D63391
BENJAMIN
GERARD

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) BENJAMIN, GERARD (b) N° matricule D-63391
2. (a) Arme INFANTERIE (b) Unité R.M.R (c) Rang PTE
3. (a) Date de naissance 18 SEP 1922 (b) Avez-vous des personnes à votre charge? N/A (c) Domicile au moment de l'enrôlement ST JEAN D'IBERVILLE
4. (a) Lieu d'enrôlement MONTREAL (b) Date d'enrôlement 21 AOUT 1941

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 13 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? N/A
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 5me année
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu N/A
8. (a) Êtes-vous déjà entré en apprentissage? OUI (b) Si oui, dans quel métier? MENUISIER (c) Avez-vous complété votre apprentissage? NON (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 4 ans
9. (a) Quelles langues parlez-vous couramment? FRANCAIS (b) Quelles langues lisez-vous facilement? FRANCAIS

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) En Emploi (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? N/A

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron TEDDY ROSS BLACK Adresse IBERVILLE
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) MANUF. DE BOITES
20. (a) Genre précis de votre occupation SCIEUR (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? N/A (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? N/A (c) Désirez-vous retourner à votre ancien emploi? N/A

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? N/A (b) Vous croyez-vous apte à exploiter une ferme? N/A (c) Si oui, dans quel genre de culture? N/A
25. (a) Êtes-vous né sur une ferme? N/A (b) Nombre d'années d'expérience effective dans la culture? N/A (c) Dans quelles provinces avez-vous acquis votre expérience? N/A

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? N/A
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) N/A
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule MECANICIEN

DATE 12 Nov. 194 1 SIGNATURE

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Florida Benjamin,
108 - 9ième Avenue,
Iberville,
Québec.

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

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-B-13,125 FD 360

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

30 Octobre 1944

ESTATES BRANCH NOV 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

BENJAMIN, Gérard, Spr., (décédé)

No. D.63391, Armée Canadienne

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

Pour Le directeur des successions,

TD

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		BENJAMIN FLORIDA	53	108, 9e Ave, Iberville Cté d'Iberville, P.Q.
4	Mère du défunt.....		BENJAMIN ALMA	52	idem
5	Frères du défunt	Frères germains	BENJAMIN JEAN-PAUL " ARMAND " MARCEL " ANDRE	28 24 20 17	10e Ave, Iberville, P.Q. 108, 9e Ave, Iberville Cté d'Iberville, P.Q. "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	BENJAMIN FERNANDE " CARMEN " JEANNINE " THÉRÈSE " JOSELINE	26 15 15 13 10	108, 9e Ave, Iberville Cté d'Iberville, P.Q. " " " "
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

BENJAMIN MARIE-JEANNE 25 mars 1935
" FRANCOISE 25 juillet 1930 nil

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	BENJAMIN JOSEPH-WILFRID-GERARD
9	Date de sa naissance.	17 septembre 1923
10	Lieu et date de son mariage.	Iberville, P.Q., 14 avril 1912
11	Lieu et date du mariage de ses parents.	

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Iberville P. Q.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) (d) toujours à Iberville, comté d'Iberville, P.Q.
14	Nature de son emploi avant son enrôlement.	journalier
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Iberville

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	non
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	aucun à ma connaissence
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	non
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	non
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Prudential Life Ins. Co: $1000.00 bénéficiaire: Mme Alma Benjamin
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	aucune

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	aucune à ma connaissance
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	nil

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* mère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mde Alma Benjamin — Signature du déclarant

108, 9ème Avenue, Iberville, P. Q. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Mme Alma Benjamin (Nom du déclarant)

*Voir plus haut

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

Daté à Iberville, P.Q. ce 10ème jour de novembre 19 44

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Rodolphe Bournier, notaire — Titre notaire public

Adresse 69a, 1ère Rue, Iberville, P.Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

2-10-36

Iberville, Que.
28 Sep 1944

Director of Estates
Department of National Defence
Ottawa, Ontario, Canada.

Re:- D-63391 Spr. BENJAMIN, Gerard
Deceased in action Overseas

ESTATES BRANCH OCT 3 1944 H.Q. OTTAWA NATIONAL DEFENCE

You would be very kind to inform the Prudential Life Insurance Co. that I (Mrs. Alma Benjamin) am benificiary in the Will of my son the a/m, because I would like to get in touch of that amount of the policy which is due to myself since the death of my son. I want to bring to your attention that I am also benificiary on same Policy.

I am asking that, because when I asked that amount to the insurance agent; he told me " That the Coy. was awaiting for some of your papers.

Can you give me the proper channel of procedure to get a military memorial ceremony in our Church at Iberville and does the expenses will be paid through government fund?

When shall I expect the amount of money due from the substraction (half pay) made from my son's pay while serving overseas, and of the gratuities provided by the new law?

Yours truly,

JGB/AB

.....
(Mrs. Alma BENJAMIN)
108 9th. Avenue,
Iberville, Que.

Received.....Checked.....F.....Card.....✓.....Observations.....Fwing 1

cat A

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
200M—3-41 (9720)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit ~~F.M.R. CA~~ 3rd Bn. R.C.E. Regimental Number D-63391

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01/SPR

1. Surname ..... BENJAMIN
2. Christian Names ..... GERARD
3. Present address ..... 108-9e Ave.,Iberville.,Que.,Canada.,
4. Date of birth ..... 7 Septembre 1922
5. Place of birth ..... Canada (Country) Quebec (County or Province) Iberville (Town or Township)
6. Religion (state denomination) ..... Catholique Romain
7. Trade or Calling ..... Box-Maker
8. Married, Widower or Single ..... Celibataire
9. Name of next of kin ..... M.Florida Benjamin
10. Relationship ..... Pere
11. Address of next of kin ..... 108-9e Ave.,Iberville., Que.,Canada.,
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ..... NON

(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? ..... NON (Yes or No) (*b*) Any other Naval, Military, or Air Force? ..... NON

(If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? ..... NON

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

Gerard BENJAMIN

I, ..., do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 21st August, 1941 Gerard Benjamin (Signature of recruit)

Witness L. G. Lavoie Pte

OATH TO BE TAKEN BY MAN ON ATTESTATION

Gerard BENJAMIN

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

Gerard Benjamin (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Mtl South,Que. this 21st day of August 19 41

Lucien Gauvreau Capt — {Signature of Magistrate, Justice or Attesting Officer.

NO. 4 DISTRICT DEPOT, A.F. — {Office or Rank and Unit or appointment.

