D76611
DEBREYNE
ADRIAN EDWAR

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MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

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.

D76611 Dr Breyne A.E.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
17 DEC 43	✓		4F	capt [illegible]
23 Mar 44	✓		4 F.	A H Ball Capt
11 MAY 44	✓		2 F.	A H Ball Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D76611

Surname (in capitals) DE. BREYNE

Christian Names (in full) ADRIAN EDWARD.

Date of Birth 1 JAN 1918

Place of Birth ST BRUNO-CHAMBLY CO P.Q. CAN.

Trade on Enlistment OFFICE CLERK STOCKEEPER.

Nationality of Father at birth BELGIAN

Nationality of Mother at birth ENGLISH

Religion R.C.

Enlisted at MONTREAL - P.Q. CANADA

Date 4 OCT 1939

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

Signature of Soldier A. E. de Breyne

Signature of Officer [illegible]

Place MONTREAL Date 13 DEC 1939

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	EMILE de BREYNE		582 BIRCH AVE - ST LAMBERT P.Q. CANADA
	Mother	FRANCES MARY de BREYNE		" " " " "
3rd	*Brothers and Sisters	MRS R. DESAUTELS		3727 de l'ORATOIRE AVE., APT. 7, COTE DES NEIGES, MONTREAL, CANADA.
	O	LOUIS DE BRAYNE		ST. BRUNO - CHAMBLY CO P.Q. CAN
	O	CHAS J " "		2226 HAMPTON AVE - MONTREAL
	O	BERNARD " "		LAVAL SUR LE LAC. P.Q. CANADA
	O	ALBERT " "		582 BIRCH AVE - ST LAMBERT. PQ
	Y	ARTHUR " "		" " " " " "
4th	Other Relations (stating) relationship)	MISS A. TINKLER	AUNT	5.24319 P/O de BREYNE, A. NO. 3 F.R.C. R. CAF BOURNEMOUTH
		MRS B. WATTS	COUSIN	402 NUTTON LANE, POTTERS BAR. MX-ENG
				82 RUSSELL RD - FORTY HILL - ENFIELD MX-ENG

*State whether brothers are older or younger.

D7661

Sir Bryne O.6

(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
4/10/39	~~Pte~~	Sub.	"-6	
27/11/40	Cpl	Rating	24/11/42	Pay. Book
~~25 Oct 43~~	~~Cpl~~	~~Confirmed~~	~~25 MAR 43~~	~~L Stacey Capt~~
27 Feb 43	Cpl	Confirmed	#18 27 Feb 43	L Stacey Capt.
18 Jun 43.	A/L/SGT	ACTING	E.O. 25/43	J Bruce Maj
2 OCT 43	4/SGT.	CONFIRMED	E.O. 44/43	L Stacey Capt
25 OCT 43	REVERTS CPL	(OWN REQUEST)	E.O. 47/43	L Stacey Capt
26 OCT 43	A/L/SGT	ACTING	E.O. 47/43	L Stacey Capt.
26 JAN 44	L/SGT	CONFIRMED	E.O. 7/44	L Stacey Capt
11 May 44	Sgt	Acting	5/44	Allcott Capt
11 AUG 44				

(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:—* *

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Qualified in addition as under :—

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Date.....

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

D7661

Sir Bryne A.C.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer

(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
Clerk	C		EO 33	8/4/42	
"	C		To draw	11/9/42	
"	C		Ceases	26/11/42	Pay Book
"	C		To draw	7/11/42	
"	C		CEASES	25 OCT 43 - EO. 47/43	L. Stacey Capt
"	C		TO DRAW	20 JAN 44	L Stacey Capt

D766 11
Dvr Bryne W.6

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
11/9/42		Clerk - Records	Prev. Book

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

12

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
5/10/39	A	Board	
14/11/39	A	Re-examination	Prev. Book
20/11/39	A	Chest x Ray Neg.	

13

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB 3	15/11/39	
TT 1cc	30/11/39	
" 1cc	6/3/40	
" 1cc	30/11/40	
TAB/4	4/1/41	
TABT ½ cc	22/11/41	Prev. Book
" ½ cc	21/11/42	
TABT. ½ cc	12-11-43	[illegible] Capt.
TYPHUS 2 ¼ cc	15-1-44	
TYPHUS ½ cc	22-1-44	[illegible] Capt.
" 1 cc	1-2-44	
Typhus Booster 1cc	5 June 44	R. J. [illegible] Capt.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
28/11/39	Prev. Book
11/9/42	
25 mar 44	J.K. Morrison

(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
Prev. Leave 1	6/8/40	
2	22/10/41	
3	8/6/42	
4	15/5/41	
5	6/10/41	
6	7/1/42	
7	1/5/42	
MW Test Complete	28/6/42	Prev. Book
Q. Cred "		
Prev. Leave	9/7/42	
P.G.Fl.7. 27 May - 3 June 43		[illegible] Capt.
FINGERPRINTED—CAIB		
P10 Fl 8 21 SEP - 30 SEP 43		[illegible] Capt.
P11-Fl 9 4-13 JAN 44		[illegible] Maj
AWARDED THE CDN VOLUNTEER SERVICE MEDAL & CLASP WEF 15 JAN 44	EO. 5 d/31 JAN 44	[illegible] Capt.
MFM 182 ISSUED	2 MAR 44	
Entitled to 1 sil & 3 red ser chev	4 OCT 43	[illegible]
Embarked for France	22 Jul 44	[illegible] Capt.

27/11/1992
[illegible] Byrne O.C.

