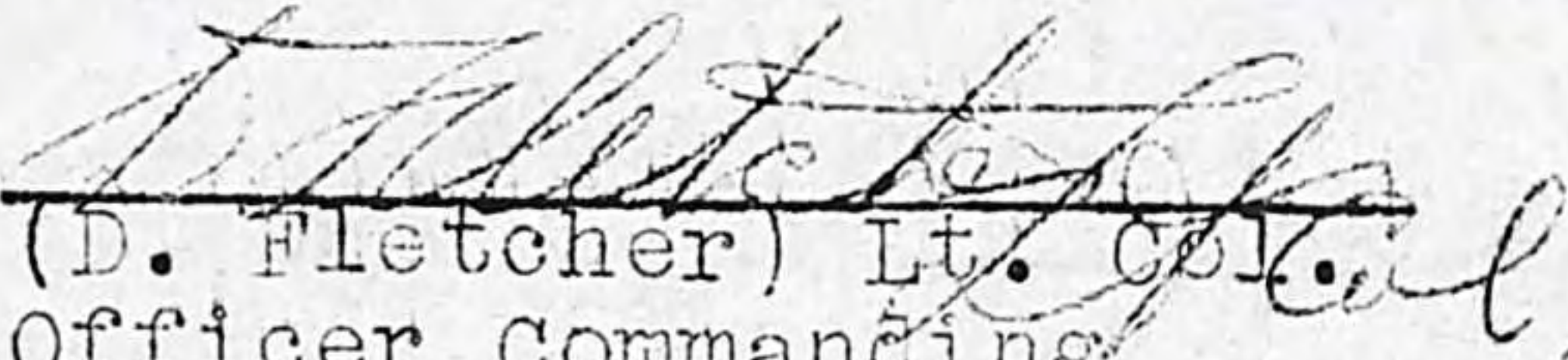
Fus. M.R.
Unit

29 NOV - 23 DEC 42
Date of Course

Q2
Qualification

REMARKS:-- Aggressiveness and leadership - fair. Ability to grasp and apply B.D., knowledge and tactical handling of weapons - good. Enthusiasm - keen. Physical condition and work in the field fair. This N.C.O. seems to have the ability, but seems to need driving. Did not show up very well on obstacle course.

Legend: D---Distinguished
Q---Qualified (Very good)
Q1---Qualified (Good)
Q2---Qualified (Fair)
F---Failed


(D. Fletcher) Lt. Col.
Officer Commanding
No. 5 (Battle) Wing, CTS

SOUTH-EASTERN COMMAND

190
COMMAND PHYSICAL AND RECREATIONAL
COURSE No. 29

J.M. R. Day

REPORT on

(Not to be issued to the individual named.)

No. D/61049 Rank L/Cpl. Name BELLANGER, A.

Unit No.2 Canadian Infantry Holding Unit.

who attended the above Short Course at the Bordon Garrison Gymnasium in the application and organisation of PHYSICAL AND RECREATIONAL TRAINING in a Unit.

From 28.4.41. To 10.5.41.

PHYSICAL TRAINING: Qualified to instruct without supervision.

BOXING:

OTHER QUALIFICATIONS:

REMARKS: A good type of N.C.O. who, considering his comparative lack of English, displayed great interest in the theoretical as well as the practical work. He has made considerable progress and should be extremely useful as an Instructor of French-speaking troops.

Date 26.5.41.



Wm. Jenkins on Capt

Officer i/c Course.

L. H. ... Col.

G.S.O. for Physical Training,
South-Eastern Command.

SOUTH-EASTERN COMMAND

**COMMAND PHYSICAL AND RECREATIONAL
COURSE No. 30**

REPORT on

(Not to be issued to the individual named.)

No. D/61049 Rank Cpl. Name BELANGER, A.

Unit No.2 Canadian Infantry Holding Unit

who attended the above Short Course at the Bordon R.A.S.C. Gymnasium in the application and organisation of PHYSICAL AND RECREATIONAL TRAINING in a Unit.

From 19.5.41. To 7.6.41.

PHYSICAL TRAINING: Qualified to instruct without supervision.

BOXING:

OTHER QUALIFICATIONS:

REMARKS: In spite of his comparative small knowledge of English he handles the class very well. He worked hard and displayed interest, paying considerable attention to detail. He is quite a good organiser. His demonstrations and agility are well above average and he should be of considerable use as an instructor in his unit.

Date 16.6.41.

Wm Jackson Capt
Officer i/c Course.

L. Henslow Col.

G.S.O. for Physical Training,
South-Eastern Command.

