D77
BENDIT
JULIUS

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FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

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

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

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) Bendit JULIUS (b) N° matricule D-77
2. (a) Arme Army (b) Unité H.Q. Sqn. Arm. Div. (6H) (c) Rang Trooper
3. (a) Date de naissance 3rd Oct 1911 (b) Avez-vous des personnes à votre charge? Yes (c) Domicile au moment de l'enrôlement 280 Bernard Ave. West Montreal Que. Can
4. (a) Lieu d'enrôlement Montreal South. Que. Canada (b) Date d'enrôlement 2nd May 1941

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 13 (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 6 Years
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No.
8. (a) Êtes-vous déjà entré en apprentissage? NO (b) Si oui, dans quel métier? N/A (c) Avez-vous complété votre apprentissage? N/A (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? N/A
9. (a) Quelles langues parlez-vous couramment? Jewish-German, French-English (b) Quelles langues lisez-vous facilement? English

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) EMPLOYED (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? NONE

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

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

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

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

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

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

18. Nom du patron LEVITT WOODHOUSE CO Adresse 105 STE Catherine St East Montreal Que. Canada.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.)
20. (a) Genre précis de votre occupation Truck Driver. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 12 Years.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? YES (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? NO (c) Désirez-vous retourner à votre ancien emploi? YES.

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

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

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? MAYBE (b) Vous croyez-vous apte à exploiter une ferme? YES (c) Si oui, dans quel genre de culture? POULTRY
25. (a) Êtes-vous né sur une ferme? Yes (b) Nombre d'années d'expérience effective dans la culture? 5 (c) Dans quelles provinces avez-vous acquis votre expérience? Austria.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) N/A
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule My Intention would be to learn Electrical Mechanics.

DATE 2nd May 1941. 194.... SIGNATURE J Bendit

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Sabina BENDIT,
c/o Mrs. Geiger, Box 396,
St. Agathe, Des Monts,
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-B-6001 FD-89

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 18, 1945

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

BENDIT Julian Tpr.

D-77 Can. 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 MAY 1 194[illegible] H. Q. OTTAWA NATIONAL DEFENCE

Chas Smith Col.

Director of Estates.

WRH/HS

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.....				
4	Mother of the Deceased.....		Mrs. Sabina Benoit	60	Box 396 - Ste Agathe Des Mont Yo Mrs. Geiger
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Rose Benoit Nathanson	23	3830 Drolet St. Montreal, Quebec.
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Julius Bendit
9	Date of his birth.	Sept. 24, 1913
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Austria
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) montreal (c) (d)
14	Nature of employment before enlistment.	chauffer
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Not known

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?	not married
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. no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Maccabees amount $3,000 Mrs. Sabina Bendit mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
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.	

(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

*Mother of the deceased.

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

Mrs Sabina Bendit ..... Signature of Informant

Ste Ste Agathe des Monts ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Sabina Bendit (Name of informant) is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Ste Agathe des Monts this 21st day of April 19 45

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

FOR BANK OF MONTREAL
1-2138 Ste. Agathe des Monts, Que.

Qualification Manager

Address Ste Agathe des Monts, PQ

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

Received DEC 8 1941 Checked E Card ...mmg... Observations

ORIGINAL
DUPLICATE
TRIPLICATE

PEI

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

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

Unit H.Q. Sqn Arm Div (6 H) A.F. Regimental Number D-77

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

WSG COMPLETED

01

01
TPR

1. Surname BENDIT
2. Christian Names Julius
3. Present address 280 Bernard Ave., West, Apt 2, Montreal Que., Canada
4. Date of birth 3 October 1911
5. Place of birth Austria (Country) (County or Province) Sadaura (Town or Township)
6. Religion (state denomination) Hebrew
7. Trade or Calling Driver Mechanic
8. Married, Widower or Single Single
9. Name of next of kin Mrs Sabina Bendit
10. Relationship Mother
11. Address of next of kin 280 Bernard Ave., West, Apt 2, Montreal Que., Canada
12. Do you belong to, or have you served in the Active Militia of Canada? Yes ~~No~~
    6 A. D.C.R.C.H. R.F. Aug. 6th 1940 to Date
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? No (Yes or No)
    (If Yes, Give Regimental No. and Unit)
    (b) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

CHANGE VERIFIED.
HQ. I.C. DIV. D.O.
32 d/ 14 Aug 43.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, JULIUS BENDIT 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 2 May 1941 J Bendit (Signature of recruit)

Witness J.W. Brennan Lieut

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J Bendit (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 South Que this 2nd day of May 19 41

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

NO. 4 DISTRICT DEPOT, A.F. Office or Rank and Unit or Appointment.