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Disembarked Home	27-7-44	G. Beatty Capt

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer

D

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 THE ROYAL MONTREAL REGIMENT (M.G.) Regimental Number D76611

		(17) Regiment or Corps	Unit (Battn., etc)
1.	Surname deBREYNE		
2.	Christian Names Adrien Edward	R.M.R. (M.G.)	
3.	*Substantive Rank and Appointment S/Sgt	C.A.C.	32nd Cdn. Recce Regt. (R.M.R.)
	*Acting Temporary or Local Rank		
	giving date 11 AUG 44		
	*To be entered in pencil to facilitate alteration.		
4.	Place of birth St. Bruno, Que.	(18) Medical	
5.	Date of birth as declared on attestation 1st Jan. 1918		
	(A)	Category "A"	Date
6.	Date of enlistment 4th Oct. 1939		
7.	Place of enlistment Montreal, Que.		
8.	Residence at time of enlistment St. Lambert, Que.		
9.	(B) Special conditions (if any) of enlistment or rate of pay		
10.	(C) Any subsequent variations of conditions of service		
11.	Religion Roman Catholic		
12.	If married, state date S	(19) Next of kin (entries to be made in pencil)	
13.	Trade on enlistment Bookkeeper	Emile de Breyne (father)	
14.	Corps, trade and grade	582 Riverside Ave	
15.	(D) Qualifications CLERK "C" 8 Apr 42	St. Lambert Que.	
16.	(E) Miscellaneous entries		
	T/P Clerk "C"	(20) E. Fam. CMHQ 1000-92 Completed — 5 Jul 43	
		(21) E. 11 Jul 44	
		(22) E.	

Authority
Rec/34/Units/363
Restored
d/24 May 43

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
		R.M.R.	Proceeded overseas 6-12-39				
		✓	Arrived in England 18-12-39				
22.8.40		✓	A.W.L. forfeits 1 day pay - 7 days C.B.	England	14.8.40	Pte	Pt II #23
29.10.40		✓	Privilege leave 22.10.40 to 28.10.40	"	22.10.40	Pte	Pt II #47
6.1.41	AFW 3011	✓	Privilege leave 8.1.41 to 15.1.41	"	8.1.41	Pte	#26 d/14.3.41
9 Jul 41	"	"	Privilege leave 15 May 41 to 22 May 41 - no warrant	"	15 May 41	Pte	#59 d/9 Jul 41
			S.O.S. cast Canada		8 Dec 39	"	6 14/1/41
			T.O.S. cast O/S		9 Dec 39	"	" "
			Disembarked in U.K.		18 Dec 39	"	" "
22 Oct 41	"	"	Privilege leave 6 Oct 41 to 13 Oct 41 (W.W.)	"	6 Oct 41	"	83 d/22 Oct 41
27 Jan 42	"	"	Privilege leave 7 Jan 42 to 14 Jan 42 (N.W.) P-6	"	7 Jan 42	"	12 d/13 Feb 42
20 Apr 42	"	"	Having been trade tested (Unit T.T.B.) qualified as Clerk Group "C"	"	8 Apr 42	"	33 d/1 May 42
20 Apr 42	"	"	To draw trades pay Clerk Group "C"	"	18 Apr 42	"	33 d/1 May 42
10 Jul 42	"	"	Priv. leave 9 Jul 42 to 16 Jul 42 P-7	"	9 Jul 42	"	57 d/23 Jul 42
28 Jul 42	"	"	Ceases to draw T.P. as Clerk Group "C" upon being S.O.S. to 1 Cdn M.G.R.U. (on course)	"	18 Jul 42	"	58 d/28 Jul 42
28 Jul 42	S.O.S.	"	S.O.S. to 1 Cdn M.G.R.U. whilst attending C.M.H.Q. course 807 Regtl. Clerks Course (19 Jul 42 to 20 Aug 42)	"	18 Jul 42	"	58 d/28 Jul 42
T.O.S.		1 C.M.G.R.U.	T.O.S. from RMR (M.G.) on C.M.H.Q. #807 Crse. (Regtl Clerks Course) & att'd. C.T.S. fap. (20-8-42)	U.K.	19-7-42	"	108- 5-8-42
		"	Granted tradesmans rates of pay as Clerk group "C" whilst on Course	"	19-7-42	"	108- 5-8-42
		"	Reported from C.M.H.Q. Crse. #807 (Regtl. Clerks Crse.) & ceases att'd. fap. #1. C.T.S.	"	10-9-42	"	130. 12-9-42
S.O.S.		"	S.O.S. on posting to R.M.R. (M.G.)	"	10-9-42	"	131. 15-9-42
17 Sep 42	AFW 3081	R.M.R.	T.O.S. from 1 Cdn M.G.R.U.	"	11-9-42	"	68 d/22 Sep 42
17 Sept 42	"	"	Att'd Cdn Section G.H.Q. 2nd Echelon	"	11-9-42	"	68 d/22 Sep 42
11-9-42	02E	2 Ech	Att to 2 Ech for a.p. from RMR(MG)	"	11-9-42	"	Pt II 45
16-10-42	"	"	To draw Trade Pay C Clerk	"	11-9-42	"	Pt II 51
27 Nov 42	"	"	Ceases att from RMR(MG)	"	26 Nov 42	"	Pt II No 58
30 Nov 42	OC	RMR	Ceases att to GHQ 2nd Echelon	"	26 Nov 42	"	
	"	"	SOS (att as in WE) to 2nd Echelon	"	26 Nov 42	"	Pt II No 78.
	"	"	Ceases trades pay Clerk "C"	"	26 Nov 42	"	
27 Nov 42	02E	2 Ech	TOS (att as in WE) from RMR(MG)	"	27 Nov 42	"	Pt II No 58
27 Nov 42	"	"	To draw trades pay Clerk "C"	"	27 Nov 42	"	Pt II No 58

RECEIVED 15 SEP 1942 Canadian Soldiers Pay Office G.H.Q. 2nd Echelon

Statement of the Service of No. D 76611 Rank

Sheet No. two

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

Name DeBreyne A. E.