DUPLICATÉ

Les Fusiliers Mont-Royal C.A.S.F.

ARMÉE ACTIVE DU CANADA

DÉCLARATION SUPPLÉMENTAIRE

Nom Alexandre Bélanger Grade Cpl.

Unité LES FUS. MONT-ROYAL C.A.S.F. Numéro matricule D61049

Je, soussigné, Bélanger Alexandre

m'étant enrôlé dans la Milice canadienne et, par ma déclaration en date du 7^e

jour de septembre 1939, m'étant engagé à servir dans l'Armée Active du Canada, aux termes de ladite déclaration, déclare en outre que je m'engage, par la présente, à faire du service actif dans l'Armée Active du Canada partout au Canada et aussi en dehors du pays et outre-mer, pendant la durée de la présente guerre aussi bien que durant la période de démobilisation subséquente, et, en tout cas, durant une période de pas moins d'un an, si Sa Majesté requiert ainsi mes services.

Témoin Rene Parichant Alexandre Bélanger

Signature du soldat

4 octobre 1939

Date

REMARQUE. — Cette déclaration doit être faite en triple exemplaire dont un exemplaire devra être joint à chaque duplicata et triplicata original de la formule d'enrôlement M.F.M. 2 Fr.

2. Si la formule M.F.M. 2 Fr. a déjà été transmise au bureau des archives du Quartier général de la Défense Nationale, l'original de cette déclaration lui sera communiqué pour y être joint.

M.F.M. 2 (x) Fr.
30M — 9-39



Statement of the Service of No. 61049

Rank.....

Sheet No.....

Name.....

Belanger, A.

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
SOS	✓	SOS to F.M.R.	Pte	31 Dec 42	20 IRU	UK	311	31 Dec 42
	✓	TOS from 2/DIRU	Pte	1 Jan 43	FMR	UK	1	10 Jan 43
	✓	Qualified as 6th A case 801	Pte		2/DIRU	UK	27	31 Jan 43
	✓	Dis. Leave 15-25 Feb 43. MA	✓ Pte	16 Feb 43	FMR	UK	12	13 Feb 43
SOS	✓	SOS to 184RU.	Sgt.	21 Sep 43	FMR	UK	52	30 Sep 43
JOS	✓	TOS from F.M.R. Killed (Cm7)	Sgt.	22 Sept 43	184RU	UK	228 CLA 369 26 Dec 43	24 Sept 43
		SOS Cad Army (UK) on emb.		25 Sept 43				
		TOS Cad Army (M)		26 Sept 43				
	✓	Disemb.	Sgt.	16 Oct 43	X-4 List Gen List	NA	13A	22 Oct 43
	✓	TOS X-4 List Gen List (B10)	Sgt.	16 Oct 43	X-4 List Gen List	NA	13A	22 Oct 43
		SOS to R22R.		13 Nov 43	X4 Genlist	NA	24A	24 Dec 43
	✓	TOS from Gen list X4 List 4Rm. E Cm7	Sgt.	14 Dec 43	R22R	NA	60	22 Dec 43
		SOS Deceased. Killed in action	Sgt.	16 Dec 43	R22R	NA	1	13 Jan 44

ols 11 Feb 44
X 61 M33

Name.....

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
		Off Command to Guards Course - Caterham	Pte.	30 Aug 41	2/1144	U.K.	206	1 Sept 41
		P. Leave (2) 14 days w/w	Pte	22 Dec 41				
		20 hr A/cpl. with pay	Pte	5 Jan 42	2/DIRU	UK	19	22 Dec 41
		P. Leave P.I. w.w	A/cpl	24 Dec 41	2/DIRU	U.K.	22	26 Dec 41
		Detained 5 w/w	A/cpl	13 May 42	2/DIRU	UK	107	6 May 42
		Case to be detached No. 5. Half Br.	Cpl.	18 May 42	2/DIRU	UK	118	19 May 42
Qualified certificate	Q-2 issue d/5 Aug 42	On Command Course 907 P.T Army School	Cpl.	4 June 42	3/DIRU	U.K.	134	6 June 42
		add f.a.p. from 2 DIRU attng P.T. Course	A/cpl	16 June 42	2/DIRU	U.K.	143	17 June 42
Q2	Do. 195. d/18 Aug 42	Accepted on return from course.	Cpl	29 July 42	1 CASRU	UK	144	17 June 42
		Pub. from case # 907 Ser. 2121	A/cpl	29 July 42	1 CASRU	UK	144	30 July 42
		Take A/Sgt. with pay	A/Sgt.	4 Aug 42	2/DIRU	U.K.	185	6 Aug 42
		Reverts to Pte on SOS to Field Unit	Pte.	20 Aug 42	2/DIRU	U.K.	199	22 Aug 42
S.O.S.		S.O.S. to FMR field Unit	Pte.	20 Aug 42	2/DIRU	U.K.	199	22 Aug 42
		T.O.S. from 2/DIRU	Pte.	21 Aug 42	FMR	UK	45	29 Aug 42
		App'd A/Sgt.	A/Sgt.	30 Aug 42	FMR	U.K.	51	19 Sep 42
		P. Leave 14 days	A/Sgt.	6 Nov 42	FMR	UK	63	5 Dec 42
SOS	Dual "Q2" as Certificate	SOS to 2/DIRU 801. Ser 8. at CTS	A/Sgt	30 Nov 42	FMR	UK	64	10 Dec 42
		T.O.S. from FMR	A/Sgt	1 Dec 42	2/DIRU	UK	296	12 Dec 42
		Confirmed in rank of Sgt.	Sgt	1 Dec 42	FMR	UK	64	10 Dec 42
		Ret from C.M.H.Q. Course 801 Ser 8	A/Sgt	23 Dec 42	2/DIRU	UK	306	24 Dec 42