May

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

M17

Record of Service of BENDIT (Surname) JULIUS (Christian Names) Regimental Number D-77

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: Driver Mechanic

Technical: nil

Languages: English, French, German, Russian

Educational Qualifications

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

6 yrs public schooling.

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment						
2-5-41	DRO	No 4 District Depot A.F.	TPR	2-5-41	4 DD	Mtl South	4DD Pt II No 103	2-5-41
12-6-41		PROCEEDED ON COMMAND TO A.A. L.M.G. T.C. POINT PETRE, ONT.	"	11-6-41	"	"	" " 138	12-6-41
16-6-41		CEASES TO BE ON COMMAND TO A.A. L.M.G. T.C. POINT PETRE, ONT. POSTED TO 4DD. MTL. SOUTH	"	15-6-41	"	"	" " 141	16-6-41
~~25-6-41~~		~~POSTED TO HIS UNIT CAMP BORDEN ONT~~	~~"~~	~~25-6-41~~	~~"~~	~~"~~	~~" " 149~~	~~25-6-41~~
~~26-6-41~~		~~FROM HQ-1/CAD ATT. to A8-CACATC FOR PAY~~		~~26-6-41~~	~~1/CAD~~	~~BORDEN~~	~~A8-CACATC DO 141~~	~~30-6-41~~
25-6-41	0001	POSTED TO HIS UNIT AT CAMP BORDEN ONT.	"	25-6-41	"	"	" " 149	25-6-41
1-7-41 ~~30-6-41~~	—	T.O.S. 6TH. H. HQ. SQN. 1CAN. ARM. DIV.	"	26-6-41	(6H) HQ.SQN.1CAD.	BORDEN	SQN. HQ. 6H 1CAD 1	1-7-41 ~~30-6-41~~
30-6-41	—	ATT. TO A8-CACATC FOR PAY	"	"	"	"	A8-CACATC 141	30-6-41
11-7-41	—	THE 1CAD. IS NOW KNOWN AS THE 5TH. CAN(ARM)DIV?	"	11-7-41	5TH.C.(A).D.	"	(6H) HQ.SQN.1CAD.	11-7-41
16-7-41	/	CEASES TO BE ATT TO A8- CACATC FOR PAY	"	16-7-41	"	"	A8-CACATC 155	16-7-41
21-7-41	—	ATT. TO HQ. SQN. (6H) 5TH. CAN.(ARM)DIV. FOR PAY	"	"	"	"	(6H) HQ.SQN 5TH.C.(A)D. 8	21-7-41
28-11-41		S.O.S. CA (Canada) on embarkation at Halifax on 13 Nov 41	"	13-11-41	"	Halifax	" " " DO-1	28-11-41
28-11-41		T.O.S. CA (Overseas) on transfer on 14 Nov. 41 and disembarked at Liverpool on 24 Nov 41	"	14-11-41	"	—	" " " DO-1	28-11-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....BENDIT JULIUS.....

Place..... Date.....APR. 21st. 1941.....

Part 1. Information obtained from the recruit.

1. Age....29..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism.....NO.....
b. Tuberculosis.....NO.....
c. Bronchitis or asthma.....NO.....
d. Heart disease.....NO.....
e. Kidney or bladder disease.....NO.....
f. Gastro-intestinal.....NO.....
g. Rupture.....NO.....
h. Varicose veins.....NO.....
i. Flat or deformed feet.....YES MODERATE.....
j. Nasal trouble.....NO.....
k. Ear disease.....NO.....
l. Eye disease.....NO.....
m. Epilepsy.....NO.....
n. Nervous or mental disease.....NO.....
o. Syphilis.....NO.....
p. Gonorrhoea.....NO.....
q. Have you ever worn glasses?.....NO.....
r Are you now or have you in the past received disability pension or compensation? If so, give details.....NO.....

J Bendit
Signature of Applicant

COLOR VISION ISHIHARA (CDU)
EARS AND REFLEXES NORMAL.
ALSHIHARA E MAJ.

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

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

3 vacc. left arm.

C.SAINT PIERRE LT.COL.
URINE N
APR 22 1941
X-RAY 76246N

2. Height....5....feet....½....inches. 3. Weight....137....pounds.

4. Complexion....MED.....Eyes....BLUE.....Hair....BROWN.....

5. Development....GOOD.....Good / Fair / Poor

6. Chest measurement—Girth on full expansion....37....inches.

Range of expansion....4....inches.