N.B.—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—CAIB

P

Record of Service of BENJAMIN (Surname) GERARD (Christian Names) Regimental Number D-63391

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate (years completed)	NIL	Graduation or Matriculation (specify)	NIL
Business or Professional	NIL				
Trade or Civil	BOX MAKER	*College	NIL		
Technical	NIL	*University	NIL		
Languages	FRENCH		5 years Public Schooling		

*(Name of institution, courses or years completed, and degrees obtained to be shown)

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.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
22-8-41	DRO	Joined on appointment No.4 District Depot. CA	PTE	21-8-41	4 MD Md	South4	DD PT.II No.200	22-8-41
29-8-41		PROCEEDED ON COMM. AND ATT. FOR ALL PURPOSES TO C.A.(B)T.C.41 ~~HUNTINGDON~~ 47 Valleyfield QUE WEF	"	29-8-41	"	"	" PT 11 206	29-8-41
30-8-41	TC.47	On C ommand and attache d for all purposes at C.A.(B) T.C. No.47 Valleyfield on reposting from No. 4 DD AF	Pte	30-8-41	TC.47	Valleyf.	Pt. 11 No.153	30-8-41
28-10-41	TC.47	Cease to be att'd to CA(B)TC. No. 47 on transfer to CA(A) 12 Farnham. Que.	Pte.	29-10-41	TC.47	Vallfd.	Pt. 11 No. 194	28-10-41
30-10-41	ATC A12	Attached for all purposes on reposting from C.A.(B)T.C No.47 Valleyfield, Que.	"	30-10-41	ATC A12	Farnham	" " " A164	30-10-41
9-12-41	ATC A12	Awarded a total forfeiture of one days pay under Art. 149 (1) (a) for A.W.L. 2359 hrs.6-12-41 to 1900 hrs. & 7-12-41 (A.A. Sec. 15.(1).	"	8-12-41	" "	" "	" A-195	9-12-41
19-12-41	ATC A12	Awarded 5 days C.B. And Automatically forfeits 2 days pay under F.R. & I Art. 149 (1) (a) for A.W.L. from 2200 hrs. 15-12-41 to 2330 hrs.16-12-41 (A.A. Sec. 15(1).)	"	17-12-41	" "	" "	" " A-203	19-12-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BENJAMIN GERARD Place

Place Date July 21st 1941

Part 1. Information obtained from the recruit.

1. Age 18yrs.10mos. 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis or pleurisy	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Fits	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Stomach or bowel trouble	no	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details	no
i. Foot trouble	no		
j. Nasal trouble	no		

Gerard Benjamin
Signature of Applicant

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history.)
1 vacc.left arm.

2. Height 5 feet 3½ inches. 3. Weight 117 pounds.

4. Complexion Medium Eyes Brown Hair Dark 5. Development Fair (Good / Fair / Poor)

URINE 45603 FMU 2 2 1941 X-RAY 8619

6. Chest measurement—Girth on full expansion 33 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right cv 20 left cvv20
With Glasses— right left

9. Condition of mouth and teeth Few caries, tonsils enlarged & cryptic.

10. The abnormalities (congenital and pathological) found on examination are as follows
Heart & lungs normal. General physique O.K. Underweight wi ll gain;
Ears, nose & reflexes normal.
Color vision Ishihara CN.
A. L. Delahaye Major.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"
Special remarks when category lower than A

H. AUBRY. MAJOR. (President) A. GREGOIRE.M.D. (Member) C.P.LEVESQUE.M.D. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
AUG 22 '41	THB-T.		
Sept 9. 41	3 M. Dubeau Capt.		
Sept. 29. 41	3 MRD.		
AUG 22 '41	VACC		
16/3/42	Recon (Cat A Confirmed JS		

Regtl. No. D-63391 Rank PTE Surname BENJAMIN Christian Name GERARD

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	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 of Medical Officer

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

No D.63391 Rank ~~Sapper~~ PRIVATE Name BENJAMIN, Gerard

Unit ~~R.C.E.~~ REGT DE CHAUDIERE Date of death 25th July, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-B-13125

N/K Mrs. Florida Benjamin Relationship Mother.

Address 108 - 9th Avenue, Iberville, Quebec.

Remains buried in Cemetery

Beny-Sur-Mer Cdn Cemetery, France.

Grave location C.W.K. ✓

OVER

BURIAL REPORT TO N.K. JAN 14 1946

RETURN TO BUR. OF STAT. APR 19 1945

ROYAL MESSAGE DESP'D. AUG 30 1944

CAN. MESSAGE DESP'D. AUG 28 1944

REBURIAL

Beny-sur-Mer Canadian Military Cem.
Beny-sur-Mer, France.

Grave 2 , row H, plot 11.

(AUTH. O/S LEDGER & PHOTO)

HI & CR Form Despd. MAR 8 1947

Photographs
Despatched
JUN 30 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Florida BENJAMIN (~~FATHER~~ MOTHER.)

ADDRESS: 108 - 9th Ave.,
IBERVILLE, Que.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 2881

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme.. Florida Benjamin, ((FRENCH))

1669

ADDRESS: 108, 9e Avenue, IBERVILLE, P.Q.

DESP. OCT 18 1914
(3) REGN No. 35500

25-7-44

MJA

AWARDS—CANADIAN ARMY (ACTIVE)

1669 M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-13125

BENJAMIN, Gerard	D.63391	Spr.	R.C.E.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal ~~C.V.S.M. & Clasp~~	2753 - 17/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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 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
m 106	✓	Embarked at ..... U.K. ..... on .. 8 June 44	Spr.		XL RCE	21 A Gp	32 A	14 Jul 44
		Disembarked at. France. .on 9 June 44						
	✓	Adm 1 Spec Hosp		28 Apr 44			C L	
	✓	Disch 1 Spec Hosp		~~28 Apr~~ 5 May 44			C L	
	✓	Disch 9 Gen Hosp		28 Apr 44				
m 106	SOS	S.O.S. X 4 L (10 Bn) to X 4 L R de Chaud.	Spr.	14 ~~June~~ June 44	X L RCE	21 A Gp	35	14 Jul 44
m 106	TOS *	TOS. from X 4 L R de Chaud.	Pte.	18 June 44	R de Ch.	21 A Gp	51	5 Aug 44
		Wounded	Spr.	18 July 44		AEF	7-472	
		Died of wounds	Spr	25 Jul 44		AEF	A477	12 Aug 44.
SOS		SOS X-3 Lisr. Died of wounds	Spr.	25 July 44	X Lisr R de C.	21 Gp	22	8 Sept 44.
	*	SOS X-4 Lisr 10 Bn to R de Chaud.	Pte.	17 June 44	X Lisr R de Ch.	21 Gp	28.	4 Aug 44

Statement of Service of No. D-63391 Rank Pte. Sheet No. 2

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

Name Benjamin, Gerard.

