CHICOINE, AURELE

D63707

Checked E Card ✓ Observations

ORIGINAL
DUPLICATA
TRIPLICATA

FINGER — PRINTED

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

WSG COMPLETED

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

Unité ~~R.M.R. Ca.~~ Gen. List N° Matricule ~~D-63707~~ LIEUT

84 LIEUT

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom: CHICOINE
2. Prénoms: Aurele
3. Adresse actuelle: 1717 rue Fullum, Montreal P.Q., Canada
4. Date de naissance: 15 decembre 1916
5. Lieu de naissance: Canada (Pays) Quebec (Comté ou province) St-Liboire (Ville ou canton)
6. Religion (indiquez la confession): Catholique Romain
7. Métier ou profession: Commis de bureau
8. Marié, veuf ou célibataire: Celibataire
9. Nom du plus proche parent: Mde Hermine CHICOINE
10. Degré de parenté: Mere
11. Adresse du plus proche parent: 1717 rue Fullum, Montreal P.Q., Canada (Le MFM 1421) See Change ~~(Amelioration)~~
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? Oui. (MTC 41 Camp de Huntingdon P.Q.) RP., du 10 janvier 1941 au 8 fevrier 1941.
(Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non
(Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(*b*) Quelque autre armée de mer, de terre ou de l'air? Non
(Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? Non
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Date 6 February 1942. Aurèle Chicoine
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Aurèle Chicoine
(Signature de la recrue)

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

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

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

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

à Montreal South ce 6th. jour de February 1942. 19

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

NO. 4 DISTRICT DEPOT A.F.
(Titre, grade et unité ou emploi)

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

FINGERPRINTED—CAIB

État de service de CHICOINE (Nom) AURELE (Prénoms) N° matricule ~~D-63707~~ 2 IEUT

APTITUDES

Militaires: Nil

Professionnelles ou commerciales: Nil

Civiles ou de métier: Office Clerk

Techniques: Nil

Langues: French & English

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: 3 Years (années achevées) — Graduation ou Immatriculation: Nil (Spécifier)

*Collège: Nil

*Université: Nil

8 Years Public (Montreal)

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

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

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
6-2-42	DRO	No.4 District Depot CA.	PTE.	6-2-42	4DD.	MTL.STH.	4DD.PT11.No.31	6-2-42
9-2-42	"	PROCEEDED ON COM TO CA(B)TC.44ST.JEROME QUE.	PTE.	7-2-42	"	" "	" " " 32	7-2-42
17-2-42	4DD	ATTACHED FOR ALL PURPOSES TO 44 ST.JEROME	"	15-2-42	"	" "	" " " 40	17-2-42
20-2-42	T.C. 44	ATTACHED FOR ALL PURPOSES	"	16-2442	T.C.44	STJEROME	PT II NO. 6	20-2-42
11-3-42	"	PROMOTED TO THE ACTING RANK OF SGT. WITH PAY AND POSTED TO "CADET WING"	A/SGT	28-2-42	"	"	PT II NO. 10	11-3-42
17-4-42	"	SOS ON TRANSFER TO OTC BROCKVILLE ONT.	"	16-4-42	"	"	PT..II No. 17	17-4-42
		ON COMMAND TO O.T.C. BROCKVILLE, ONT., FOR QUALIFICATION.	A/Sgt	APR 17 1942	O.T.C. Brockville		PT.II D.O. #96	APR 24 1942
		Admitted to Brockville Military Hospital (sick)	Cadet	15-6-42	O.T.C. Brockville		Pt.II D.O. #141	16 June 42.

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier CHICOINE AURELE Lieu MTL.

Lieu MTL Date JAN.12th. 1942.

PARTIE 1. Renseignements obtenus de la recrue.

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

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

Aurèle Chicoine
(Signature de la recrue)

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

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

URINE 00832
JAN 14 1942
X-RAY 105441

2. Taille 5 pieds 6 pouces. 3. Poids 135 livres
4. Teint med. Yeux blue Cheveux dark
5. Développement good (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 35½ pouces Degré d'expansion 2½ pouces
7. Vue, droite 20/30 gauche 20/30 8. Ouie, droite cv 20 gauche cv 20
Avec lunettes, droite gauche
9. État de la bouche et des dents good.
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN). EARS NOSE AND REFLEXES NORMAL.
DR.H.MICHAUD. Arch of both feet. are slightly exagerated.

COLOR VISION (ISHIHARA)

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

Observations spéciales lorsque la catégorie est inférieure à A

PAUL CHOQUETTE CAPT.	J.B.RYAN M.D.	G.AUMONT LIEUT.
(Président)	(Membre)	(Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
FEB 6 '42	T.A.B.T. 3 M.O. Porter	22 MAR '43	Rechecked cat. A
FEB 6 '42	vacc M.O.P.	10 MAY '43	" " cat. A
18/8/42	T.A.B.T. 2 - Lieutenant		
15-1-43	(3)		

N° matricule D-63707 Grade ~~PTE~~ LIEUT Nom CHICOINE Prénoms AURELE

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				
Brockville, Ont.	17-5-42	15	6	42	26	6	42	Dermatitis	12	Due to Poor Dug : Recovered to unit	J.M.
Brockville Ont.	17-5-42	16	7	42	21	7	42	Blisters on heels	6	due to walking : Cleared	R.W. Billings Capt

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

Lt. A. CHICOINE.