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
		Qualified Clerk. Grp "C"	Pte	8 April 42	R M R	U K	33	1 May 42
		Trade tested Qual. to draw T. Pay. Group "C"	"	8 April 42	R M R	"	33	1 May 42
		P/Leave to 16 July 42 (7)	Pte	9 July 42	"	"	57	23 July 42
S O S		S O S to 1 M G R U att'd C M H Q Clerks Course att CTS/FAP	Pte	18 July 42	R M R	U K	58	28 July 42
	T O S	T O S from R M R (MG) on course 807 clerks Cours & att f a p CTS	"	19-7-42	M G R U	U K	108	5-8-42
		Ceases to draw T. Pay on S.O.S. Clerk Group "C"	Pte	18 July 42	R M R	U K	58	28 July 42
		Granted T.P. as clerk Gp C whilst on course	"	19-7-42	1 C M G R U	"	108	5-8-42
		Reported from C M H Q Crse, 807 (Regtl.						
		clerks Crse) and ceases att'd f a p 1 CTS	"	10-9-42	"	"	130	12-9-42
S O S		S O S on posting to R M R (MG)	"	10-9-42	"	"	131	15-9-42
	T O S	T O S from M G R U	Pte	11 Sep 42	M G R U	"	68	22 Sep 42
		att'd F.A.P. to cdn Sec. G H Q 2 Ech.	Pte	11 Sep 42	M G R U 2 Ech	"	68	22 Sep 42
		Resumes T Pay clerk Group C	Pte	11 Sep 42	M G R U	"	51	16 Oct 42
		S O S (att'd as in W.E.) to cdn Sec G H Q 2nd Ech.	Pte	26 Nov 42	M G R U	U K	70	6 Oct 42
							78	30 Nov 42
		Att f.a.p. from R M R (MG)	"	11Sep42	2 Ech	"	Pt II No 45	11 Sep 42
		Ceases att from R.M.R.(MG)	"	26Nov42	"	"	Pt II No 58	27Nov42
		Ceases trades pay Clerk "C"	"	26Nov42	(MGRU) RMR	"	Pt II No	
		T.O.S. (att as in WE) from RMR (MG)	"	27Nov42	G.H.Q. 2 Ech	"	Pt II No 58	27Nov42
		To draw trades pay Clerk "C"	"	27Nov42	"	"	Pt II No 58	27Nov42

Statement of the Service of No. D-76611 Rank

Sheet No. three

DE BREYNE A.E.

Name

M.F.M. 1 & 2 (a)
700 M—8-39 (1607)
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Appointed A/Corporal	Pte	27Nov42	2 Ech	UK	Pt II NO 63	24 Dec 42
		Confirmed in rank of Cpl.	A/Cpl	27 Feb 43	"	"	" 18	16 Mar 43
		SOS to 32 Bdn. Recce R(RMR) (clerk "C")	Cpl.	30 Apr 43	"	"	" 30	30 Apr 43

Statement of the Service of No. D 76611 Rank Pte Sheet No.

Name de BREYNE Adrian Edward

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
		6 P/leave to 14 Jan 42. No W	Pte	7 Jan 42	R.M.R	U.K.	12.	13 Feb 42.
		Qual Clerk Gp "C" by T.T. Board	Pte	8 Apr 42.	R.M.R			
		Trade tested Qual Clerk Gr. C.	Pte	8 Apr 42	RMR	UK	33	1 May 42
		To draw T.P. Clerk Gr. C.	Pte	18 Apr 42	RMR	UK	33	1 May 42
		P/Leave to 16 July 42 (?)	Pte	9 July 42.	RMR	U.K	57	23 July 42
Cert received Qual Q. SOS		SOS 1 MGRU attd CMHQ use 807. Regt Clerks att CTS FAP.	Pte	18 July 42	RMR	UK	58	28 July 42
Trnfr Sent 3.7.42	TOS	T.O.S from RMR	Pte	19 July 42	MGRU.	UK.	108.	5 Aug 42.
		ceases ~~to draw~~ T.P. on SOS. Clerk Gp "C"	Pte	18 July 42	RMR	UK	58	28 July 42
		Granted TP Clerk Gr. C.	Pte	19 July 42	1 MGRU	UK	108	5 Aug 42
Amended D.O. 104	31 Aug 42	Att'd f.a.p. to Records (Auth: ~~R.O. 1864~~ CTS)	Pte	22 Aug 42 / 1 Sep 42 ~~28 Aug 42~~	Records	UK	101	24 Aug 42
		Reported from CMHQ & ceases to be att'd	Pte	10 Sep 42	1 MGRU	UK	130	12 Sep 42.
		Ceases to draw T.P. Gr. C on completion Crse	Pte	10 Sep 42	1 MGRU	UK	131	15 Sep 42
SOS		SOS to RMR	Pte	10 Sep 42	1 MGRU	UK	131	15 Sep 42
	TOS.	TOS from 1 MGRU	Pte	11 Sep 42	RMR	UK.	68	22 Sep 42
		Att'd f.a.p. to Cdn Sec GHQ 2nd Ech.	Pte	11 Sep 42	RMR	UK	68	22 Sep 42
		Resumes T. Pay. Clerk Gp "C"	Pte	11 Sep 42	2nd Ech. RMR	UK	51 / 70	16 Oct 42 / 6 Oct 42
SOS		Cease to be Att. f.a.p. to GHQ. 2nd Ech.	Pte	26 Nov 42	RMR	UK	78	30 Nov 42.
		S.O.S. to Cdn. Sec. GHQ. 2nd Ech.	Pte	26 Nov 42	RMR	U.K.	78	30 Nov 42
	TOS	T.O.S. (ATT. AS IN W/E) FROM R.M.R.	PTE	27 Nov. 42	2nd Ech.	U.K.	58	27 Nov. 42
		Auth. To draw T.P. Clerk, Gp C.	PTE	27 Nov. 42	2nd Ech	U.K.	58	27 Nov. 42

Statement of the Service of No. D76611 Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
700 M—8-39 (1097)
H.Q. 1772-45-18