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

9. Condition of mouth and teeth....Several MW carious & missing teeth.....

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

Fallen arches. NU complaints.

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

Special remarks when category lower than A.....

H.AUBRY MAJ — President
W.PATTERSON MW MAJ. — Member
J.M.ROUSSEL CAPT. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAY 3 '41	TAB H Muacey Capt		
12-5-41	H P M.		
30-5-41.	3 H P M.		
MAY 3 '41	VACCINATION H P M.		
MAY 3 '41	TETANUS TOX 1cc H P M.		
19-6-41.	TETANUS TOX 1cc		
23-9-41	Re. Exam. Cat A" Confirmed		
20.8.42	TABT ½ c.c.		

PR

Regtl. No. [redacted] D-77 Rank [redacted] Surname BENDIT Christian Name JULIUS

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)

405-B-6001

SUPPLEMENTARY

FIELD SERVICE In lieu of Army Form B.2090A

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

REGIMENT OR CORPS 15 Aux Ser Sec Squadron, Troop Battery or Company

Officer's Personal No (if known) Soldier's Army No B77 Rank Tpr

Surname BENDIT Christian Names J.

Died Date 27 Jul 44 Place

x

Cause of Death Presumed Killed

Nature and Date of Report RAB CAS 1390 20 Mar 45

By whom made Can Rec

x

Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial Place BURIAL PARTICULARS NOT AVAILABLE Date

By whom reported

State whether he leaves a Will or not

(a) in Army Book 64 No.

(b) as a separate document Not Rec'd

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 deceased officer or soldier of his wishes as to the diposal 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 17 Apr 45

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

F

8/55B CFA 339
40/P & S/3040 (7255)

No. 24291

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) BENDIT JULIUS

No. D-77 Rank TPR Unit RFT DEPOT CAC.

Hospital (UK only) in which death took place, if applicable .....

RU (UK only) to which posted on admission to hospital .....

Casualty PRES KILLED Date 27 JUL 44 List No. "A" 556 Place AEF

If PW or Interned; Number and Address .....

Previously reported MISSING "A" 476 Date .....

[signature]
OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)

2. Name (in full) .....

   Relationship ..... Address .....

   .....

3. Any relatives in UK from MFM 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 .....

   .....

   .....

MAR 24 1945

Date .....

[signature]
OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL — With will, if any to OIC Estates, CMHQ.
DUPLICATE — To file.

405-B-6001

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BENDIT ~~Jules~~ JULIUS

RANK Tpr.

UNIT REINF. DEPOT C.A.C.

PLACE & DATE OF BIRTH SADAGRA, AUSTRIA 3 Oct.1911

REGTL NO. D.77

NEXT OF KIN & ADDRESS MOTHER

Mrs. Sabina BENDIT
280 Bernard Ave, West
Apt. 2 MONTREAL QUEBEC.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 27 Jul44

PLACE OF DEATH **No information available.**

HRS

CAUSE OF DEATH Previously Missing now PRESUMED KILLED.

PARTICULARS OF BURIAL.

DATE OF BURIAL

CEMETERY

PLOT NO ROW NO GRAVE NO

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

DATE **12 September 1945**

for **(M. BLUTEAU) Capt.**
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank.....BENDIT. Julius.....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank....Tpr. D-77.....

(3) Unit.....H.Q.Sqn Arm Div (6H) AF.....

(4) Are you married?.....NO.....

(5) If married, state,

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

.....

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

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

.....

(7) Are you a widower?.....NO.....

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

Names and ages.....N.A.....

.....

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

.....

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

Name.....N.A.....

Postal Address.....N.A.....

.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....N.A.....

.....

.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Mr. Max Bendit.....

.....Unknown.....

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

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

.....

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Sabina Bendit.

.....280 Bernard Avenue West Apt 2 Montreal Que Canada.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....20.00 Per week.....

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?.....No one else to assist.....

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

If so, state the following particulars:—

Relationship.....N.A.....

Full Name.....N.A.....

Postal Address.....N.A.....

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

.....

(18) Are you insured?.....Yes.....

If so, in what Company?.....The Macabees.....
(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.

J. Bendit
.....
(Signature of officer or man)

Date....2 May 1941.....

C. Williams
.....
Officer Commanding.....

Date.....2 May 1941.....

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.

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D77 Rank and Name BENDIT J. Tpr.

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

(~~Transfer~~ or Discharge)..... to..... on 27th July. 19 44.