150 25-6-44. TOS. FR. 11 Bn. 2 CBRG 25-6-44

160 6-7-44 Att for to 1 C I R U 29-6-44

174 21.7.44 SOS to X-4 list 2.M.R unf 21.7.44

TOS 11 Bn X.4 list unf 30.7.44

SOS " " " " " to 10 Adv Ans Bn " 3/8/44

Ad 5.8.44. SOS 10 Bn to Tus Att. unf 4 Aug 44.

C.R. 5-8-44 TOS FMR from X4, 4 1ST FMR. unf 5 Aug 44.

C.R. 8-8-44 S.O.S. Deceased unf 8 Aug 44, Killed in action

M. F. M. 14
30M-5-41 (32-4)
H. Q. 1772-39-1662

INCOME TAX DISTRICT No 5 Montreal, Que.

NO. D-63707 RANK ~~Pte~~ 2/Lt. NAME CHICOINE, Aurele

~~MARRIED~~ XXXXXX ~~WIDOWER~~ XXXXXX ~~SINGLE~~

PLACE OF ENLISTMENT Montreal South, Que. DATE 6th Feb 1942

RATE OF PAY N.R. 1568

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
185	8/8/42				4.25		
					5.00		

6th V.L. $16.80 eff 1-5-44.

ASSIGNMENTS				DEPENDENTS' ALLOWANCES				NO.
ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL	DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
Mrs. Hermine Chicoine (mother(								
~~1117 Sullum St.~~								
Montreal, Que.	~~1-3-42~~		~~$20.00~~	7-2-42	Mother	10	00	6/2/42
Increased	1-3-42		35.00		"	5	00	8-8-42
4267 Messier St.						15	00	
~~4th Victory Loan~~	~~1-5-43~~		~~8.40~~					
5th Victory Loan	1-11-43		43.40					

MP# 4.

OUTFIT OR CLOTHING ALLOWANCE $ 150.00 PAID ON R.S. # 33093 IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE ab^x OCCUPATIONAL FORM COMPLETED

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
31	6--2-42	TOS DD4 posted to "E" Wing. Eff,6-2-42.	
32	7-2-42	On com.#44 St.Jerome.Pstd."C" Wing. Eff,7-2-42	
40	17-2-42	Att. all purp.#44 St.Jerome.While on com. Eff,15-2-42.	
6	20-2-42	Att'd all purp.Basic Tr'g BTC44 Eff.16 Feb.42	
17	17-4-42	Ceases to be Att'd BTC 44 on Command to BTC Brockville, Ont. wef 16-4-42	
96	24-4-42	Att'd O.T.C. eff. 17-4-42	
141	16-6-42	Adm. Brock.Mil.Hosp. 15-6-42	
149	26-6-42	New Address 4267 Messier St. Montreal, Que.	
151	29-6-42	Disch.B.M.H. eff. 26-6-42	
167	17-7-42	Adm.B.M.H. eff 16-7-42	
172	23-7-42	Disch.B.M.H. eff 21-7-42	
185	8/8/42	PROMOTED TO 2/LIEUT. EFF. 8/8/42	
190	14/8/42	SOS TO A-12 Farnham eff. 14/12/42	
169	17-8-42	TOS A-12 Farnham from Brockville wef 15-8-42	
215	12-10-42	Promoted Lieut wef 9-10-42	

P. & A. LEG. AGREES SEP 23 1947

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No.

No. RANK Lieut NAME Chicoine Aurele

CASUALTIES, ETC.