Name de Breyne, A.E.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Ceases to draw Trades Pay Gp "C"	Pte	26 Nov 42	RMR	UK	78	30 Nov 42
		APPT'd. A/Cpl.	A/Cpl.	27 Nov 42	RMR 2nd Ech	UK	82	23 Dec 42
		Confirmed in rank of Cpl.	Cpl.	27 FEB 43	32 Recce Rgt 2nd Ech	UK	63	24 Dec 42
S.O.S.		S.O.S. on posting to 32 Cdn Recce Reg. Clerk "C"	Cpl.	30 APR 43	2nd Ech	UK	8	25 Mar 43
	T.O.S.	T.O.S. from Can Sec. G.H.Q. 2nd Echelon CLERK (C)	Cpl	1 May 43	32 Cdn. Recce Reg.	UK	30	30 Apr 43
		To be A/L/Sgt.	A/L/Sgt	18 June 43	32 Recce R	UK	15	12 May 43
		To be L/Sgt	L/Sgt	2 Oct 43	32 Recce	UK	25	28 June 43
		Reverts to Rk. of Cpl.	Cpl	25 Oct 43			44	11 Oct 43
		Vacates Clerk. C	Cpl	25 Oct 43				
C87		Appt A/L/Sgt (Non Trds) Can. $1.95 p.D.	A/L/Sgt	26 Oct 43	32 Recce	UK	47	3 Nov 43
C87		To be Lance Sgt	L/Sgt	26 Jan 44	32 Recce	UK	7	7 Feb 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
X C87 SOS.		SOS to 1 C G R U.	L/Sgt	18 Mar 44	32 Recce	UK	15	20 Mar 44
	TOS	T.O.S. from 32 Recce Regt	L/Sgt	19 Mar 44	1 C G R U	UK	79	3 Apr 44
SOS	M31	S.O.S. to Cdn Sect GHQ 2nd Echelon (21 Army Grp)	L/Sgt	19 Mar 44	1 C G R U	UK	79	3 Apr 44
	TOS	TOS from 1 C G R U	L/Sgt	20 Mar 44	2 Ech.	UK	15	25 Mar 44
		Granted Trades Pay Clerk "C"	"	20 Mar 44	"	"	19	15 Mar 44
C86		To be A/Sgt.	A/Sgt	11 May 44	2 Ech Sec GHQ	UK	5	16 May 44

.....Checked.....Card.....Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit Royal Montreal Regt.(MG) Regimental Number D.76611

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname De Breyne
2. Christian Names Adrian Edward
3. Present address 196 Birch Ave. St.Lambert Que.
4. Date of birth Jan.1,1918
5. Place of birth Canada (Country) Quebec (County or Province) St.Bruno (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Book Keeper
8. Married, Widower or Single Single
9. Name of next of kin Emile De Breyne
10. Relationship Father
11. Address of next of kin ~~196 Birch Ave.,St.Lambert Que.~~ SEE CHANGE
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, A.E.De Breyne do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 October 4,1939 Adrian Edward de Breyne (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Adrian Edward de Breyne (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 Montreal this 4th day of October 1939.

.....{Signature of Magistrate, Justice or Attesting Officer.

Capt.Royal Montreal Regt.(MG.).....{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

OCCUPATIONAL HISTORY FORM COMPLETED
FINGERPRINTED

Record of Service of **deBreyne** (Surname) **Adrien Edward** (Christian Names) Regimental Number **D76611**

Qual Clerk. 2p.6 8 apr42

Qualifications

Military: **nil**

Business or Professional: **nil**

Trade or Civil: **Bookkeeper**

Technical: **nil**

Languages: **English and French**

Educational Qualifications

High School or Collegiate: **5 years** (years completed)

Graduation or Matriculation: **nil** (specify)

*College: **nil**

*University: **nil**

Catholic High School

*(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 Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
1332 —		Joined on appointment	Pte.	4-10-39	RMR (MG)	Westm't	Pt. II Order # 26	4-10-39
—		Proceeded overseas		6-12-39				
026-3		Arrived in England		18-12-39				
—		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 8 Dec 39						
1		TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 9 Dec 39 AND DISEMBARKED AT Greenock ON		18 Dec 39	RMR	Fld	6	14 Jan 41
—		AWOL 7 days C.B. Forfeits 1 day pay.	RTG	14.8.40	RMR.	Field	SO 23.	22.8.40
		Granted leave	-	22 to 40 28 10 40	-	-	do 42	29.10.40
		Bridge leave & 16th Jan	Pte.	8 Jan 15	RMR.	Fld	86	14 March 41.
		Mens leave no warrant.	Pte	22 May 41	RMR	UK.	59	9 July 41.
Change of address NOK - (Father)		582 Birch avenue; St Lambert, Que, Canada	Pte		RMR	UK	44	17 Sep 41
		Prov: leave with warrant	Pte.	6 13 Oct 41	RMR	UK.	83.	22 Oct 41.

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

Are you receiving or have you in the past received disability pension or compensation. If so give details . . . . . NO

Date	Brief details and signature
14/11/39	Recommended for Commission
15/11/39	Medical Exam
30/11/39	TAB 3
28/11/39	Vaccination
11-9-42	Vacc.
28-11-42	Vacc
28-11-42	TAB

Chas W. Vining
President
VACCINATIONS, INOCULATIONS, ETC.

CERT
Name in full de BREYNE, A

Part 1. Information obt

1. Age 21 2. Hav
a. Rheumatism
b. Tuberculosis
c. Bronchitis or asthma
d. Heart disease
e. Kidney or bladder disease
f. Gastro-intestinal
g. Rupture
h. Varicose veins
i. Flat or deformed feet

Examiner's remarks re above

Part 2. Information obta

1. Identification marks or scars. (

2. Height 6 feet 2

4. Complexion Medium E

H

6. Chest measurement—Girth on fu

Range of e

7. Vision, right 20-20 left

9. Condition of mouth and teeth

10. The abnormalities (congenital an

Part 3. We, the examiners fin
reported in the remarks. We have e
and Instructions for the medical exa
Special remarks when category lower

CERTIFICATE OF MEDICAL EXAMINATION

Name in full de BREYNE, ADRIAN EDWARD Date 3-10-39

Part 1. Information obtained from the recruit.