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
9-1-42	ATC A-12	Awarded Summary Forfeiture of 15 days pay (A.A. Sec. 46(2) and 7 days C.B. for A.W.L. 2359 hrs. 28-12-41 to 2310 hrs. 7-1-42 (A.A. Sec. 15(1).) Automatically forfeits 10 days pay under F.R. & I Art. 149 (1) (a). Total forfeiture 25 days pay.	Pte	8-1-42	ATC A12	Farnham	Pt.11 No."-7	9-1-42
12-3-42	" "	T.O.S A-12 C.I.T.C. on ceasing to be attached to Mo.4 D.D. Montreal South.	"	2-3-42	" "	"	" " " A-49a	3-3-42
12-3-42	" "	Change of Unit. Transferred to 3rd Bn. R.C.E. at own request.	"	12-3-42	" "	" "	" " A-57	13-3-42
12-3-42	" "	S.OS. on transfer to 3rd Bn. R.C.E. Petawawa, Ont.	"	12-3-42	" "	" "	" " A-57	13-3-42
12-3-42	3rd, bn	T.O.S. 3rd, Bn, R.c.E. for all purposes on transfer from CABTC A12 Farham Q.	Spr,	13-3-42	3rd, Bn,	Petawawa	Pt, II No, 33	3-3-42
4-6-42	"	S. O. S., C. A. Canada	"	17-5-42	"			
"	"	T. O. S., C. A. Overseas	"	18-5-42	"	in the	D.O. # 1	2-6-42
"	"	Disembarked. U.K.	"	26-5-42	"	Field	"	"
		~~T. O. S.~~						
	U	6 months Prof Service Pay $1.50	Spr	1 Jan 43	3 Btn	UK.	129	30 Mar 43
3403		Att fap to HQ 1st Cdn Army	Spr	15 July 43	3 Bn	UK	30	23 July 43
3004	5/7/43	Ceases attached to HQ 1st Cdn Army	Spr	30 July 43	3 Btn	UK	33	6 Aug 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		SOS to x 3 Lint RCE	Spr	24 Apl 44	3 Bn RCE	UK.	20	6 May 44
	1	TOS from x 3 List on Dis Spec Hosp	Spr.	6 May 44	1 EAU	UK	107	6 May 44
		SOS to x 4 L. RCE	Spr	1 June 44	1 CERU	UK	129	1 June 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit F.M.R. (CA) Regimental Number D-63391

	(17) Regiment or Corps	Unit (Battn., etc)
1. Surname BENJAMIN		
2. Christian Names Gerard	R.C.E.	3rd Bn
3. *Substantive Rank and Appointment		
*Acting Temporary or Local Rank Pte		
giving date 21/7/41		
*To be entered in pencil to facilitate alteration.		

4. Place of birth Iberville, Que. Canada
5. Date of birth as declared on attestation 7 September 1922
(A)
6. Date of enlistment 21-8-41
7. Place of enlistment Mtl. South, Que. Canada
8. Residence at time of enlistment 108- 9th Ave. Iberville
9. (B) Special conditions (if any) of enlistment or rate of pay P.Q.Can.
10. (C) Any subsequent variations of conditions of service
11. Religion Roman-Catholic
12. If married, state date Single
13. Trade on enlistment Box-Maker
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(18) Medical

Category	Date	Authority
A	18-3-42	M.F.M.2

(19) Next of kin (entries to be made in pencil)
Mr Flavia Benjamin (Father)
108, 9th Ave Iberville Que Can

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
2-6-42		3 Bn.	S.O.S Cdn. Army	Canada	17-5-42	Spr.	D.O. No.1 2-6-42
2-6-42		"	T.O.S. Cdn. Army	Overseas	18-5-42	Spr.	D.O. No.1 2-6-42
2-6-42		"	Disembarked	U.K.	26-5-42	"	D.O. No.1 2-6-42
30 Mar 43		"	Granted Daily Rates of Pay of $ 1.50 per diem	Field	1 Jan 43	"	12A - 30 Mar 43
16 Jul 43	C.R.	"	Att. to HQ, First Cdn. Army, f.a.p.	"	15 Jul 43	"	30-23 Jul 43
26 "	"	"	Ceases Att. to HQ First Cdn. Army, f.a.p.	"	30 Jul 43	"	33-6 Aug 43
			Awarded Canadian Volunteer Service Medal and Clasp	"	18 Jan 44	"	9/44
			Adm. to 6 Cdn. C.C.S.	"	24 Apr 44	"	20 - 6 May 44
			Rem'd from 6 Cdn. CCS. to 9 Cdn. Gen. Hosp.	"	24 Apr 44	"	20 - 6 May 44
			SOS to X 3 List RCE. on adm. to 9 Cdn. Gen. Hosp.	"	24 Apr 44	"	20 - 6 May 44
6 May 44	X 3 RCE		TOS X 3 List on adm. to Hosp	"	25 Apr 44	"	16 - 8 May 44
20 May 44	X 3	(RCE)	SOS X 3 RCE to 1 CERU on disc from hosp	"	5 May 44	"	~~17~~ 18 - 22 May 44
		ERU	TOS from X List ~~on~~ (3 Bn RCE) on Disch from 1 Spec Hosp	UK	6 May 44	"	107 - 6 May 44
		1 CERU	SOS to X 4 list RCE	UK	1 June 44	Sp	129 1 June 44
	X4-12 Bn	1 CERU	TOS from 1 CERU	"	3 June 44	"	21 - 5 June 44
	X4 (10 Bn)		SOS to X4 R de Chaud	"	14 Jun 44	"	35-24 Jul 44
	X4 10 Bn	R de C	TOS from X4 - 10 Bn - RCE		15 Jun	"	27 - Jul 44
			SOS to R de Chaud	"	17 Jun 44	"	28 - Jul 44
		Chaud	TOS fr X4 Chaud	"	18 Jun 44	"	51/44
		"	SOS to X3 Chaud	"	10 Jul 44	"	51/44
	X3	—	TOS X3 List	UK	19 Jul 44	"	29/44
6 Sep 44	X3	R de Chaud	SOS X3 List deceased. Died of wounds	"	25 Jul 44	"	33/44

Statement of the Service of No. D-63391 Rank Pte. Sheet No. 2

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

Name Benjamin, Gerard.

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
9-1-42	ATC A-12	Awarded Summary Forfeiture of 15 days pay (A.A. Sec. 46(2) and 7 days C.B. for A.W.L. 2359 hrs. 28-12-41 to 2310 hrs. 7-1-42 (A.A. Sec. 15(1).) Automatically forfeits 10 days pay under F.R. & I Art. 149 (1) (a). Total forfeiture 25 days pay.	Pte	8-1-42	ATC A12	Farnham	Pt.11 No."-7	9-1-42
12-3-42	" "	T.O.S A-12 C.I.T.C. on ceasing to be attached to Mo.4 D.D. Montreal South.	"	2-3-42	" "	"	" " " A-49a	3-3-42
12-3-42	" "	Change of Unit. Transferred to 3rd Bn. R.C.E. at own request.	"	12-3-42	" "	" "	" " A-57	13-3-42
12-3-42	" "	S.OS. on transfer to 3rd Bn. R.C.E. Petawawa, Ont.	"	12-3-42	" "	" "	" " A-57	13-3-42
12-3-42	3rd, bn	T.O.S. 3rd, Bn, R.C.E. for all purposes on transfer from CABTC A12 Farham Q.	Spr,	13-3-42	3rd, Bn,	Petawawa	Pt, II No, 33	3-3-42
4-6-42	"	S. O. S., C. A. Canada	"	17-5-42	"	ex th	D.O. # 1	2-6-42
"	"	T. O. S., C. A. Overseas	"	18-5-42	"	th	"	"
"	"	Disembarked U.K.	"	26-5-42	"	Field		
		~~T. O. S.~~						