PART II D		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.			
220	19-10-42	Attached for all purposes to CABTC 44 St.Jerome wef 16-10-42	
189	19-10-42	To S IC 44 for all purposes wef. 19-10-42	
212	19-11-42	To be Lieut. wef. 9-10-42. Supp to C.A.R.O. 2063 d/14-11-42	
212	19-11-42	Granted 14 days leave of absence from 19-11 to 2-12-42 inc. and granted 0.50¢ per diem allowance in lieu of rations.	
		P. & A. LED. AGREES DEC 8 1942	
234	19-12-42	Granted 5 days leave from 28-12- to 2-1-43 0.50 diem	
49	9-3-43	S.O.S. C.O.C. + B.T.C. No 44 on Transfer to A-12. Farnham wef 8-3-43.	
57	10-3-43	Cease to be att'd for all purp to COC & BTC 44St jérome on return to A-12CITC wef 9-3-43	
76	2-4-43	Granted special leave from 27-3-43 to 29-3-43 and r.a. of $0.50 per d	
109a	12-5-43	TOS A-12 Farnham on proceeding overseas on serial no 294E wef 12-5-43	
96	24.5.43	Tos Can army (Can) 13.5.43 Tos Can army (Eng) 14.5.43 wef. 23.5.43.	
96	24.5.43	Tos 6 C I D.U Good "F" cay.	
108	7-6-43	Proc C.R.U. cr #12 ser 2 + Att. fap to #7 C I R U fr 7-6 to 3-7-43	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
131	1.7.43	Rel'd CRU Cy #12 Sec 2 & CTBA fap to #7 CIRU	4. 7. 43.
152	29-7-43	S-O-S = 6. C. I. R. U = to. Lake = Sup. Regt.	wef. 29-7-43
34	3 Aug 43	TOS LSR Spec. Incr. from #6 CIRU wef 30 Jul 43.	
CR	23 Sep 43	S.O.S. L.S.R. (SPEC. INCR.) TO #6 C.I.R.U. WEF 23 SEP 43	
204	27.9.43	Att fap. to 9 Fd. Sqn. R.C.E.	24.9.43
203	25.9.43	TOS-6 C.I.R.U fr Lake Sup. Regt.	24.9.43
218	13.10.43	C.T.B.A = fap to 9 Fd. Sqn. R.C.E.	10.10.43
219.	14.10.43	SOS-6. C.I.R.U to Royal. Regt of Can.	12.10.43
51	26-10-43	T.O.S. Lfer Lanc R Regt C. to 9 CIRU wef. 13-10-43	
		Taken to be att to RR C. wef. 3 Jan 44	
17	20-1-44	TOS-6 C.I.R.U fr. R. Regt. of Can.	1-1-44
19	23-1-44	SOS-6 C.I.R.U to F.M.R.	23-1-44
6	3/2/44	T.O.S. F.M.R (Spec Inc) from 6 CIRU	24-1-44
17	2[illegible]/[illegible]/44	S.O.S to Reinf Inc. wef 8 mar 44	
17	23/3/44	T.O.S. Reinf Inc. from Spec. Inc.	9 mar 44
CR	25.4.44	S.O.S to "X" 4 list (FMR) wef 25-4-44	
CR	26-4-44	TOS 11 Cn 2 CBRG (X-4 list) fr FMR wef 26-4-44	

LOWE-MARTIN CO. LIMITED D83960

D. 63707. S.O.S.

NAME CHICOINE, AURELE

H.Q. File 602-3-895

RANK ~~CDET. 2ND LT.~~ LT.

ACTIVE UNIT GEN. LIST. (PR) No. 4 D.D.

RESERVE UNIT

Appt. R.O. No. 2482 Date 23-10-42 Effective date of Appt. 8-8-42

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TRANS TO A-13 T.C. (PR) GEN. LIST, 14-8-42. R.O. # 2482, 23-10-42.

EMBARKED CANADA - SAILING LIST NO. 2647 MAY 13 1943

TO BE LT.: GEN. LIST - (REINFS.): No. A.12. T.C. - 9-10-42, R.O. #2563, 14-11-42.

10M—9-42 (6257)
H.Q. 1772-45-8

K.I.A. 8 Aug. 44 MONT ROYAL FUSILIERS "U.K." CABLE #9238 D/21-8-44

No. H.D.D. 8-8-42.

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

Name A. Chicoine

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
	✓	On Crse CRU. 12. Ser 2 + att fap. to 7 C1RU to 3 July 43.	Lieut	7 June 43.	6 C1RU.	UK.	108.	7 June 43.
	✓	Off Crse. CRU 12 Ser 2 + c/att fap to 6 7 C1RU	Lieut	4 July 43	6 C1RU	UK	131	5 July 43
SOS	✓	SOS to LSR.	Lieut	29 July 43	6 C1RU Spec. Inc	UK	152	29 July 43
	TOS	TOS from 6 C1RU	Lieut	30 July 43	S Inc LSR	UK	34	3 Aug 43
SOS	✓	SOS to 6 C1RU	Lieut	23 Sep 43	LSR	UK	42	28 Sep 43
	TOS	TOS from L. S. R.	Lieut	24 Sep 43	Spec Inc 6 C1RU	UK	203	25 Sep 43
	✓	att fap. to 9 Fd Sqn RCE	Lieut	24 Sep 43	6 C1RU	UK	204	27 Sep 43
	✓	Ceases att fap to 9 Fd Sqn RCE	Lieut	10 Oct 43	6 C1RU	UK	218	13 Oct 43
SOS	✓	SOS to RR of C	Lieut	12 Oct 43	Spec Inc 6 C1RU	UK	219	14 Oct 43
	TOS	TOS spl Inc RR of C from 6 C1RU	Lieut	13 Oct 43	RR of C	UK	51	26 Oct 43
SOS	✓	SOS to. 6 C1RU.	Lieut	31 Dec 43.	S.S. RR of C.	UK.	1.	7 Jan 44.
C80 M40	✓ TOS	TOS from RR of C	Lieut	1 Jan 44	S1 6 C1RU	UK	17	20 Jan 44
R04167	✓	Our Cdn Vol Service Medal & clasp.	Lieut	15 Jan 44	6 C1RU	UK	18	21 Jan 44
C80 SOS	✓	SOS to FMR.	Lieut	23 Jan 44	6 C1RU	UK	19	23 Jan 44
M40	✓ TOS	TOS from 6 C1RU	Lieut	24 Jan 44	F.M.R S1	UK	6	3 FEB 44
S.O.S.	✓	S.O.S. to Reinf. Increment.	Lieut	8 mar. 44.	F.M.R. (S.1.)	U.K.	17	23 mar. 44.
	✓ T.O.S.	T.O.S. from Spec. Inc.	Lieut	9 mar. 44.	F.M.R. (R.J)	U.K.	17	23 mar. 44.
SOS	✓	SOS to X 4 FMR	Lieut	24 Apr. 44	FMR "R.9"	U.K	27	30 Apr 44
		TOS. X 4 Lt FMR. from. F.M.R.	Lieut	24 April 44	X4 FMR.	UK.	15.	3 May 44.