Reason Death Authority : C.C.L."A" 556 d/18th March.1945.

The following is a statement of the account of the above-named from 1st.July. to 31.July. 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	65	97
First Monthly Payment AR1d)8.7.44.	22	46	Regimental Pay 31 days at $ 1.50	46	50
Casual Payments AR7 d/14.7.44.	8	94	Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) : AR d/23.7.44	2	24			
To Balance Cr — Free	58	83	By Balance Dr		
To Balance Cr — Deferred					
Total	112	47	Total	112	47

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

Remarks

Assnd Pay $20.00 (M) Stopped eff August.1944.

Assnd Pay $8.40 (6th.V.L.) Cancelled eff May.1944.

Compiled by D.P.Maloney.

Checked by J. Ireland

Date 1st.May.1945. 19

Certified correct D. Fowley
for Chief Treasury Officer, Overseas

MW.

2228

FORM No. 1

Register No. C.D 1598 Nominal Roll No. D-581

H.Q. File No. 405-B-6001

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D77	Tpr	Bendit	Julius

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 2 May 41	T.O.S.	T.O.S.
S.O.S. 27 July 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1183	Total Days	Total Days

Total Service 1183 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	196	nil	196
Overseas Service	987	nil	987
Totals	1183	nil	1183
Add Non-qualifying Service			nil
Total Service			1183

EMBARKATION DETAILS: T.O.S. 14 Nov. 41

1. Date S.O.S. Overseas 27 July 44 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature Lt C.A. Nadeau

Checker's Signature D. Bassett

Date Computed 14 June 45

DIED WHILST IN SERVICE 27 July 44

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

for 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. 14 nov 41 T.O.S. .... T.O.S. ....

S.O.S. 27 July 44 S.O.S. .... S.O.S. ....

				Total	NIL

CD1598

APPLICATION FOR WAR SERVICE GRATUITY BY DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the undermentioned deceased member of the Canadian Army.

(a) Surname BENDIT

(b) Christian Names JULIUS

(c) Regimental No. D-77

(d) Rank at time of decease TPR.

RECEIVED APR 4 1946 PAYMASTER GENERAL W.S.O. Branch

2. Please indicate below whether application is made as a dependent or otherwise by striking out the sentence which does not apply.

(a) I am applying as a person who was dependent upon the above named soldier and to whom pay was assigned by him. _____

(b) ~~There being no person dependent upon the above named I request that the War Service Gratuity form part of the soldier's estate and be distributed accordingly.~~ _____

3. I hereby submit the following particulars in support of my application:-

(a) Surname BENDIT

(b) Christian Names SABINA

(c) Relationship to deceased MOTHER

(d) Address in full MRS. SABINA BENDIT
% MRS. MINA GEIGER
Box 396 STE. AGATHE DES MONTS
Quebec.

Yours truly,

Date March 30/46.

Sabina Bendit
(Signature of Applicant)

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Julius (CHRISTIAN NAMES) BENDIT (SURNAME)

REGISTER NO. D-21228
FILE NO. 405-B-6001
DATE 12-4-46

PAYEE: Mrs. Sabina BENDIT,
ADDRESS: c/o Mrs. Mina Geiger, Box 396, Ste. Agathe des Monts, P.Q.

SERVICE NO. D-77
FINAL RANK OR RATING Tpr.
DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-44
DATE OF DISCHARGE 27-7-44

A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1183/30 EQUAL TO 39 COMPLETE PERIODS AT $7.50		$ 292.50
B. QUALIFYING OVERSEAS SERVICE No. of Days 987 LESS 13 INELIGIBLE DAYS, EQUAL TO 974 DAYS @ 25c. PER DAY		243.50
		536.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83 TOTAL $ 3.58 X7 = $ 25.06 NO. OF DAYS 987/183 X$ 25.06		135.16
D. WAR SERVICE GRATUITY		671.16
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		671.16

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

AT

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
KBM	

TREASURY

CHECKED BY	DATE
L. Petitclerc	16/4/46

E. O. Rentauschat
SERVICE REPRESENTATIVE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (WESTERN EUROPE)

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: BENDIT (Block letters)

Given names: Julius.

Do not write in this space

4. RESIDENCE

Street: Bernard Ave. W., No. 280

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Austria.

11. DATE OF BIRTH: October (Month) 3rd (Day) 1911. (Year)

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

OCCUPATION

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

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		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Body not recovered.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 27th (Day) 1944. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

Immediate cause

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

(a) For official purposes

due to presumed Killed in action.