GMHQ
6 C1 RU

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps ~~Xlast RCE~~ R de Chaud Regimental Number D 63391

Substantive Rank Surname BENJAMIN Christian Names G

Acting Temporary or Local Rank

(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(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 shown
23 Jul 44	3014 (64)	R de C. ~~Xlast RCE~~	WOUNDED GSW MULTI (MG)	Fd	18 Jul 44	PTE ~~SPR~~	2 Unit (69)
23 Jul 44	" "	"	Adm 22 Cdn Fd Amb	"	18 Jul 44	"	57-27 Jul 44
9 Aug 44	" (81)	X3 "	DIED OF WOUNDS - Bur Ret	"	25 Jul 44	"	70-12 Aug 44
			AMENDMENT - Part II Order No 57				
			Para 2(a) d/27 Jul 44 insofar as it				
			refers to D 63391 Spr Benjamin G				
			is amended to read R de Chaud				70-12 Aug 44

D.63391 BENJAMIN, G. R. C. E. 21 Aug 41

No. Name Sqn., Battery, or Company Corps Date of enlistment G.C. Badges Service or Proficiency Pay

M.F.M. 6 (A.F.B. 122) 500M—8-39 (1703) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet ? FEB 42 28.8.41 No. and date of last drunk Nil Period not reckoning towards freedom from extra fine Nil Sheet No. 3 Signature O.C. Company, etc. S W Milnes Maj Character

died of Wds

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Sheet No. 2 destroyed 21 Aug 43 in accordance with C.A.O.R.O. 2084 (two years service)									

R de Chand –
died of Wds – 25/7/44

(P.T.O.)

M.F.M. 14
480M-10-46 (7443-4)
H.Q. 1772-39-1662

Occ Hist Form Filled

Montreal South, Que.
MARRIED / WIDOWER / SINGLE — PLACE OF ENLISTMENT AND DATE

No. D-63391 RANK Pte NAME BENJAMIN, Gerard 21-8-41

R.C.E. c.a.

RATE OF PAY 1.50

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
12 R	30-3-43	SPR	-		150		1-1-43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL	
N/A					
Florida Benjamin.					
108-9e Ave Ahuntsic P.Que.					
5e Vic. Loan. No 10. Apt. 44				16	80

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
	N/E			

OUTFIT ALLOWANCE $ PAID ON McC

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) $ P. A.

PART II D. O. NO.	DATE	
200	22-8-41	TOS DD4 "F" Wing eff 21-8-41
206	29-8-41	on cmd & att for all purp CABTC 47 Sherbrooke Que. eff 29-8-41
		47 Valleyfield
153	30-8-41.	TOS.C.A.(B)T.C.#47, Valleyfield,Que.w.e.f.30-8-4-1¾
194	28-10-41.	SOS.C.A.(B)T.C.#47, and transf. to C.A.(A)T.C.#12 Farnham, Que. w.e.f. 29-10-41.
164	30-10-41	Attd. for AP A-12 wef 30-10-41
195	9-12-41	Forfeits 1 day's pay for AWL.
203	19-12-41	Forfeits 2 day's pay for AWL
211	31-12-41	AWL w.e.f. 2359 Hrs. 28-12-41
A-7	9-1-42	Awd. forf. 15days &ffts.25days. pay for A.WL.

P. & A. LED. AGREES JAN 17 1942

A-21	27-1-42	A.W.L. fr. 2359 hrs 24-1-42.
22	28-1-42	Ret. fr. a.w.l. 1125 hrs 27-1-42 Forf. 2days' P

P. & A. I.E. AGREES FEB 2 1942

A-57	13-3-42	SOS A12 & transferred on his own request to
33		3 Bn. R.C.E. Petawawa, w.e.f. 12-3-42.
	13-3-42	TOS for all purposes fr A-12 Farnham 13-3-42

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
1	3-6-42	SOS Canadian Army (CANADA) .w.e.f. 17-5-42 TOS " " Overseas w.e.f. 18-5-42 Disembarked United Kingdom w.e.f. 26-5-42	
12-a.	30-3-43	Granted Reg. Rate. (1.50) w.e.f. 1-1-43.	
30	23-7-43	Att. to. H.Q. Fifth Cdn. Army, w.e.f. 15 Jul 43.	
33	6-8-43	Cease to Att. ——— 30 Jul 43.	
5	4-2-44	Granted 7 days P. h & R.A. 5-12 Jan 44	
9	21-2-44	Awarded C.V. S.M. and clisp w.e.f. 15 Jan 44.	
		Adm to 6 CCS. w.e.f. 24 Apr 44	
CRB75	2-8-4-44	SOS to X3 List R.C.E. on adm, to 9 Cdn, Gen. Hosp. w.e.f. 24-2-44	
		Rem'd from 6 CCS. to 9 Cdn Gen, Hosp w.e.f. 24-4-44	
16	8 May 44	TOS X3 List on adm to hosp w.e.f. 25 Apr 44	
~~12~~ 18	22 May 44	SOS X3 RCE on disc from hosp w.e.f. 5 May 44.	
107	6 May 44	TOS from X List (3 Bn RCE) on disch from 1 Spec. Hosp. w.e.f. 6 May 44	
124	1-6-44	SOS TO X-4 LIST. RCE w.e.f. 1-6-44	
		TOS X4 List (13 Bn) 2 June 44	

C. R. d/. Remustered from x 4 list R C. E.
to x 4 list C. I. C. (R de Chaud)
S. O. S. to x 4 list C I C 13 Bn to
10 Bn. to x 4 list C I C (R de Chaud)
W. E. f. 4-6-44.

CR 5-6-44 T O S x 4 list R de C. (10 Bn) wef 5-6-44
CR. 17-6-44 S O S. " " " to R de C. wef 17-6-44.
CR 20/7/44 S O S to x-3 List - R de Chaud) 18/7/44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D63391 RANK Sapper SERVICE UNIT RCE (CA)

NAME BENJAMIN, Gerard

DATE OF BIRTH 7th September 1922 DATE OF ENLISTMENT 21-8-41

MARITAL STATUS Single RELIGION R.C.