M.F.M. 1 & 2A
40/P & S/119 (12/42)

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

Name.....

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
SOS		SOS x 4 List 11 Bn. to 6 C I Ru.	Lieut.	24 June 44.	X. FMR	21 A. Gp.	24.	5 July 44.
	TOS	TOS from 11 Bn 2 C B R C	Lt.	25 June 44	6 C I R U	U.K.	150	25 June 44
M177		Qual. "Q2" CMHQ Crse 1120 Ser 3	Lt	22 May to 3 June 44	X.L. Les Fus. BR	UK	27	21 June 44
Corr.		Attd Tapto 1 C I Ru	Lieut	29 June 44.	6 C I Ru.	UK.	160.	6 July 44
		W/ar. Tapto 1 C I Ru	Lieut	20 July 44	6 C I Ru	UK.	173.	20 July 44
SOS		SOS to X-4 List. Fus MR.	Lieut	21 July 44	6 C I R U	UK	174	21 July 44
	TOS							
		Killed	Lieut	8 Aug 44	X L Fus R.	AEF	B-479	19 Aug 44.
(C.G.S.)		Embarked at ..... UK ... on 29 July 44. Disembarked at ..... France on 30 July 44	Lieut		X L Fus R	21 A Gp.	31	19 Aug 44
SOS		SOS. X-4 list (10 Bn) to F M R.	Lieut.	4 Aug 44.	X L F M R.	21 A Gp.	23.	2 Sept. 44.
	TOS	TOS. from X-4. F M R.	Lieut.	5 Aug 44.	F M R.	21 A Gp.	67	3 Sept. 44
SOS		SOS. Killed in action.	Lieut.	8 Aug 44.	F M R.	21 A Gp.	67	3 Sept. 44

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

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

Name CHICOINE, Aurele.

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
19-10-42	T.C.44	ATTACHED FOR ALL PURPOSES..	Lieut	17-10-42	T.C.44	St-Jerome	PT..II No. 189	29-10-42
19-11-42	"	TO BE LIEUTENANT	Lieut.	9-10-42	"	"	PT II No. 212	19-11-42
19-11-42	"	GRANTED 14 DAYS LEAVE OF ABSENCE UNDER RO 699 AND IS AUTHORIZED TO RECEIVE ALLOWANCE OF .50Cts PER DAY IN LIEU OF RATIONS IN ACCORDANCE WITH GO AND FR&I	"	19-11-42 2-12-42	"	"	PT II No. 212	19-11-42
19-12-42	"	GRANTED FIVE DAYS LEAVE AND TO RECEIVE .50 CTS UNDER FR&I 196 (4)	"	28-12-42 2-1-43	"	"	PT II No. 234	19-12-42
8-3-43	"	SOS FOR ALL PURP ON TRANSFER TO A-12 FARNHAM QUE	"	8-3-43	"	"	PT II 49	9-3-43
10-3-43	2	CEASE TO BE ATTCH TO CO. C.&.B.T.C44 STe JEROME QUE TO aA-12 C.I.T.C. FARNHAM QUE	"	10-3-43	A/12	FARNHAM	A-12	10-3-43
		PT II Orders A-57 amended to read: 9-3-43	"	9-3-43	"	"	A-73	30-3-43
		Granted Special leave from 27 Mar to 29 Mar 43 Issued with Special Warrant A300878	"	27-3-43	"	"	A-76	2-4-43
		SOS on proceeding to 6 C.I.R.U. Serial 294 E Canadian Army Overseas	"	12-5-43	"	"	A-109(a)	12-5-43
		S.O.S. Cdn. Army on embark.	"	13 may 43	6 CIRU	U.K.	96	24 may 43
		T.O.S. " " Overseas	"	14 " "	"	"	"	"
		Disembarked in U.K.	"	22 " "	"	"	"	"
		Report for duty to 6 CIRU	"	23 " "	"	"	96	24 may 43

Statement of the Service of No. ..... Rank Cadet ..... Sheet No. 1

Name AURELE, CHICOINE.