1. Age 21 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	j. Nasal trouble	NO
b. Tuberculosis	NO	k. Ear disease	NO
c. Bronchitis or asthma	NO	l. Eye disease	NO
d. Heart disease	NO	m. Epilepsy	NO
e. Kidney or bladder disease	NO	n. Nervous or mental disease	NO
f. Gastro-intestinal	NO	o. Syphilis	NO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

Adrian Edward de Breyne
(Signature of Recruit)

Examiner's remarks re above

Part 2. Information obtained by medical examination. The recruit must be stripped.

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

Nil

2. Height 6 feet 2½ inches. 3. Weight 147 pounds.

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

6. Chest measurement—Girth on full expansion 38½ inches.

Range of expansion 2½ inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right Normal left Normal

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

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

Chas. W. Bysard (President) D Berneau (Member) [illegible] (Member) [illegible] Lt Col

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
14/11/39	Revaccination wt 150 urine Neg. Ears Reflexes. - Cat. A. - K.P.M. Lt.		
20/11/39	Tetanus Toxoid		
15/11/39	TAB. 3		
20/11/39	Tetanus Toxoid		
28/11/39	Vaccination		
	K.P.M. MacLennan Lt.		
11-9-42	Vacc.		
28-11-42	Vacc.		
28-11-42	T.A.B.T.		

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

Are you receiving or have you applied for pension or compensation. If so give details. NO

In the past received, listed, or enlisted in the Naval, Military or Air Forces of Canada

Previously served in the [illegible]

Name and address of next of kin [illegible]

Relationship of address NOK - (Married) 582 Birch Ave Lasalle, P.Q. Canada

Regtl. No. D76611 Rank Surname deBreyne Christian Name Adrien Edward

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)

Regt'l. Number D76611. Last Name de BREYNE. First Name ADRIAN.

CARDS PUNCHED

EDWARD.

Middle Names

C. Sect. 2nd Ech. GHQ

CONFIDENTIAL

Soldiers Qualification Card

Unit ROYAL MONTREAL REGT.

CODED 610

2 Nationality 08 CANADIAN. By Birth ✓ By Naturalization Country of Birth CANADA.

3 Racial FATHER. BELGIUN MOTHER - ENGLISH. 4 5 Language spoken in home: French ✓

9 Origin WESTERN EUROPE. Other English ✓

5 Age 24 5/12. 6 Height 6. 3. 7 Weight 167. 8 Silhouette 1 2 3 ✓

1918 5 Eyes: 9 Colour of GREEN. 1 10 Acuity 1 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects

14 Handedness R L A 15 1 Med Category A.

Cause

Attitude to own health Reasonable. To Medical attention

Health History

16 Education Level: Illiterate E 6. S 12 4 (16) (Grade completed)

Conduct during school life

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. (Course)

At From—To Completed

21 2 (Course)

At From—To Completed

22 3. (Course)

At From—To Completed

Other trades papers Diplomas Certificates or Qualifications JR. MATRIC.

23 Languages: Spoken fluently ENGLISH FRENCH.

02 11 Written well BOTH.

24 Main occupation: Description CLERK. (OFFICE).

4262 7386 INVOICE & STORE-ROOM CLERK. Estimate of skill SKILLED.

Duration (from—to) 1935 - 39. Weekly Wage 22 00.

Employer's Name and Address SINGER. SEWING MACHINE CO. & VICTORIA PAPER & TWINE CO. MONTREAL.

50 "M" Test R

Test	Score	SM	
1	15		S. Tot 45
2	17		SM
3	13.		
4	19		S. Tot 40
5	21.		SM
6	16.		S. Tot 69
7	19		SM
8	34.		
Tot.	154.	SM	Grade C.
9			

51 OTHER MENTAL

Test

Score L. Grade

Date

52 MECHANICAL

Test

Score Grade

Date

52 CLERICAL APT.

Test

Score Grade

Date

53 TRADE TEST

CLERK.

1. Score G. C. Date 18/4/42.

2. Score G. Date

3. Score G. Date

4. Score G. Date

54 OTHER

Test

Score Grade

Date

1 Corps " " "

25 Second Most Important Occupation: Description:

Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

26 Third Most Important Occupation:

Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

Trade Union or Professional Society

Vehicles: 27 Heavy Truck 28 1 Light Truck D. 29 1 Auto D. 30 1 Motorcycle D.

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Accident Prone

Farming Experience: Wide Limited

District Type

Job promised after discharge No. By whom? Name

Address

Other provision for post-discharge occupation

Type of work desired PRO: GOLFER.

Occupational history: Ambitious Accidental

Stable ✓ Erratic

36 Material Status: M S ✓ W D Sep.

2 Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 5. No. Sisters 1.

Position in family 6. 38 No. Dependents 0

Relationship of Dependents

Status of home in childhood Normal.

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) GOLF. (2) TENNIS. (3)

H S Team Games and Position (1)

(2) (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

31 JUL 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 4·10·39. Place Enlisted WESTMOUNT. QUE.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
4·10·39 11·12·39	CANADA	RMR.	D.Coy. HQ PLT.	PTE.	M.G. TRAINING	SAT.
11·12·39 15·5·40	UK.	RMR.	D.Coy. HQ PLT.	"	SECTION-MAN	"
15·5·40 10·9·40	UK.	RMR.	D.Coy 15 PLT	"	SCOUT. - SECTION.	465 "
10·9·40 10·1·42	UK.	RMR.	D.Coy. 15 PLT.	"	DRIVER. 15 CWT	307 "
10·1·42	UK.	RMR.	D.Coy. HQ PLT	"	Coy ODERLY ROOM CLERK	106 "
				A		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization .....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Coy. ORDERLY ROOM. CLERK.	Sat.	23. 6. 42.	Coy. COMM.
106			
170			
465			

55 Type of Service Desired (1) As at present (2) .....

Remarks re Outstanding or Limiting Factors

Dep. Correct.
App. Neat.
Phys App. Broad. G.B.
Disp. Cheerful.
Milit. Sat.
Map R. Sat
Mech. Def.

Would like to take Clerks Ab. Initio Course:- Likes the job he is doing but seeks promotion. Leaves this week to take Clerks Course at C.T.S. Well spoken. respectful.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) Patriotic

48 Suggested Possibilities for Employment (1) .....

(2) .....