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

ADDRESS 108-9th Ave., Iberville, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8950 H.Q. 405-B-13,125

CASUALTY DETAILS Died of wounds DATE 25-7-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-8-44

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

DIRECTOR OF RECORDS

LF

6

COPY FOR DOCUMENT FILE

Sheet No. .....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-63391 Rank Spr. Surname Benjamin Christian Name Gerard.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
					5	5	44	11	N. S. Urethritis, prostatitis		C-1381
3rd Bln. R.C.E.	9 cdn. Gen.	24	4	44				—	Urethritis		C-1366
"	1 " Spec.	28	4	44				—	N.S. "	T. f. 9 c. G.	C-1393
Reinf. Dep.									Wounded 18-7-44		A-472
"									D.D.W. 25-8-44 Prev. rep. wounded "A-472"		A-477
X 4 List R.C.E.									Cause of death :- G.S.W. (M.G.) mult.		B-279

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

Form A.T.S. 1
250M—2-41 (9210)
H.Q. 54-27-1-4

RECORD OF EDUCATIONAL AND TRADE QUALIFICATIONS

(1) The purpose of this form is to determine:—
  (a) Whether a man's education is sufficient to justify teaching him a military trade even though he has not had any previous civil or military trade training. (Item I.)
  (b) Whether a man is a partially or wholly trained tradesman either by civil or military trade training and experience; and if so, what further training is requisite to make him proficient as a tradesman or as a trade instructor. (Item II.)

(2) This form is to be completed at time of attestation, in the case of a recruit, and forwarded to N.D.H.Q., through D.H.Q. In the case of a presently enlisted soldier, Officers Commanding will have forms completed as per instructions from D.H.Q. and forwarded immediately to N.D.H.Q., through D.H.Q.

(3) The advantages of qualifying for Tradesman's Pay should be made clear to every man completing this form. The added advantage of learning a trade which will prove of value to the man after the war should be stressed.

(4) In order more accurately to appraise the information given by a man in Items I and II, it is requisite that an Officer interrogate the man with a view to confirming, adding to, or subtracting from the information given by the man. (Item III.)

TO BE FILLED IN BY SOLDIER

(Write plainly in Ink or Indelible Pencil)

Date 17 Oct 19 41

I—EDUCATIONAL QUALIFICATIONS

I submit the following particulars concerning myself:—(BLOCK CAPITALS)

Regt'l No.	Rank	Surname	Christian Name	Unit	Station	Medical Category	Date of Birth
D/63391	PTE	Benjamin	Gerard	F.M.R.	F.C. 47	A	18 sept. 22

NOTE: In case of recruit, leave blank where data not available.

EDUCATION: (Give full particulars and exact information).

School	Grade Attained or Major Subject	Attendance From Mo.	Attendance From Yr.	Attendance To Mo.	Attendance To Yr.	Certificate of Graduation (yes or no)	Name of Institution
Elementary School	6 years		1929		1935	No	Academie Iberville
High School							
Trade School							
Technical School							
College or University							
Correspondence School							

HOBBIES:—

Baseball Hockey Lecture

LANGUAGES: (State degree of efficiency)—

French only

WHAT TRADE WOULD YOU PREFER TO LEARN? 1st Choice Mecanic

2nd Choice Driver Mecanic 3rd Choice

TO BE FILLED IN BY SOLDIER (Write Plainly in Ink or Indelible Pencil)

II—TRADE QUALIFICATIONS

Civil Trade Experience:—(Give full particulars of previous employment starting with your last position and working backward)—

Employer's Name for reference	Address	Date From Mo.	Date From Yr.	Date To Mo.	Date To Yr.	Type of Work done
Black Tea	St Jean Que		1936		1941	Mennisier

Previous Military Trade Training:—

With what unit and where did you receive your trade training?	What was the trade training?	How long was the Course?	Did you qualify for trades pay? If so, in what trade?	Are you receiving trades pay or instructor's pay? If so, in what trade?
n/a				

G Benjamin
Signature of Soldier.

To be Completed by O.C. Unit, Regimental Officer or Recruiting Officer
(PLEASE DO NOT USE PENCIL)

Date.....19.....

III—APPRAISAL REPORT

	Poor	Fair	Good	
Appearance and Personality		fair		
Initiative, Industry, and Evident Ability		fair		
Conduct and Co-operativeness		fair		
Value for further Training		fair		

The statements of the above-named soldier whom I have interrogated have been verified where possible. My comments concerning this man are:—

Good worker — Intelligent —

P. Phil. Serg. Lieut
Signature and Rank.

Station 47. M.D. 4

R. de Chat Mtl.
Unit.

To be Completed at N.D.H.Q. and A.T.S.

IV—PSYCHOLOGICAL RATING

Intelligence Rating— Mechanical Aptitude—

MILITARY TRADE TRAINING

	Phase 2	Phase 3
Selected for training in (Trade)	Date From— To—	Date From— To—
Location of Training Centre		
Instructor's Rating (A, B or C)		
Trade Classification on Completion of Course		
Final Disposal		

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40(4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur BENJAMIN GERARD
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade D-63391 PTE

(3) Unité F.M.R. CA

(4) Êtes-vous marié? NO

(5) Si oui, donnez

(*a*) le nom entier de votre épouse N/A

(*b*) l'adresse postale actuelle de votre épouse N/A

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N/A

Sinon, donnez-en les raisons N/A

(7) Êtes-vous veuf? NO

(8) Avez-vous des enfants? NO

Si oui, indiquez le nombre de garçons et de filles N/A

Donnez aussi leurs noms et leurs âges N/A

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins N/A

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom N/A

Adresse postale

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?

NO

Dans l'affirmative, donnez son nom en entier et son adresse postale N/A

(11) Est-ce que votre père vit encore? YES

Si oui, donnez son nom, son adresse et son emploi Mr. Florida BENJAMIN
108- 9ieme Avenue, Iberville, Que., Canada. (Gen. Work)

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? NO

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) N/A

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?

N/A

(14) Est-ce que votre mère vit encore? YES

Dans l'affirmative, donnez son nom et son adresse Mrs. Alma BENJAMIN
108- 9ieme Avenue, Iberville, Que., Canada.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? NO

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). N/A Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? NO

Si oui, donnez les détails suivants: —

Degré de parenté N/A

Nom en entier

Adresse postale

Montant de la contribution mensuelle au cours des six derniers mois N/A

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? NO

(19) Êtes-vous assuré? YES

Si oui, dites dans quelle compagnie? Prudential Life Ass. Co.
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? YES Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Gerard Benjamin
(Signature de l'officier, soldat, ou aviateur)

Date 21-8-41

Lucien Gauvreau Capt.

Officier Commandant

Date 21-8-41

NO. 4 DISTRICT DEPOT, A.F.

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

OTTAWA,
le 11 décembre 1947.

D.V.A. 405-B-13125
R. 4 (B)

Mademoiselle Gisèle St.Pierre,
Sanatorium St.François,
Sherbrooke, P.Q.

Mademoiselle,

J'ai bien reçu votre communication du 21 novembre ayant trait au lieu de sépulture du sapeur Gérard BENJAMIN.

Nos archives indiquent que les restes mortels du sapeur Benjamin reposent dans la fosse 2, rang H, lot 11, du cimetière militaire canadien de Beny-sur-Mer, en France.