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
5606-	Change of Address next of Kin note	CHANGE OF ADDRESS OF NEXT OF KIN						
		FORMER ADDRESS						
		1717 Fullum St. Montreal, P.Q.	~~Cadet~~	~~26-6-42~~	~~O.T.C.~~	~~Brockville~~	~~Pt.II D.O.#149~~	~~26 June 42~~
		NEW ADDRESS						
		Mrs. Albina Chicoine (Mother) 4267 Messier St. Montreal, P.Q.	Cadet	26-6-42	O.T.C.	Brockville	Pt.II D.O.#149	26 June 42.
		Discharged from Brockville Mil.Hospital	Cadet	26-6-42	O.T.C.	Brockville	Pt.II D.O.#151	29 June 42.
		Admitted to Brockville Military Hospital (Sick)	Cadet	16-7-42	O.T.C.	Brockville	Pt.II D.O.#167	17 July 42
		Discharged from Brockville Military Hospital . Eff: 21 July-42	Cadet	21-7-42	O.T.C.	Brockville	Pt.II D.O.#172	23 Jul-42
		Having successfully completed his course and having been recommended for appointment and promotion to the rank of 2/Lieut. Inf. in the Cdn. Army AF is hereby, pending promulgation of such appointment in C.A.R.O. granted the provisional rank of 2/Lieut. with effect from 8 August 42.	2/Lieut.	8-8-42	O.T.C.	Brockville	Pt.II D.O.#185	8 Aug 42.
		Ceases to be "On Command" to O.T.C. Brockville, Ont, and is struck off strength of his Unit on posting to A-12(A) Inf.T.C. Farnham Training Centre	2/Lieut.	14-8-42	O.T.C.	Brockville	Pt.II D.O.#190	14 Aug 42
19-8-42	A-12	T.O.S. on strength on temporary attachment from O.T.C. Brockville, Ont.	"	15-8-42	A-12	Farnham	A-169	17-8- 42
		Having qualified as Lieut. INfantry Rifle is promoted to that rank (subj. to conf.) under the prov. of R.O.1523 dated 24-12-41	Lieut.	9-10-42	"	"	A-215	12-10-42
		Cease to be attched on transfer to C.A.(B)T.C. No 44 St Jerome Que	"	16-10-42	"	"	A-219	16-10-

8-8-44

(1704) M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

AWARDS—CANADIAN ARMY (ACTIVE)

FILE No. 602-3-895

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHICOINE,	Aurele		Lieut.	Fus. Mont-Royal

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	
	8427 19/1/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Albina CHICOINE (MOTHER)

ADDRESS: 4267 Messier St.,
Montreal,34 Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Albina CHICOINE, (FRENCH)

(1704)

ADDRESS: 4267 Messier St., MONTREAL, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO 2652

(2)

DESP. NOV 3 1944

REGN No. 5278

(3)

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

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

(2) Regimental or Official Number and Rank D-63707 PTE.

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

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys ..... Girls .....

Names and ages NIL

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

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

Name NIL

Postal Address
NIL

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

NIL

(11) Is your father alive? YES

If so, state name and address, occupation NIL

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

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

NIL

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

(14) Is your mother alive? YES

If so, state name and address MRS. HERMINE CHICOINE

1717 Fullum St. Montreal Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $60.00 per month

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? 1 brother helping-

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

Full Name Beatrice Chicoine,

Postal Address 1717 Fullum Street Montreal.

Amount contributed monthly during the past six months

in amount stated above-

(18) Are you insured? YES

If so, in what Company? Sun Life Ins. Co. Ltd.
(Give number of policy)

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.

Aurèle Chicoine
(Signature of officer or man)

Date 6-2-42

L. E. Fremond Capt.
Officer Commanding

6-2-42
Date

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.

No _____ Rank Lieutenant Name CHICOINE, Aurele

Unit Fusiliers Mont-Royal Date of death 8th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 602-3-895

N/K Mrs. Albina Chicoine Relationship Mother

Address 4267 Messier Street, Montreal, Quebec.

Remains buried in St. Martin de Fontenay 022604 Cemetery

CHK ✓

Grave location

OVER-

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem
Bretteville-sur-Laize, France.

Grave 12, row F, plot 2.

HI & CR Form Despd. OCT 18 1946

Photographs
Despatched
SEP 25 1947

Temp BR sent to NK & Map

BURIAL REPORT TO N.K. APR 30 1946

RETURN TO BUR. OF STAT. MAY 8 1946

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 1-9-44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK Lieutenant

SERVICE UNIT Mont Royal Fusiliers (C.A.)

NAME CHICOINE, Aurele

DATE OF BIRTH 15th December, 1916

DATE OF ENLISTMENT 6-2-42

MARITAL STATUS Single

RELIGION Roman Catholic

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

NAME ADDRESS D.A.B. Mrs. Albina Chicoine,

ADDRESS 4267 Messier Street, Montreal, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9238 H.Q. 602-3-895

CASUALTY DETAILS Killed in action

DATE 8-8-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? FRANCE YES/NO

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

DATE 21-8-44

DIRECTOR OF RECORDS

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

MM

6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit ~~F.M.R.~~ CA. Gen. List. Regimental Number ~~D-63707~~ Lieut

1. Surname CHICOINE
2. Christian Names Aurele
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Lieut
   giving date 9-10-42

*To be entered in pencil to facilitate alteration.