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

(b)....

due to

(c)....

II

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

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

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

(b) Duration of disease....days

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

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

[signature] C.S.

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

OCT 25 1946

File No. 402-B-6001

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. S-77 Name Benoit Julius

Rank on Discharge Spr. Date of Discharge 27 July 44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 2 May 41	to	13 Nov. 41	
	from	to		
United Kingdom	from 14 Nov. 41	to	24 June 44	
	from	to		
Italy	from 25 June 44	to	27 July 44 (killed in action)	
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok ✓

---------- ----

Italy Star ok ✓

~~France-Germany Star~~ ----

Defence Medal ok ✓

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓ Fw

with Clasp ok

M

N.R.D.

Verified by Gaspette Labrèche

Date 7 June 46

Carded JUN 8 1946

HA 165

405-B-6001.

1 November, 1946.

Mrs. Rose Nathanson,
c/o Paull,
7280 Quebec Ave., Apt. 2,
Montreal, Que.

Dear Mrs. Nathanson:

Your letter of the 17th ultimo addressed to The Editor, Montreal Daily Star, has been referred to this Headquarters for reply insofar as it refers to the death of your late brother, D-77, Tpr. Julius Bendit.

Official information now available indicates that your late brother was proceeding from the United Kingdom to France on the night of 26th-27th July, 1944. The ship in which he was a passenger was torpedoed by an enemy "E" boat, at approximately 1 a.m. 27th July, and to date your brother's remains have not been recovered for burial.

As no further information was received concerning your brother since he was reported missing on the 27th day of July, 1944, the Army Council was regretfully constrained to conclude that he gave his life in action against the enemy and he was, for official purposes, presumed to have been killed in action on the 27th day of July, 1944.

All Canadian Army personnel who were reported missing in action have now, for official purposes, been presumed killed in action. However, the remains or graves of approximately 650 Officers and Other Ranks are still unaccounted for. It is regretted that the Press report concerning Canada's war casualties was rather misleading as it inferred that the remains or graves of all missing Canadian Army personnel had been accounted for by search parties.

Yours very truly,

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

GR:OC

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

Register No. C.D. 1598

File No. 405-B-6001

WAR SERVICE GRANTS ACT 1944

Ottawa Feb. 6th, 1946

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

Service No. D-77

Name Juliuis, Bendit,
Christian Name Surname

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

K. W. Rice

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

Names, address and relationship of persons in receipt of D.A. and amount of monthly award.

Name	Amount
Mrs Sabina Bendit	25 00

If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.

Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.

Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.

12/2 1946

L Bureau

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

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

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

194

for C.T.O.

Re... and Instructions
o... commencing to

WILL

M.F.M. 10[illegible]
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, JULIUS BENDIT (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga,

Province of Quebec, Driver Mechanic (Civil Occupation)

Regimental No. D-77, Unit H.Q. Sqn Arm Div (6H) AF do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto My Mother Mrs Sabina Bendit residing at 280 Bernard Avenue, in the City Of Montreal, Que Canada, all of My Estate Both Real and Personal.

JB

Relationship, names and address of residuary beneficiaries.

JB

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

(4) I appoint (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 2nd day of May 1941

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

J Bendit
(Signature of soldier)

First witness sign here.

(5) Signature George Bryden Pte -
Civil Address 3563 Durocher St - Montreal Que
Civil Occupation Actor

Second witness sign here.

Signature David Sinclair Pte
Civil Address 3218 Rosemount Blvd. Montreal.
Civil Occupation Mail Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

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

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

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

1-12-41 to 30-6-42

VERIFIED
28/9/42 DATE ..... BY DB

MILITIA BOOK M. 1

Part II

10M—5-40 (5202)
(H.Q. 1772—39-1672)

CANADIAN MILITIA

Soldier's Pay Book

(For use on Active Service)

Number D 77

Surname (Capitals) BENOIT

Christian Names in full JULIUS

Unit 24 Sqn Corps Det
(6 H) C.A.S.F.

PARTICULARS OF FAMILY, ETC.

1. State whether married, widower or single:

Single.

2. If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier: (see also page 40.)

Mrs Sabina Bendit. (mother)
280 Bernard ave apt 2 Montreal
Que Canada.

3. If married after enlistment, state date of marriage:

4. Assignment of pay: Date effective:

$ 20 00/xx June 1941

$

$

5. Name and address of assignee: (mother)

Mrs. Sabina Bendit.
280 Bernard ave apt 2 Montreal
Que Canada

6. Any change of assignee:

7. Dependents allowance, payable to:

(Relationship)

Original unit in which enlisted:

HY Synarm Div (6 H)

Regimental Depot:

Unit in field:

Regimental Number:

D77.