Ce terrain, reconnu officiellement comme endroit de sépulture des militaire tombés à l'ennemi, est entretenu à perpétuité et la croix temporaire édifiée sur la fosse sera remplacée en temps opportun par une pierre tombale convenablement gravée.

Veuillez agréer, Mademoiselle, mes respectueuses salutations.

H
Directeur suppléant
des Archives des
services de guerre.

/LL

F.T.
For Translation, Please.

D.V.A. 405-B-13125
R. 4 (B)

6th December, 1947.

Miss Gisele St. Pierre,
Sanatorium St. Francois,
Sherbrooke, Que.

D.63391, Sapper Gerard BENJAMIN

Dear Madam:

I am directed to acknowledge your communication of the 21st ultimo concerning the burial place of the marginally named deceased Canadian soldier.

Records indicate that the remains of Sapper Benjamin are buried in grave 2, row H, plot 11, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France. This is a recognized military burial ground which will receive care and maintenance in perpetuity and the grave has been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed.

Yours truly,

A/Director,
War Service Records.

JBR.

405-B-13125

TRANSLATION•
JD/GD
24/11/47.

RECORDS
DEPARTMENT OF
VETERANS' AFFAIRS
DEC 2 1947

Sherbrooke, November 21, 1947.

Records Branch,
Department of National Defence,
Ottawa.

Sir:

I lost my fiancé during the war. I know that he died on July 25, 1944, somewhere in France, but I do not know where he has been buried. I would be deeply grateful to you for providing me with that information.

Regimental particulars:

D-63391, Spr. Gérard Benjamin,
3rd Bn., B. Coy,
R.C.E.

At his death, Spr. Benjamin was attached to the Régiment de la Chaudière.

Thanking you in anticipation, I beg to remain,

Yours truly,

(SGD) Gisèle St-Pierre,
Sanatorium St-Francois,
Sherbrooke, P.Q.

Sherbrooke 21/11/47

Trans

BUREAU DES TRANSLATIONS
NOV 24 1947
Rec'd
NOV 26 1947
Rec'd

Departement des Archives du
ministère de la Defense Nationale
Ottawa.

Messieurs.

J'ai perdu, durant la dernière guerre, mon fiancé. Je sais qu'il est mort quelque part en France le 25 juillet 44, mais j'ignore où il a été inhumé.

Je vous serais infiniment reconnaissante de me donner

Le renseignement désiré.

Voici le nom du militaire.

Spr. Gérard Benjamin D.63391

3 Rd. Bataillon R. C. E.

B. C. D. Y.

A sa mort le soldat Benjamin appartenait au régiment de La Chaudière.

Je vous remercie à l'avance

Bien à vous.

Gisèle St-Pierre

Sanatorium St-François

Sherbrooke.

File No 405-B-13125

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 63391 Name BENJAMIN, Gerard.

Rank on Discharge Spr.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 21-8-41	to	17-5-42	
	from	to		
United Kingdom	from 18-5-42	to	8-6-44	
	from	to		
Italy	from :-	to		
Northwest Europe	from 9-6-44	to	25-7-44 (died of wounds)	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal OK ✓

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓

with Clasp OK ✓ Fw.

M

NRD.

Verified by Annette Routhier

Date 7-6-46

Carded JUN 7 1946

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name BENJAMIN Gerard No. D.63391
Surname Christian Names

SPR C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT W.S.G. 534.15
L.P.C. $ 546.67

Date 19-3-46

Other Credits

Total 1080.82
Prev dist. 546.67
This dist. 534.15

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Florida Benjamin 108 - 9th Avenue, Iberville, Iberville, Co., Quebec.	534.15

P4. TO TREAS.

APR 1 1946

(Sole beneficiary under will)

DO NOT REMOVE FROM FILE

W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	534.15

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. FKG

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

DEPARTMENT OF NATIONAL DEFENCE

WSY-802 10477

2

NAVY ~~XXXX~~ ARMY

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gerard (CHRISTIAN NAMES) BENJAMIN (SURNAME)

REGISTER NO. D-20070
FILE NO. 405-B-13125
DATE 21-2-46
SERVICE NO. D-63391
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 25-7-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1040 (30) EQUAL TO 34 COMPLETE PERIODS AT $7.50	255.00	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 800 LESS 20 INELIGIBLE DAYS, EQUAL TO 780 DAYS @ 25C. PER DAY	195.00	
	450.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 800 (183) X$ 19.25	84.15	
D. WAR SERVICE GRATUITY	534.15	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	534.15	

ESTATES BRANCH MAR 6 1946 H. Q. OTTAWA NATIONAL DEFENCE

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
GMH	[signature]

TREASURY	
CHECKED BY	DATE
M C Gibson	26/2/46

[signature] Capt
SERVICE REPRESENTATIVE

ΔT

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME GERARD BENJAMIN (Christian Names) (Surname) — Register No. D-20070

PAYEE'S NAME ESTATES (Christian Names) (Surname) — File No. 405-B-13,125

Date 20-2-46

ADDRESS — Service No. D-63391

Final Rank SPR

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44 — Date of Discharge 25-7-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1040}{30}$ = 34 Periods @ $7.50	255	00
B. QUALIFYING OVERSEAS SERVICE No. of days 800 less 20 Ineligible days, equal 780 Days @ 25c. per day	195	00
C. SUPPLEMENT FOR OVERSEAS SERVICE	450	00
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ —		
Dependents' Allowance 1/30 $ ..... $		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days $\frac{800}{183}$ × $ 19.25	84	15
D. WAR SERVICE GRATUITY	534	15
Computed By Thornley		
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ — (2) D.A. & A.P. $ ..... Other Deductions $		
Entered By J.H.H.		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	534	15

G. Monthly instalment not to exceed *daily rate* of Pay &,Allowances per (C)

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

1868

[redacted]

FORM No. 1

Regist[redacted] No. C.D. 1599 Nominal Roll No. D-581

H.Q. File No. 405-B-13125

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D 63391	SPR	BENJAMIN	GERARD

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. 21 AUG 41	T.O.S.	T.O.S.
S.O.S. 25 JUL 44 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 1070	Total Days	Total Days

Total Service ..... 1070 ..... DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	270	30 nm	240
Overseas Service	800	nil	800
Totals	1070	30	1040
Add Non-qualifying Service			30
Total Service			1070

EMBARKATION DETAILS: T OS 18 MAY 42

1. Date S.O.S. Overseas 25 JUL 44 2. Date S.O.S. Overseas .....

REMARKS: DIED WHILST IN SERVICE 25 JUL 44

Computer's Signature Peter Morris (Cpl)

Checker's Signature J. F. Oheany

Date Computed 4 May 45

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	6 DEC 41	7 DEC 41		1	1
AWL	15 DEC 41	16 DEC 41		2	2
AWL	28 DEC 41	7 JAN 42		10	
FORF			8 JAN 42	15	25
AWL	25 JAN 42	27 JAN 42		2	2
				Total	30

Overseas: T.O.S. 18 May 42 T.O.S. T.O.S.