4. Place of birth St Liboire P.Q. Can
5. Date of birth as declared on attestation Dec 15,1916
   (A)
6. Date of enlistment Feb 6,1942
7. Place of enlistment Montreal South P.Q. Can
8. Residence at time of enlistment 1717 Fullum Street, Montreal, P.Q. Can
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date ~~single~~ N-A
13. Trade on enlistment Office Clerk
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps ~~Lake Sup R(M)~~ Fus M R

Unit (Battn., etc) 1st Bn.

(18) Medical

Category	Date	Authority
"A"	12-1-42	M.F.M.2
A	10-5-43	M.F.M.2

(19) Next of kin (entries to be made in pencil)
Mrs Hermine Chicoine (mother)
#267 Messier St.
Montreal, 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
		6 C I R U	S.O.S. Cdn. Army on embark.	U.K.	13 may 43	Lieut	96 - 24 may 43
		"	T.O.S. Cdn. Army Overseas	"	14 " "	"	" " " "
		"	Disembarked in U.K.	"	22 " "	"	" " " "
		"	Report for duty to 6 C I R U	"	23 may 43	"	96 - 24 may 43
		"	Proceeded to C R U Case #12 Sec 2 & att. f.a.p.				
			to 7 C I R U, period 7 Jun 43 - 3 Jul 43	"	7 Jun 43	"	108 - 7 Jun 43
		"	Off Case fr. C R U Case 12 Sec 2 & ceases				
			att. f.a.p. to 7 C I R U	"	4 Jul 43	"	131 - 5 Jul 43
S.O.S		"	S.O.S. to Lake Sup Regt (auth 99/29/6 C I R U/1 d/28 Jul 43)	"	29 Jul 43	"	152 - 29 Jul 43
28 Jul 43.	6CIRU	L.S.R.	T.O.S. Lake Sup R.(M) Spec Inc.	"	30Jul43.	Lieut.	34 d/3 Jul 43.
13 Sep 43.	2 ECH	L.S.R.	S.O.S. to 6 C.I.R.U.	Field	23Sep43	Lieut.	42 d/13 Sep 43.
		6 C I R U	T.O.S. fr Lake Sup Reg (Spec Inc)	U.K.	24 sep 43	"	203 - 25 sep 43
		"	att. f.a.p. to 9 Fd. Sqn R C E	"	24 sep 43	"	204 - 27 sep 43
		"	Ceases att f.a.p. to 9 Fd. Sqn. R C E	U.K.	10 Oct 43	"	218 - 13 Oct 43
		"	S.O.S. to Royal Regt of Canada (Spec Inc) (auth 99/29/R R of C/1 d/7 oct 43)	"	12 oct 43	"	219 - 14 oct 43
	O.C.	R. Regt C.	T.O.S. Spl. Inc. R. Regt. C. from 6 C I R U	Field	13 Oct 43	"	51 Oct 43
Jan 44	✓	✓	S.O.S. to 6 C I R U - 99/29/RRC/1 date 20 Dec 43	✓	31 Dec 43	✓	1 Jan 44
		6 C I R U	att f.a.p. to Royal Regt of Canada pend. T.O.S	U.K.	31 Dec 43	"	1/44
		"	P.L. 14 days 6-20 Jan 44	"	6 Jan 44	"	7/44
		"	T.O.S. fr Royal Regt of Can. (Spec Inc) - ceases att f.a.p. pend T.O.S.	"	1 Jan 44	"	17/44
		"	Awarded the Can. Vol. Ser Med - class	"	15 Jan 44	"	18/44
		"	S.O.S. to Fus M.R. (Spec Inc) (auth: 99/29/Fus M.R/1 d/ 18 Jan 44.)	"	23 Jan 44	"	19/44
	Fusiliers Mont-Royal		T.O.S. from 6 C I R U - 99/29/FMR/1 " "	✓	24 Jan 44	Lieut	6 d/ 23 Jan 44
	Fusiliers Mont-Royal		S.O.S. from Spec Inc to Off Inc auth FMR C/5502	✓	8 Mar 44	Lieut	7 D/ 23 MAR 44
	Fusiliers Mont-Royal		T.O.S. from Spec Inc to Off Inc " "	"	9 Mar 44	Lieut	12 D/ 23 MAR 44
	Fusiliers Mont-Royal		T.O.S. to X4 List EAS/2430	✓	24 apr 44	Lieut	27 D/ 30 apr 44
1 May 44	X4 FMR	(11 Bn)	T.O.S. from Fus Mont Royal	✓	25 Apr 44	✓	15 - 3 May 44
X4	FMR	11 Bn	att. ~~Camouf~~ C M H Q Camouf 1120				
✓	✓	✓	Sec 3 - 22 May 44 to 3 June 44 (pend. 92)	✓	3 Jun 44	✓	22 - June 44
✓	✓	✓	S.O.S. to 6 C I R U	✓	24 Jun 44	✓	24 July 44
	O.C.	2 C I R U	T.O.S. from 11 Bn 2 C B R G	✓	25 Jun 44	✓	150/044
		"	Att f.a.p. to 1 C I R U	"	29 Jun 44	"	160/44
		"	Ceases att f.a.p. to 1 C I R U	"	20 Jul 44	"	173/44
		"	S.O.S. to X4 List Fus M.R. (Dem. 306 29/11 9 Jul 44)	"	21 Jul 44	"	174/44
X4	FMR	11 Bn	T.O.S. from 2 C I R U	✓	22 Jul	✓	28 - Jul 44
							31 aug 44

Embarked U.K. 29 Jul Disembarked France 30 Jul

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps F.M.R. Regimental Number

Substantive Rank Lieut Surname Chicoine Christian Names A.