Name in full (surname first):

BENDIT.
JULIUS.

Date of Attestation:

2 May 1941

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Unit	Signature of Officer
2-5-41	T. O. S.	4 D 19 103	44 Sqn Armd Div 6 F.	E. E. Gaul Lt.

6

DAILY RATES OF PAY AND ALLOWANCES

Pay		Field Allowance		Additional Pay		Total Daily Rate		Date effective	Signature of Paymaster
$	c.	$	c.	$	c.	$	c.		
1	30					1	30	2-5-41	E. E. Gaul Lt.

2

Soldier's Signature L Benoit

Book opens on 1-12-41 Balance Cr. ~~or Dr.~~ $ 8.00

E. E. Grant Paymaster.

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay	Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
			Local Currency	Canad'n Currency			Debit	Credit	
1-12-41	Bal Fwd PAY NOV BAL.	8 00						8 00	E. E. Grant Lt.
1-12-41	AR#4	—	1 10	6 71	—	—	—	1 29	E. E. Grant Lt.
1-12-41	Dec Pay	40 30	—	—	20 00	—	—	21 59	E. E. Grant Lt.
15-12-41	AR#16		2 10	11 18		—	—	10 41	E. E. Grant Lt
23-12-41	AR#30		1 —	4 47			—	5 94	E. E. Grant Lt
23-12-41	AR#27	—	1 —	4 47	—	—	—	1 47	E. E. Grant Lt.
Jan Pay		40 30	—	—	20 00	—	—	21 77	E. E. Grant Lt
Jan. 6-42	AR#3.		2 10	11 18			—	10 59	E. E. Grant Lt
Jan 30	AR#43		2 —	8 94				1 65	E. E. Grant Lt.
	Totals Carr'd Forward	88 60		46 95	40 00			1 65	

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay
Jan/42	Totals Br't Forward	1 65			
Feb	Pay	36 40			20 00
" 13	AR #51		2 -	8 94	
" 28	AR #59		2 -	8 94	
Mar	Pay	40 30			20 00
" 13	AR #69		2/0/3	9 00	
"	MFC 513			1 81	
"	MFC 513			20	
Apr	Pay	39 00			20 00
" 15	AR #7		3/-	13 41	
May	Pay	40 30			20 00
" 5	AR #18		5/-	22 35	
	Totals Carr'd Forward	157 65		64 65	80 00

Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
		1 65	E E Grove Lt.
		18 05	E E Grove Lt.
		9 11	E E Grove Lt.
		17	E E Grove
		20 47	E E Grove
		11 47	E E Grove
		9 66	E E Grove
		9 46	E E Grove
		28 46	E E Grove
		15 05	E E Grove
		35 35	E E Grove
		13 00	E E Grove
		13 00	

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
May 12	Totals Br't Forward	13 00			
" 30	AR #27		2/10	11 18	
June	Pay	39 00			20 00
"	Boom 5.3			10	
June 13	AR #31		2/10	11 18	
" 30	AR #38		2/-	8 94	
		52 00		31 40	20 00
	Totals Carr'd Forward				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
		13 00	E E Stone
		1 82	E E Stone
		20 82	E E Stone
		20 72	E E Stone
		9 5½	E E Stone
		60	E E Stone
		✓	

IM

DISTRIBUTION OF SERVICE ESTATES

ARMY

Estates Form "P. 4"

Name: BENDIT (Surname) Julian (Christian Names) No.: D-77

TPR. (Rank) C.A. O/S. (Unit) 27-7-44 (Date of Death)

AMOUNT

L.P.C. $ 58.83

Date: 20-7-45

Other Credits.....

Total..... 58.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Sabina Bendit, % Mrs. Geiger, Box 396 ST. AGATHE DES MONTS, Que (Sole beneficiary under will)	58.83

P.4. TO TREAS. 21-8-45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	58.83

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

405-B-6001
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.77, Trooper Julius BENDIT, of the Canadian Armoured Corps, Canadian Army, was reported missing in action on the 27th of July, 1944, and no further information concerning him being available he is for official purposes presumed to have been killed in action on that date.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
May 1st, 1945.

41

6th April, 1945.

Mrs. Sabina Bendit,
c/o Mrs. Geiger,
Box #396,
Ste. Agathe Des Monts, Quebec.