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

Other Apt. ..... Pers. ..... Trade Test as CLERK.

Interviewed by L. Allward Lieut. Date 23-6-42.

Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Emile De Breyne,
582 Birch Ave.,
St. Lambert, Que.

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

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

and the following number quoted:—

H.Q. 405-D-17,702 FD.344

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 21, 1944

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

DE BREYNE, Adrian Edward, Sergeant,

D.76611, Canadian Army.

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

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

ESTATES BRANCH DEC 2 1944 H.Q. OTTAWA NATIONAL DEFENCE

C. Stevenson Capt
for Director of Estates.

CS/GC

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		—		
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		Emile de Breyne	58	582 Birch ave St Lambert Montreal 23 P.Q
4	Mother of the Deceased		Frances Mary Finkler	61	Same as above
5	Brothers of the Deceased	Full Blood	Lucio	34	3727 de l'Oratoire ave Montreal apt 7
			Charles	31	307 Monkland Block St Laurent (Montreal)
			Bernard	29	213 Prince Arthur street St Lambert (Montreal 23)
			Albert	28	582 Birch ave St Lambert
			Arthur	23	582 Birch ave St Lambert
		Half Blood			
6	Sisters of the Deceased	Full Blood	(Agnes) Mrs Robert Desaubels	33	St Bruno Chambly County Que
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
		none	

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marria
11	Place and date of his parent
12	Place where deceased was b
13	State, in order, the Province resided before enlistment an
14	Nature of employment befor
15	State whether he owned the so, where situated.
16	Name place where deceased permanent home.
17	Did he leave a Will? If in y
18	If married, and domiciled in t in the U.S.A. or in a Country community of property betwe contract dealing with propert
19	Did he have a Bank, Post Offi give name and address of ban Do you wish it administered
20	Amount of War Savings Certi where located.
21	Amount of Victory Loan Bo whether registered or bearer a
22	If deceased had life insuran payable under each policy an therein.
23	Describe other assets, if any, space on page 4 if necessary.
24	Did the deceased after enlistm (a) His own separate boa (b) Service clothing and e An itemized account for eac hereto, and if same is c "approved" and sign sa particulars.
25	Have you or any other relativ part thereof? If so, att amount paid, and by who
	(NOTE:—The governmen and burial is made Overseas zone, and if a relative has alre authorized in the Regulations by the Government nor is it c

ONS

atives that the deceased ever

MENT

	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

582 Birch ave
St Lambert
Montreal 23 P.Q

same as above

3727 de l'oratoire ave
Montreal apt 7

307 Monkland Blvd
St Laurent (Montreal)

213 Prince arthur street
St Lambert (Montreal 23)

582 Birch ave St Lambert

582 Birch ave St Lambert

St Bruno
Chambly County
Que

Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Adrian Edward
9	Date of his birth.	1st January 1918
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal 8th November 1909

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Bruno, Chambly Co Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Chambly County (c) 21 years (d) 21 years
14	Nature of employment before enlistment.	office clerk
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	no definite plan

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no bank account in Canada
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Father.....of the deceased.

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

.....Emile de Breyne..... {Signature of Informant}

582 Birch ave Ste Lambert Address
Montreal 23

CERTIFICATE

I hereby certify that to the best of my knowledge and belief...Mr. Emile de Breyne,...

See above. .....{Name of informant} is the.....father.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....St.Lambert.....this.....30th.....day of.....November,.....19.44.

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

.....Robert Desaulniers Notary. Qualification.....Notary Public.....

Address.....St.Bruno, Co. Chambly, Que.

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

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

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

5 Charles is in ontario under Military training.
Bernard is with the R C A F overseas, wife
living 213 prince arthur street Ste Lambert.
Arthur F/o with the R C A F, recently returned
from overseas.

16 Adrian Edward lived 19 years in
Ste Bruno. and 2½ years in Ste Lambe
before his enlistment.
Adrian assigned half of his pay to his mother
after he had been 3 months overseas. for the first
3 months overseas half of his pay was held by the
government, that must amount to about 60 dollars
which is still credited to him.

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 De Breyne Adrian Edward
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D 76611

(3) Unit Royal Montreal Regt. (MG)

(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 Emile De Breyne
196 Birch Ave., St. Lambert

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

(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 Francis De Breyne
196 Birch Ave., St. Lambert, Que.

(15) If your mother is a widow, are you her sole or 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.

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?
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? NO If so, in what company?
(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 October 4, 1939 Sgd. Adrian Edward De Breyne
(Signature of officer or man)

Sgd. ??????????

Date October 4, 1939 Officer Commanding The Royal Montreal Regt. (MG)

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.)

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.76611. Rank and Name ..... DeBreyne. A.E. ..... Sgt.

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

(Transfer or Discharge)..... to ..... on 8th. Sept. 19 44.

Reason ..... Death. ..... Authority : C.C.L. "A" 493 d/24th. Sept. 44.

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	143	01
First Monthly Payment AR104 d/10.9.44	35	76	Regimental Pay 30 days @ $2.20	66	00
Casual Payments			Technical Pay 30 days at $ .25¢	7	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	35	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
			Def. Pay Interest.	7	48
To Balance Cr Free	82	23			
To Balance Cr Deferred	70	00	By Balance Dr		
	152	23			
Total	223	99	Total	223	99

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

Remarks : 222,99

Assnd. Pay of $35.00 (M) stopped eff. Oct. 44.

Assnd. Pay of $8.40 (6th V.L.) cancelled eff. May, 44.

1.00 Short

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

ESTATE BRANCH MAY 28 1945 H.Q. OTTAWA NATIONAL DEF.

Compiled by F. Gough.

Checked by [illegible]

Date 19th. May 19 45.

PH.Z.

Certified correct [signature]
for Chief Treasury Officer, Overseas

File No 405-D-17702

R E B U R I A L

NO D.76611

RANK Sergeant

NAME DeBREYNE, A. E.

NAME OF CEMETERY Calais Canadian Military Cemetery

LOCATION OF CEMETERY St. Inglevert, France.