S.O.S. 25 July 44 S.O.S. S.O.S.

				Total	

DIED ... WHILE ... SERVICE

CASUALTIES ONLY
For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. C.D. 1599

File No. 405-B-13125

WAR SERVICE GRANTS ACT 1944

Ottawa Feb. 6, 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-63391

Name Gerard, BENJAMIN,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.		$
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.		
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

12/2 1946

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

for C.T.O.

405-B-13125

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BENJAMIN Gerard

RANK SPR

UNIT Reinf.Depot RCE

PLACE & DATE OF BIRTH Iberville, Quebec Canada 7 Sept.1922

REGTL NO. D-63391

NEXT OF KIN & ADDRESS Father, M.Florida Benjamin 108-9E Ace Iberville, Quebec Canada

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

P. A.

PARTICULARS OF DEATH.

DATE OF DEATH 25 Jul 44

HRS

PLACE OF DEATH FRANCE

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL.

DATE OF BURIAL 30 Aug 44.

CEMETERY Sotteville sur le Val 9F/5. MR. 20050122.

PLOT NO ROW

GRAVE 2

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

RELIGION Roman Catholic

DATE 22 Sep 45.

(M. BIUTEAU) Capt.,
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

Deceased

DEPARTMENT OF FINANCE

CANADA

ESTATES BRANCH
JUN 26 Rec'd
H. Q.
OTTAWA
NATIONAL DEFENCE

To Benjamin, Gerard. No. D-63391

~~NAVY~~ — ARMY — ~~AIR~~

The undermentioned bond (s) purchased under the Dominion Government Employees' Instalment Purchase Plan was (were) forwarded by Registered Mail on 29/6 1944

to Mr Florida Benjamin
Name

108 — 9e ave. Iberville Co. St Jean. (de Napierville) Que.
Street Address City, Town or P.O. Prov.

in accordance with instructions shown on your application form.

Dominion of Canada 5th Victory Loan Bond (s)

Series L7. Numbers

Value $ 100 A. 1441106

R. L. Casselman

Chief Clerk
Employees' Instalment Purchase Plan

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: BENJAMIN, Gerard, No.: D-63391
Surname Christian Names

Spr. C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 546.67

Date: 8 June 45 Other Credits .....

Total 546.67

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Florida Benjamin, 108 - 9th Avenue, Iberville, Iberville Co, Quebec. (Sole beneficiary under will)	546.67

P4. TO TREAS. 20/8/45 AW

TO BE FORWARDED BY REG. MAIL DIRECT

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	546.67

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..... D-63391 Spr. Benjamin G. ..... Dec'd

RECEIVED FROM ..... 32 C.C.S. (BR)

CHECKED BY ..... M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A. ..... DATE 27 Dec 44

1	Cap Badge		
2	Shoulder Titles "Reg De Chaudiere"		
	Pay Book Parts 1 & 2 To Offr. I/C Estates		
	Pay Book Part 3		
1	Note Case (Wallet)		
42	Snapshots		
2	Religeous Tokens		
1	R.C. Prayer Book		
1	Identity Card		
1	Certificate		
1	Receipt for 395 Francs & 3/9 To Offr. I/C Estates		

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

TRIPLICATE — with effects.

F.A. Todd Pte
.....
for OC 1 Cdn KSD

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1650

(1) I, Gerard BENJAMIN, of the Town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Iberville, in the County of Iberville
Province of Quebec, Box-Maker
(Civil Occupation)

Regimental No. D-63391, Unit F.M.R. (CA), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "My father" Mr. Florida Benjamin, residing at 108- 9th Ave, Iberville, Que. Canada; All of my estate, both real and personal;

G B

Relationship, names and address of residuary beneficiaries.

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

G B.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 22 day of Aug. 19 41

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

Gerard Benjamin
(Signature of soldier)

First witness sign here.

(5) Signature L. Corbeil Jnr.
Civil Address Montreal Que.
Civil Occupation Sand Tester

Second witness sign here.

Signature W. J. Whittall
Civil Address 2116 St. Lawrence
Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

2

MD/ COPY

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

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

INSTRUCTIONS

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
(*b*) All questions, etc., must be completed.
(*c*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank ..... BENJAMIN, Gerard
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank ..... D-63391 Pte.

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

(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 Number of boys ..... Girls .....

Names and ages .....

.....

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

.....

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

Name .....

Postal Address .....

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

If so, state her full name and postal address .....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation Mr. Florida Benjamin, 108-9th Avenue, Iberville, Que. Canada. (Gen.work)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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.....

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

(14) Is your mother alive? YES If so, state name and address Mrs. Alma Benjamin, 108-9th Avenue, Iberville, Que. Canada.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

(18) Are you insured? YES If so, in what company? Prudential Life Ass. Co.
(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.

Date 21-8-41 (Sgd) Gerard Benjamin
(Signature of officer or man)

(Sgd) Lucien Gauvau ? Capt.

Date 21-8-41 Officer Commanding No. 4 District Depot A.F.

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

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from .....21/CAS/2176.....

.....

Time Message Received.....

Date Message Received.....8 AUG 44.....

Theatre

A E F

Regimental No.	Rank	Name	Full Christian Names
D-63391	SPR	BENJAMIN	GERARD

Reinf Depot

Unit.....R.C.E.....

SERIAL

CASUALTY PARTICULARS

DIED OF WOUNDS 25 JULY 44(PREV.REP.WOUNDED 18 JUL 44 A472)

"A" ~~XXX~~
477

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin..... Relationship.....

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

.....

CANADA

.....

.....

Home Town .....

Cable No. 8950.....

Inland Tel. No. .....

35

.....
Verification Clerks Signature

Inc.

CFA 48
40/P & S/1568 (6218)

Died

CASUALTY WING EXTRACTS

DATE 15 AUG 44

AUTH AEW 3014

"A" "B" 279 "C" "POW"

TIME

NAME BENJAMIN, Gerard

DATE

RANK SPR

REGT.NO. D-63391

FOR AEF LIST.

UNIT ~~4 Lisl~~ R.C.E.

HOSPITAL PARTICULARS

ADMITTED DATE

TRANSFERRED DATE

DISCHARGED DATE

DIAGNOSIS CAUSE OF DEATH: GSW (MG) MULT

FOR THE DAILY UNIT & CONSOLIDATED LIST ADMISSION

FOR THE DAILY LIST ONLY DISCHARGE

CASUALTY CARD MADE (YES OR NO) YES PROGRESS REPORT

CLERK'S NUMBER OR INITIALS 77 DEATH

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS.. DANGEROUSLY ILL SERIOUSLY ILL

NEXT OF KIN PARTICULARS

ENTERED ON

CAS.CARD

CAS.LIST.