Acting Temporary or Local Rank
(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
X4	FMR	10 Bn	SOS to Fus M.R.	France	4 August	Lieut	33-1944
		FusMR	TOS from X-4 List FusMR(10Bn)	Fd	5AUG44	Lt	67d/3SEP44
		FusMR	SOS ~~wef~~ 8AUG44 KILLED IN ACTION	Fd	8AUG44	Lt	67d/3 SEP 44

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 MUCHHELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Chicoine A.

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full.....(b) Reg'l. No.....
2. (a) Arm of service.....Army (b) Unit.....C.A.S.F. (c) Rank.....Pte
3. (a) Date of birth.....16 Dec 1916 (b) Have you any dependents?.....Out (c) Place of residence at time of enlistment.....Hawkesbury, Ont.
4. (a) Place of enlistment.....(b) Date of enlistment.....6-2-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school.....14 (b) Were you attending school or college up to the time of enlistment?.....Non
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.).....11ème Année
7. If you attended a university, give name of university and standing or degree secured.....Non
8. (a) Did you ever enter upon a trade apprenticeship?.....Non (b) If so, for what occupation?.....Non (c) Did you finish it?.....Non (d) If you did not finish it, how long did you serve at it?.....Non
9. (a) What languages do you speak fluently?.....Français Anglais (b) What languages do you read well?.....Anglais Français

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).....En Emploi (b) At time of enlistment of what trade union or professional society were you a member?.....Non

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.....Howard Smith Paper Mills.....Address.....Hawkesbury, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....Moulins à papier
20. (a) Your specific occupation.....Commis de Bureau (b) Number of years' experience at this occupation with any employer.....5 years
21. (a) Did your employer promise definitely to give you employment on discharge?.....Oui (b) Did your employer refuse to promise you employment on discharge?.....Oui (c) Do you wish to return to your former employment?.....Oui

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?..... (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?..... (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?.....Non
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.).....Non
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....Comptable

DATE.....6-2-42.....194..... SIGNATURE.....Aurèle Chicoine

C-6-C-1676

M.F. M 10a
40M—10-40 (7636)
H.Q. 1772-39-1657

VOIR INSTRUCTIONS AU VERSO.

FORMULE DE TESTAMENT

(1) Je, Aurele CHICOINE (Nom au long), de la Ville de Montreal, dans le Comté / District de Hochelaga, Province de Quebec, Commis de bureau (Occupation civile), N° matricule D-63707, Unité F.M.R. C.A., 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 "A ma mere" Mde. Hermine Chicoine, residant a:-

1717 rue Fullum, Montreal Quebec Canada.

Tous mes biens.

Noms et adresse des bénéficiaires résiduaires

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

C.A.A.

(4) Je nomme ..... (Nom)

..... (adresse) exécuteur / exécutrice de mon présent testament.

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

(5) Horace Underwood. Pb
1811 Sicard Ave. Montreal.
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du premier témoin

Melvyde Snow Lar
62 Selby St Westmount P.Q.
(Adresse)

Signature du second témoin

En foi de quoi j'ai signé ce 6 ème jour de February A.D. 19 42

Aurèle Chicoine
(Signature du soldat)

(VOIR AU VERSO)

CONFIDENTIAL

M.F.M. [redacted]
25M—12-42 (7827)
H.Q. 1772-39-1839

OFFICERS' TRAINING PROGRESS REPORT

FOR ACTIVE FORCE OFFICERS ONLY
(See notes regarding use on page 2)

1. Unit: General List 2. Date: March 31st 19 43

3. No. ..... 4. Rank: Lieut 5. Name (block letters): CHICOINE (Surname) MARC-AURELE (Christian)

6. Date of birth: Dec 15-1918 7. Age: 24 8. Permanent Address: 4267 MESSIER-MONTREAL

9. Education and technical qualifications: High school - advance course in mathematics

10. Civil occupation (give brief particulars of last 5 years prior to joining Army): Office Clerk

11. Previous Military Service and Courses: NONE

12. School Cadet? ST-JEROME 13. Boy Scout? ..... 14. Hobbies: Hockey - Tennis - Horse back riding - Baseball
(See Note 3.)

M. A. Chicoine
Signature of Individual

RECORD AT PRE-O.T.C. COURSE OR UNIT

15. Place ..... 16. Date Joined ..... 17. Date Left .....

18. This candidate has successfully completed the course and is qualified for rank of .....

..... and is considered suitable to continue training as an officer in

(arm or service) .....