GRAVE LOCATION Plot 1, Row C, Grave 6

AUTHORITY 54-27-88-2 Vol. 18

Reburial list.

Noted OK 2(D)

42

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: DeBREYNE (*Block letters*)

Given names: Adrian Edward

Do not write in this space

4. RESIDENCE

Street: Birch No. 196

Official name of civil municipality or township: St. Lambert

Municipal county: Province: Que.

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): Que.

11. DATE OF BIRTH: January (Month) 1st (Day) 1918 (Year)

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

OCCUPATION

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

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	DeBREYNE, Emile	
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: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 8th (Day), 1944 (Year) 19....

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

and last saw h....alive on....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

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

(b)....

due to

(c)....

II

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

....

....

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

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

(b) Duration of disease....days

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....

OVERSEAS CASUALTY CANADIAN ARMY

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 francais)

Director of Records, Dept. of Natl. Defence

NOV 21 1945

2010

FORM No. 1

Regi[illegible] No. D.19325 Nominal Roll No. D 568

To: P.M.G. H.Q. File No. 405-D-17702

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-76611	SGT.	DeBREYNE	ADRIAN-EDWARD

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 4 OCT 39	T.O.S.	T.O.S.
S.O.S. 8 SEP 44 MD 07	S.O.S. MD	S.O.S. MD
Total Days 1802	Total Days	Total Days

Total Service 1802 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	66	NIL	66
Overseas Service	1736	1	1735
Totals	1802	1	1801
Add Non-qualifying Service			1
Total Service			1802

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 8 SEP 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature [signature]

Checker's Signature [signature]

Date Computed 16 May 45

KILLED IN ACTION 8 SEP 44

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

[signature]

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

Total NIL

Overseas: T.O.S. 9 DEC 39 T.O.S. T.O.S.

S.O.S. 8 SEP 44 S.O.S. S.O.S.

FORFEITS	FR+9	149(1)(a)	14 AUG 40	1	1

Total 1

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Adrian Edward (CHRISTIAN NAMES) De BREYNE (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-19325
FILE NO. 405-D-17702
DATE 11-6-46
SERVICE NO. D-76611
FINAL RANK OR RATING Sgt
DATE OF DISCHARGE 8-9-44

DATE OF TERMINATION OF OVERSEAS SERVICE 8-9-44

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1801 (30) EQUAL TO 60 COMPLETE PERIODS AT $7.50	450.00	
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 1735 LESS 1 INELIGIBLE DAYS, EQUAL TO 1734 DAYS @ 25c. PER DAY	433.50	
	883.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE: PAY $ 2.20; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ $; TOTAL $ 3.70 ×7 = $ 25.90; NO. OF DAYS 1735 (183) ×$ 25.90	245.55	
D. WAR SERVICE GRATUITY	1129.05	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	1129.05	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
GJC	[signature]

TREASURY CHECKED BY	DATE
G. Petitclerc	13/6/46

G. L. Hawkins Capt
SERVICE REPRESENTATIVE

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

[redacted] MBER D.76611 RANK Sergeant SERVICE UNIT Cdn. Sec. GHQ 2 Echelon (C.A.).

NAME DEBREYNE, Adrian Edward

DATE OF BIRTH
DAY 1st MONTH January YEAR 1918 Enlisted: 4-10-39

MARITAL STATUS Single RELIGION--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Emile DeBreyne,

ADDRESS 582 Birch Avenue, St. Lambert, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1216A H.Q. 405-D-17,702

CASUALTY DETAILS Killed in action DATE 8-9-44

FRANCE.

O/S with Roy. Mont. Regt.
S/L 22

12

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

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

DATE 6-10-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

F.T.

F.T.

Mr. Emile De Breyne,
582 Birch Avenue,
St. Lambert, Quebec.

Dear Mr. De Breyne:

It was with deep regret that I learned of the death of your son, D76611 Sergeant Adrian Edward De Breyne, who gave his life in the Service of his Country in the Western European Theatre of War, on the 8th day of September, 1944.

From official information we have received, your son was killed 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,

13

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

EFH

le 17 octobre, 1944.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le sergent Adrian Edward DE BREYNE, matricule D-76611, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 6 septembre 1944.

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

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

Nous rendons hommage au sergent De Breyne pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général intérimaire,

A.C.S. 14-10-44

(A.C. Spencer),
brigadier.

14

amc

M. Emile De Breyne,
582, avenue Birch,
St-Lambert, Québec.

405-D-17702

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: MBR Cdn Sec GHQ 2nd Echelon 21 A Gp. — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 76611 — Rank: Sgt

Surname: DeBreyne — Christian Names: A.E.

Died — Date: 8 Sep 44 — Place: France

Cause of Death*: Killed

Nature and Date of Report: Letter 19 Sept 44

By whom made: Capt. Huyton

* 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: France, small plot at cross roads, Poperghe No 40 M.R. 278746. — Date: 16 Sept 44

By whom reported: A.D. Lollit H/Capt. 8 Cdn Recce Regt

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: Belgium 20 Feb 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Craig Roberts Capt. for Officer i/c Cdn Sec 2nd Echelon H.Q. 21 A Gp.

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

F

CANADIAN MILITARY HEADQUARTERS No. 14124

RECORDS OFFICE

CAA S U A L T Y R E P O R T

NAME (in full) DE BREYNE, Adrian Edward

NO. D-76611 RANK SGT UNIT CDN SECT GHQ 2 ECH 21 ARMY GROUP

HOSPITAL (U.K. only) in which death took place, if applicable

R.U. (U.K.only) to which posted on admission to Hospital

CASUALTY KILLED DATE 8 SEP 44 LIST # A 493 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED MISSING DATE

(L.S. APPLEFORD) Major
Officer i/c R.5.Wing CAS SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete # 2)
2. NAME (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state

   Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) WILL ~~HEREWITH DATED~~ BENEFICIARY
   (Relationship)

   EXECUTOR
   (Name (Address)
2. BANK ACCOUNT - NAME OF BANK, etc. A/C.No.