RELATION SHIP CANADA

NAME AND ADDRESS

HOME TOWN

CABLE NO. TO OTTAWA 9291

SERIAL NO.

INLAND TELEGRAM NO.

33

405-13-13.25

FIELD SERVICE

MBR 9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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

REGIMENT OR CORPS } Unknown — Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-~~68~~33891 — Rank Pte

Surname Benjamin — Christian Names ~~o~~ G.

Died { Date 25 July 44 — Place France

Cause of Death* Died of Wounds

Nature and Date of Report A.F.W. 3014/81 9 Aug 44

By whom made Cdn Sec GHQ 2nd Ech 21 A Gp.

* 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 Beny-Sur-Mer Cdn Cemetery — Date 27 July 44

By whom reported C.F.

State whether he leaves a Will or not { (a) in Army Book 64 No

(b) as a separate document Not Received

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

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

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

Station and Date } France 15 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } [signature] for Officer i/c Cnd Sec GHQ 2nd Ech 21 A Gp.

28

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) | 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: BENJAMIN (Block letters)

Given names: Gerard

4. RESIDENCE

Street: 9th Ave. No. 108

Official name of civil municipality or township: Iberville,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: September (Month) 7th, (Day) 1922. (Year)

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

OCCUPATION

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

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: BENJAMIN, Florida	
MOTHER (Maiden Name):	

19. Place of burial, cremation or removal: France

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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 25th, (Day) 19 44. (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) Died of wounds received in action.

due to

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

(b)

due to

(c)

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

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide....Date....19....

(State which)

Manner of injury....

(How sustained)

Nature of injury....

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

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

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

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

APR 19 1945

le 2 septembre, 1944.

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre fils, le sapeur Gérard BENJAMIN, matricule D-63391, qui a donné sa vie au service de sa patrie en France le 25 juillet 1944.

D'après les renseignements officiels que nous avons reçus votre fils est décédé à la suite des blessures reçues 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 sapeur Benjamin pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

H. F. G. LETSON
Major - Général
Adjutant - General

AUG 25 1944

(H.F.C. letson),
major-général.

Mme Florida Benjamin,
108, 9e Avenue,
Iberville, Québec.

18

To F.T.

Mrs. Florida Benjamin,
108-9th Avenue,
Iberville, Que.

Dear Mrs. Benjamin:

It was with deep regret that I learned of the death of your son, D63391 Sapper Gerard Benjamin, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

From official information we have received, your son died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

AUG 25 1944

(H.F.G.Letson),
Major-General,
Adjutant-General.

17

f.h

[illegible]
o

p[illegible]
y for the O.i/c Records

108-9th Avenue,
Iberville, P.Q.

June 30th, 1942.

Chief Treasury Officer,

Dear Sir:

I have my boy Gerard Benjamin who belonged to A. Coy, No. 2 platoon (FMR). He was stationed at Valleyfield, Sept. 1941 I have not heard from him for two months. He assigned part of his pay to me two months ago, but so far I have not received any. Will you please let me know the reason why I have not received his assigned pay. I am writing this letter for the soldier's mother, she also would like to get the boy's regt. number and inital. thanking you in anti-cipation.

yrs sincerely,

Mde Alma Benjamin

Please write the answer in French as the mother does not understand English.

For Mrs. Benjamin,

Jos. L. Beattie.

MILITIA BOOK M. 1

40/P & S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

CHECKED WITH MFMS
1-6-44 J. Jay Sutherland Lt
D 63341. SPR. BENJAMIN G.

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

D 63391. SPR. BENJAMIN G.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
6.5.44	✓		3F.	N Helman Capt.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-63391

Surname (in capitals) BENJAMIN.

Christian Names (in full) GERARD.

Date of Birth Sept 17 - 1922.

Place of Birth Iberville Que P.Q.

Trade on Enlistment Box - Maker.

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion R.C.

Enlisted at Montreal south Que P.Q.

Date 21-8-41.

Particulars of former service (if any) i.e. Regtl. No., Corps and period. Nil.

Signature of Soldier G Benjamin

Signature of Officer S W Mellies Maj

Place FIELD Date 6-4-43.

D 63341. SPR. BENJAMIN G.

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Mr FLORIDA H. Benjamin	21-8-41
	Mother	Jane Florian Benjamin	21-8-41
3rd	*Brothers and Sisters	3 Brothers 4 sisters	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full
108-9E Ave Iberville Que P.Q.
108-9 Ave Iberville Que P.Q. Can
Iberville Que
Iberville Que

D 63341. SPR. BENJAMIN G.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
22-8-41	Pte		4. D. P. 200.	
13-3-42	SPR.		# 33	[illegible]

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Basic Training Complete.

Qualified in addition as under :—

Date.....

* If no further training required, strike out words in italics and initial.

D 63341. SPR. BENJAMIN G.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer

D 6334. SPR. BENJAMIN G.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Elementary Sch.	Tiverville	1929/35	[illegible]

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

D 63341. SPR. BENJAMIN G.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
21/8/41	13-1-42	Private.	SW Phillips Maj
14-2-42		SPR.	

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

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(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
21-8-41	A.	Mont. Md. B.	
18-3-42	A.	Confirmed.	SW Phillips Maj

13

D 63341. SPR. BENJAMIN G.

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
P.U.D. inserted.	24-10-42	[signature]

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

D 6334. SPR. BENJAMIN G.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.	aug 22-41	
3	sept 9-41	
	sept 29-41	SW Williams Maj
T.A.B.T. ½.	1-10-42.	SW Williams Maj
T.A.B.T. ½	1-3-43	Mc L.
TBOT ½ cc	6 MAY 44	C.O.B.
TYPHUS ¼ cc	13.1.44	Mc L.
" ½ cc	18-1-44	Mc L.
" 1 cc	24-1-44	Mc L.
" (B) 1 cc	2 June 44	R Laing Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
aug 22 1941	
9-11-43.	SW Williams Maj
17-2-44 Nil	M Laffey
2-3-44	M Laffey
5 June 44 Immed Reac.	R Laing Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray 8 6196 N.	22-8-41	
M" Test (Rev) complete	30 Dec	
O" Card. Complete	1942.	
~~P.F.U. 44 0022 Pay~~	~~27 8 42~~	SW Williams Maj.
FINGERPRINTED—CAIB		
Privilege leave. F.T.W.	5-1-44 14-1-44	R Laing Capt
AWARDED CUSM 1st Class	15-1-44	Queen Lancaster Lt
MEMIPTTH	20-1-44	Off Bem Lt
T.O.E.T. Brakes ...	8 Mayus	D.K. Tooley
On 21 Aug 43 entitled to 2 R Serv Chev	26 May 44	C Taylor Capt
G 31 6077 ZERVED	26 44	J.V. Lucas Lt

D 6334. SPR. BENJAMIN G.

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with
at

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M. 10 received and forwarded to the Officer i/c Records at Ottawa, Canada

R.G. Nelson Lt.
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.