Statement of the Service of No. D61049

Rank

Sheet No.

Name Belanger Alexandre

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

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
<u>5600-</u>		✓ Disembarkation Scotland	Pte	3 ¹⁹ Nov. 40	7 m R.	Lowock	261/40	6 Nov 40
<u>---</u>		✓ granted leave	Pte	28 Nov. 40	7 m R.	Field	2	25 Nov. 40
<u>---</u>		✓ A.W.L. from 1330 hrs 2 Dec 40 - 1430 hrs 16 Dec 40 Admitted to sick 15 day pay. 7R. 9149 (1)(a)	Pte	18 Dec 40	7 m R.	"	13	23 Dec 40
<u>---</u>		✓ adm. brought to bet	Pte	21 Jan 41	7 m R.	"	7	24 Jan 41
<u>---</u>		✓ Under stoppage of pay whilst in bet. 7R. 9222 (1)(b)(ii)	Pte	20 Jan 41	2/1 HU 7 m R.	Witley	54	27 Jan 41
<u>---</u>		✓ sick brought to bet.	Pte	17 Feb 41	2/1 HU 7 m R.	"	74b	5 mch 41
<u>SOS</u>		✓ SoS. to 2/1 HU	Pte	29 Jan 41	7 m R.	"	10	24 Feb 41
	<u>TOS</u>	✓ TOS	Pte	30 Jan 41	2/1 HU	Witley	57	20 Feb 41
		✓ Promoted a/d/cpl with pay.	a/d/cpl	26 mch 41	2/1 HU	"	74	24 Feb 41
		✓ granted 9 days priv. leave with warrant	cpl	16 Apr 41	2/1 HU	"	87	28 mch 41
		✓ Promoted to rank of cpl. with pay.	cpl.	23 Apr 41	2/1 HU	"	96	14 Apr 41
		✓ On Command to PT Course Bordon & att'd						
		✓ to 101 m R HU for AP.	cpl.	28 Apr 41	2/1 HU	"	100	24 Apr 41
		✓ Ret'd from On Command to PT Course & cease to eat & 1 m. 9 HU. AP.	cpl.	11 May 41	2/1 HU	Witley	113	29 Apr 41
		✓ On Command to P.T. Course at 1 G.H.U. Bordon	cpl.	18 May 41	2/1 HU	Witley	117	14 May 41
		✓ Off Command to P.T. Course at Bordon.	cpl.	7 June 41	"	"	135	19 May 41
		✓ Change of address (faked) 11881 Lamoureux St Montreal	cpl.		2/1 HU	"	159	9 June 41
		✓ leaves to rank of l/c at own request.	Pte	7 Aug 41	2/1 HU	UK	185	8 July 41
		✓ On Comm. to Guards Depot (Catterham)	Pte	9 Aug 41	2/1 HU	U.K.	187	8 Aug 41

Qualified 20. 190
" 1.14-8/41
Qualified per 2/1 HU, DO. 160
d/9-7-41

État de service du N° D61049 Grade Pte
 Statement of the No. of No. Rank

Feuille N° 2
 Sheet No.