   ADDRESS
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN
4. Particulars of DEBTS, Remarks, etc.

Date OCT 27 1944

(B.E. WILLAN) Capt.
Officer i/c R.3.Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

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-76611 Sgt DeBreyne A E ..... Dec'd

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 2I Army Group

CHECKED BY ..... A-II7006 Gnr Schwartz M
B-81759 Sgt Graves J G ..... DATE ..... 3 Feb 45

I	Prayer Book. Misc Cards. Snapshot.		

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

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
7 FEB 1945
BRANCH
HEADQUARTERS

MFM 510
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D.76611. Rank and Name DeBreyne. A.E. Sgt.

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

(~~Transfer~~ or Discharge).....to.....on 8th. Sept. 19 44.

Reason Death. Authority: C.C.L. "A" 493 d/24th. Sept. 44.

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	143	01
First Monthly Payment AR104 d/10.9.44	35	76	Regimental Pay 30 days @ $2.20	66	00
Casual Payments			Technical Pay 30 days at $ .25¢	7	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	35	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars):					
			Def. Pay Interest.	7	48
To Balance Cr Free	82	23			
To Balance Cr Deferred	70	00	By Balance Dr		
Total	223	99	Total	223	99

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

Remarks:

Assnd. Pay of $35.00 (M) stopped eff. Oct. 44.

Assnd. Pay of $8.40 (6th V.L.) cancelled eff. May, 44.

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

Compiled by F. Gough.

Checked by

Date 19th. May 19 45.

PH.Z.

Certified correct

for Chief Treasury Officer, Overseas

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DeREYNE, Adrian Edward (b) Reg'l. No. D.76611
2. (a) Arm of service Army (b) Unit 2 Veh H.Q. Formation (c) Rank A/Cpl.
3. (a) Date of birth 1 Jan. 18 (b) Have you any dependents? No (c) Place of residence at time of enlistment St. Lambert Que.
4. (a) Place of enlistment Westmount Que. (b) Date of enlistment 4 Oct. 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Jr. Matric. 12th Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English French (b) What languages do you read well? English French

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) X Working (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

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

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

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

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

18. Name of employer Singer Sewing Machine Co. Address Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Sewing Mach. Mfgs.
20. (a) Your specific occupation Clerk (office) (b) Number of years' experience at this occupation with any employer 4 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Pro. golfer

DATE 17th May 1943 SIGNATURE R. [illegible]

For Officer i/c Records C.M.H.Q.

be made out in duplicate.

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier De Breyne
(Surname first—Christian names in full—Block capitals)
Adrian Edward

(2) Regimental Number No.D.76611

(3) Unit Royal Montreal Regt.(MG)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife x

(*b*) Present postal address of wife x

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

(7) Are you a widower? No x

(8) Have you any children? No x

If so, give number of boys and girls x

Also their names and ages x

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

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

Name x

Postal Address

(SEE OTHER SIDE).

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

If so, state her full name and Postal Address No

(11) Is your father alive? Yes

If so, state name and address Emile De Breyne
196 Birch Ave., St. Lambert

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. No

Also state reason he has no other means of support ✓

(14) Is your mother alive? Yes

If so, state name and address Francis De Breyne
196 Birch Ave. St. Lambert Que.

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

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

Also state reason why she has no other means of support ✓

(17) Are you insured? No

If so, in what Company? x

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.

Adrian Edward de Breyne.
(Signature of officer or man)

Date October 4, 1939

OCT 16 1939

Date October 4, 1939

J. E. Russon
Officer Commanding
THE ROYAL MONTREAL REGIMENT (M.G.)

8-9-44

AWARDS—CANADIAN ARMY (ACTIVE) M 1762

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
DeBREYNE, Adrian Edward	D.76611	Sgt.	Can.Sec.GHQ 2 Ech.

FILE No. 405-D-17702

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star ~~D~~efence Medal War Medal CVSM with Clasp	8763 29/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO 2185

(1) MEDALS

PERSON

ENTITLED TO Mrs. Francis Mary DeBREYNE (MOTHER) (29-10-49)

ADDRESS: ~~578~~ Birch Ave.,
St. Lambert, Que.,
Montreal 23, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Francis DeBreyne (FRENCH)

1762

ADDRESS: 582 Birch Ave., St.Lambert, Que.,

(3)

DESP. JAN 4 1945
REGN No. 10221

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.76611 RANK Sergeant SERVICE UNIT Can. Sec. GHQ 2 Echelon (C.A.).

NAME DEBREYNE, Adrian Edward

DATE OF BIRTH DAY 1st MONTH January YEAR 1918 Enlisted: 4-10-39

MARITAL STATUS Single RELIGION--Roman Catholic

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

ADDRESS 582 Birch Avenue, St. Lambert, Quebec.

NAME ADDRESS D.A.B. Mr. Emile DeBreyne,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1216A N.Q. 405-D-17,702

CASUALTY DETAILS Killed in action DATE 8-9-44

FRANCE.

O/S with Roy. Mont. Regt.
S/L 22

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

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

DATE 6-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No D.76611 Rank Sergeant Name de BREYNE. Adrian Edward

Unit _____ Date of death 8th Sept., 1944.

Died at France.

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-D-17702

N/K Mr. Emile deBreyne. Relationship Father.

Address ~~582~~ 578 Birch Avenue, St. Lambert, Quebec.

Remains buried in France small plot at cross roads Cemetery
Popergine No 40 M.R. 278746

Grave location _____

CHK ✓

OVER

BURIAL REPORT TO N.K. NOV 13 1945

RETURN TO BUR. OF STAT. NOV 21 1945

ROYAL MESSAGE DESP'D. OCT 19 1944

CAN. MESSAGE DESP'D. OCT 13 1944

Temp BR sent to NK

H & C

Photographs

Despatched

OCT 16 1947

REBURIAL

St. Inglevert Can. Mil. Cem.,
St. Inglevert, France.

Grave 6, Row C, Plot I.

CR Form Despd. OCT 24 1946