Dear Mrs. Bendit:

I deeply regret to inform you that no further news has been received relative to your son, D77 Trooper Julius Bendit, who has been officially listed as missing since the 27th day of July, 1944.

The Army Council have been regretfully constrained to conclude that he gave his life in action against the enemy in the Western European Theatre of War, and it is consequently being recorded that D77 Trooper Julius Bendit is now for official purposes presumed to have been killed in action on the 27th day of July, 1944.

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,

A. E. WALFORD
Major - General
Adjutant - General

APR - 6 1945

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

Mem. x Mother
12-4-45

35

27-7-44

AWARDS—CANADIAN ARMY (ACTIVE)

(1914) M 500M—1-44 (3467) H.Q. 1772-45-8 FEB.

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BENDIT, Julius	D.77	Tpr.	5th Can.Armd.Div.

FILE NO. 405-B-6001

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal CVSM & Clasp	2717 17-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Sabina BENDIT (MOTHER)

ADDRESS: c/o Mrs. Geiger, Box 396, ST. AGATHE DES MONTS, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Sabina Bendit (ENGLISH)

(1914)

ADDRESS: c/o Mrs. Geiger, Box 396, Ste. Agathe Des Monts, Que.,

MEMORIAL BAR

(1) DATE DESP

REGN. NO 9122

(2)

(3)

DESP. APR 20 1945

REGN No. 17818

NO D.77 Rank Trooper Name BENDIT, Julius

Unit RC.A.C. H.Q. SQD. 5 ARM'D. DIV. Date of death 27th July, 1944

Died at WESTERN EUROPE

Cause Previously reported missing now for official purposes presumed killed in action

Death occurred on strength of Forces H.Q. 405-B-6001

N/K Mrs. Sabina Bendit Relationship Mother

Address c/o Mrs. Geiger, Box 396, Ste. Agathe Des Monts, Quebec.

Remains buried in Cemetery

BAYEUX MEMORIAL

Grave location

CWK

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. OCT 25 1946

ROYAL MESSAGE DESP'D. APR 11 1945

CAN. MESSAGE DESP'D. APR 25 1945

10M-1-45 (M-4608)

ON HIS

FASTEN Enve
OPEN by cutti

C.M.H.Q. 40:1.
40/P & S/52 (8/

ON HIS

FASTEN Envelo
OPEN by cuttin

C.M.H.Q. 40:1.
40/P & S/52 (8/

ON HIS

FASTEN Envelo
OPEN by cuttin

C.M.H.Q. 40:1.
40/P & S/52 (8/

ON HIS

Dental

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

KIA 12 ED 27 Jul 44

Unit H.Q.Sqn Arm. Div. (6-H) AF. Regimental Number D-77

1. Surname BENDIT
2. Christian Names Julius
3. *Substantive Rank and Appointment T PR
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Sadagra Austri
5. Date of birth as declared on attestation
   (A)
6. Date of enlistment 2 May 1941
7. Place of enlistment Montreal South Que, Can.
8. Residence at time of enlistment 3 Oct. 1911
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Hebrew
12. If married, state date N/A
13. Trade on enlistment Driver Mechanic,
14. Corps, trade and grade
15. (D) Qualifications DUR IC
16. (E) Miscellaneous entries

(17) Regiment or Corps: C.A.E.

Unit (Battn., etc): H&I Cdns Div GHQ TECH

(18) Medical

Category	Date	Authority
"A"	2 May 41	MFM 2

(19) Next of kin (entries to be made in pencil) MOTHER
Mrs Sabina Bendit
5370 PARK AVENUE, APT 6
MONTREAL PQ