Nom Delanger, Alexandre
 Name

M.F.M. 1 & 2 (a) Fr.
 10M-11-39 (3127)
 H.Q. 1772-39-1646

Rapport Report		Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
Date	Reçu de From whom received						N° Partie II, Ordres du jour Liste des morts et blessés, etc. Part II D.O. No. Casualty list, etc.	Daté le Dated
4-11-40	F.M.R.	Disembarkation - Scotland	Pte	3-11-40	F.M.R.	Jourock	261/40	6-11-40
		Granted leave.	Pte	28 Nov 40	F.M.R.	Field	Do 2	25 Nov 40
		Admonished A.M.S. from 1330 hrs 2 Dec 40 to 1430 hrs 16 Dec 40. Forfeit 15 day pay. FRY 1 (116) 744	Pte	18 Dec 40	F.M.R.	Field	Do 13	23 Dec 40
		Admitted to Connaught Hosp. FRY 1-222 (1) (11)	Pte	21 Jan 41	F.M.R.	Field	Do 7 cas list	24 Jan 41 27 Jan 41
		Placed under stop of pay while in Hosp.	Pte	20 Jan 41	F.M.R.	Field	Do 7	24 Jan 41
		S.O.S on trans No 2 F.M.R.	Pte	22 Jan 41	F.M.R.	Field	Do 10	3 Feb 41
		S.O.S. from F.M. Regt	"	30-1-41	P.O.L.H.U.	Wesley	39	15-2-41
		Adm to Hospital (Connaught)	"	21-1-41	"	"	39	15-2-41
		Disch fr.	"	1-2-41	"	"	46	24-2-41
		5 day leave with messant	"	19-3-41	"	"	71	25-3-41
		Appointed, Appl with pay	"	23-4-41	"	"	96	
		Com'd. P.S. course Gordon	"	28-4-41	"	"	100	
		Let'd	"	11-5-41	"	"	113	
		Op Com'd	"	18-5-41	"	"	117	19-5-41
		Let'd	"	9-6-41	"	"	135	19-5-41
		Enlisted in Phys Recog Sch	"	9/6/41	"	"	160	9/7/41
		Let'd to Pte at own request	"	7/8/41	"	"	185	8/8/41

État de service du N° *D. 61049*...
 Statement of the Service of No.

Grade *Pte*...
 Rank

Feuille N°...
 Sheet No.

Nom *Belanger, A.*
 Name

M.F.M. 1 & 2 (a) Fr.
 10M-1139 (3127)
 H.Q. 1772-39-1646

Rapport Report		Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
Date	Reçu de From whom received						N° Partie II, Ordres du jour Liste des morts et blessés, etc. Part II D.O. No Casualty list, etc.	Daté le Dated
8-10-41	D.O.	command Guards course	Pte	9-8-41	2. G.I.H.U.	Whitley	187	11-8-41
"	D.O.	assended P. Leave (Qualified)	Pte	30-8-41	2 G.I.H.U.	Whitley	191	1-9-41
"	D.O.	Resumed Guards course	Pte	30-8-41	2 G.I.H.U.	Whitley	206	1-9-41
		On second Priv. leave (14 days) with warrant	"	22-12-41	"	U.K.	19	22-12-41
	✓	Appt'd A/Cpl. with pay	A/Cpl.	24-12-41	3/2 AIRU	✓	22	26-12-41
	✓	7 days P. Leave (1) with warrant	✓	6-5-42	✓	✓	107	6-5-42
	✓	Detailed to #5 Wolf Bn.	✓	18-5-42	✓	✓	118	19-5-42
	✓	Ceases to be detailed to #5 Wolf Bn. P.T. School	✓	4-6-42	✓	✓	134	6-6-42
	✓	Proceeded on Course #907 Ser. W. 21 Adv. P.T. Sch.	✓	16-6-42	✓	✓	143	17-6-42
	✓	Retd from Course #907 Ser. W. 21	✓	29 Jul 42	✓	✓	179	30 Jul 42
	✓	To be A/Sgt W/Raj	A/Sgt	4 Aug 42	✓	✓	185	6 Aug 42
	✓	Obtd "A" 2 on Course #907 Ser. W. 21 (Adv P.T.)	✓		✓	✓	193	18 Aug 42
SOS	✓	SOS to F.M.R. F.U.	Pte	20-8-42	✓	✓	199	22-8-42
	✓	Reverts to Pte on SOS to F.M.R. F.U.	✓	20-8-42	✓	✓	199	22-8-42
	TOA	IOS from 2 AIRU	Pte	21 Aug 42	F.M.R.	UK	45	29 Aug 42
		Appt'd A/Sgt	A/Sgt	30 Aug 42	F.M.R.	UK	51	19 Sep 42