19. He has shown special ability in .....

20. His grading is ..... (See Note 4.)

Date .....

Signature of Commanding Officer

RECORD AT O.T.C.

21. Place ..... 22. Date Joined ..... 23. Date Left .....

24. This candidate has successfully completed the course and is qualified for rank of .....

..... and is considered suitable to continue training as an officer in

(arm or service) .....

25. He has shown special ability in .....

26. His grading is ..... (See Note 4.)

Date .....

Commandant, O.T.C.

RECORD AT SPECIAL TO ARM T.C.

27. Place FARNHAM 28. Date Joined 12 Sep 42 29. Date Left 9 Oct 42

30. This candidate has successfully completed the course and is qualified for rank of LIEUTENANT

and is considered suitable to continue training as an officer in

(arm or service) Infantry (Rifle)

31. He has shown special ability in N/A

32. His grading is C (See Note 4.)

Date 9 Oct 42

A S Howard Col
Officer Commanding
A-12 C.I.T.C. - FARNHAM, QUE.
Signature of C.O.

RECORD AT BASIC T.C.

33. Place 34. Date Joined 35. Date Left

36. During period at this T.C. was employed as

37. He has shown special ability in

38. His grading is (See Note 4.)

Date

Signature of C.O.

RECORD AT SPECIAL TO ARM T.C.

39. Place FARNHAM 40. Date Returned 10 Mar 43 41. Date Left

42. During period at this T.C. his duties and work consisted of Refresher Course

43. His grading is C (See Note 4.)

Date

A S Howard Col
Officer Commanding
A-12 C.I.T.C. - FARNHAM, QUE.
Signature of C.O.

RECORD OF SCHOOLS OR SPECIAL COURSES

44. School 45. Date Joined 46. Date Left

47. His grading is (See Note 4.)

48. Copy of Report on work at School is attached.
If not, state reason

(See Note 5.)

Signature of Commandant

NOTES FOR USE:—

1. One copy only of the form is to be created.
2. The form will accompany the officer's documents from place to place and will be sent overseas in the case of reinforcement officers.
3. Items 1 to 14 will be filled in by individual reported on.
4. "A"—75% or over (outstanding); "B"—66% to 75% (above average); "C"—55% to 65% (average); "D"—50% to 54%.
   Grading is arrived at by a consideration of all the factors affecting the candidate's qualifications as an all-round officer.
5. Record of other schools or special courses will be appended to this form.
6. This form will not be used as an adverse Report. If a C.O. decides to report adversely on an officer, M.F.M. 242 will be used.

CANADIAN TRAINING SCHOOL
No. 4 (Chemical Warfare) Wing

CMHQ COURSE 1120 Serial 3 (Unit Flame Offrs & Flame NCOs)

NAME Lt M.A. Chicone Date of Course 22 May - 3 Jun 44

UNIT Fus MR/ 11 Bn 2 CBR Gp QUALIFICATION Q 2

REMARKS Qualified to assist with instruction

Obtained 73 %

LEGEND: D - Distinguished
Q1 - Qualified to instruct without supervision
Q2 - Qualified to instruct with supervision
F - Failed

E. Arnason
(E. Arnason) Lt.-col., RCE.,
Officer Commanding,
No 4 (CW) Wing, CTS.

C A (O) Confidential
G-1-5

HISTORY SHEET of OFFICERS

1. Name (Christian) MARC. AURELE
2. Surname CHICOINE.
3. Rank. LIEUTENANT
4. Nationality. FRENCH-CANADIAN
5. Married or Single. SINGLE Med Cat. "A"
6. Date and place of Birth. ST. LIBOIRE - QUEBEC - DEC-15-1917 Age. 26
7. a) Military service (Reserve ..... No ..... Yrs ..... Months
   b) " " (G.O. 139 ..... No ..... Yrs ..... Months
   c) " " Active (Canada) ..... 1 ..... Yrs ..... 3 ..... Months
   d) " " Active (Overseas) ..... Yrs ..... 9 ..... Months
   d) Details. Enlisted as private - sent to ST-JEROME for officers course - then qualified at O.T.C. BROCKVILLE for 2/Lt and at FARNHAM - for Lt - THEN instructing at FARNHAM and ST. JEROME - OVERSEAS = C.R.W. Officers' School - 2 months Lake Superior Regt (M) Field - 1 MONTH - rear party - 9th Can. Fd. Squadron (R.C.E.) 3 months Royal Regt. of Canada (Field)
   f) Courses: Where: Date: Years: Grading:

   O.T.C. BROCKVILLE 17-5-42 to 14-8-42 - 2/Lieut
   A-12 - C.I.T.C - 15-9-42 to 16-10-42 - Lieut
   C.R.W. Officers' School - 6-6-43 to 3-7-43 Q 11
8. Civil Education. High School.
9. Civil occupation Cash-Office Mgr - (Howard Smith Paper Mills Ltd.
10. Comments by Commanding Officer.

Date Jan. 24-44
Signature M.A. Chicoine Lt.

(J.G. Gauvreau) Lt-col.
Officer Commanding,
Les Fus M R - C A(O)