(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
13-Nov-41	D.O.II	H.Q.Sqn	S.O.S. Canada	Halifax	13-11-41	Tpr	D.O.II # 1
14 Nov 41	"	"	T.O.S. C.A.O.		14-11-41	"	"
24 Nov 41	"	"	Disembarked Liverpool		24-11-41	"	"
			Landing leave from 1900 hrs. 6-1-42				DO-7 9-1-42
			to 2100 hrs. 11-1-42				
			Qualified Dr. 1/c III	Field	2.5.42	"	Do. 19 15.5.42
9 Sep 42	OC	HQ5CAD	Att fap to HQ 1 Cdn Army	"	4 Sep 42	"	37-16 Sep 42
2Nov42	"	"	Ceases att.f.a.p. to HQ 1 Cdn Army	"	27Oct42	"	Pt.II 45 d/11Nov42
5Dec42	"	"	SOS to HQ First Cdn Army	"	15Nov42	"	Pt.II 50 d/16 Dec 42
	H.Q.1 Cdn. Army		T.O.S. from H.Q.5C.A.D.	"	16 Nov 42 ~~26 Nov 42~~	"	54 22 Dec 42
	"	"	[illegible] Rates of Pay of $ 1.50 per diem	"	1 Jan 43	"	49 5 Dec 42
	"	"	SOS to HQ.1 Cdn. Div.	"	29 Apr 43	"	20 15 Apr 43
		HQ1Div.	T.O.S. from H. Q. F.C.A.	"	30Apr43	Pte.	31 - 9 Jun 43
		"	Nok. Mrs. Sabina Bendit Mother				24 d/ 11 Jun 43.
			537 Park avenue apt 6.				
			Montreal Que. Canada				32/43.
		✓	Awarded CVSM & clasp	✓	10 Jan 44	✓	3-44.
		✓	Sost. GHQ 1st Ech	✓	23 Mar 44	✓	14-44
	GHQ	1 ECH	TOS FROM H.Q. 1 Cdn DIV	"	24 MAR 44	TPR	17 Apr 44
	"	"	SOS to X-8 List	"	31 MAY 44	"	25 Jun 44
		X8 List	TOS from 1 Ech	"	1 Jun 44	"	X 43/44
	GHQ	1 Ech	Awarded 1939-43 Star	✓		✓	26/44
		X8	SOS X-8 + CA(CMF) on evac. to U.K.	✓	23 Jun 44	✓	X 50/44
		1CRD	T.O.S. C.A.(U.K.) and I.C.R.D. w.e.f. 24 Jun 44				
			Disembarked U.K. w.e.f. 5 Jul 44				
			Reported for duty w.e.f. 6 Jul 44				
			~~SOS to 1 Cdn L of C Terminal~~ cancelled	UK	7 Jul 44	Pte	9 10 Jul 44 ~~S49 10 Jul 44~~
		1CRD	PO 9 para 5(c) d/10 Jul 44 is cancelled	UK			15 20 Jul 44
		✓	~~[illegible]~~	UK	~~19 Jul 44~~	✓	15 20 Jul 44 Cancelled by A.O. 8 2/26-1-52
	No.1 Cdn Reception Depot (Ottawa)		SOS to X-4 List CAC (C) 21 Army Group		19 Jul 44	TPR	A.O. 8 D/26 Jan 52
	X-List	CAC(C)	TOS from No.1 Cdn Reception Depot		20 Jul 44	"	A.O. 8 D/26 Jan 52 (Ottawa)
	"	"	S.O.S. deceased (presumed killed in action.)		27 Jul 44	"	A.O. 8 D/26 Jan 52

Statement of the Service of No. 777 Rank Tpr. Sheet No.

Name Bendit J.

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
		Landing leave to 11 Jan 42	Tpr	6 Jan 42	HQ 5 Sqn 5 CAD	U.K.	2	9 Jan 42
		Qual Dvr I/c III (W)	Tpr	2 May 42	HQ 5 CAD	UK	19	15 May 42
	Change of address of W/K	Mrs. J. Bendit (Mother) 5370 Park Ave, Apt 6, Montreal, P.Q., Canada					26	1 Jul 42
		att to HQ 1 Can Army	Tpr	4 Sep 42	HQ 5 CAD	U.K.	37	16 Sep 42
S.O.S.		S.O.S. to H.Q. 1st Cdn Army	TPR	15 Nov 42	HQ 5 CAD	UK	50	16 Dec 42.
	T.O.S.	TOS from HQ 5 Cdn Armd Div.	Tpr.	16 nov 42	HQ 1 C.A.	U.K.	49	5 Dec 42
		Granted RR of pay $1.50	Tpr	1 Jan 43	HQ 1 Ca	UK	20	15 Apr 43
SOS		SOS to HQ 1 Cdn Div	Tpr	29 Apr 43	HQ 1 Ca	U	37	9 June 43
	TOS	TOS from H.Q. 1st Cdn Army	Tpr.	30 Apr 43	HQ 1 C Div	UK	24	11 June 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C86 SOS		SOS to Cdn Sec G.H.Q. 1 Ech AFHQ	Tpr	23 Mar 44	HQ 1 C Div	UK	15	11 Apr 44
	(162) TOS	TOS from HQ 1 Cdn Inf Div	Tpr	24 Mar 44	Cdn Sec GHQ 1st Ech (AFHQ)	AA1	17	18 Apl 44
	(162)	Awd 1939-43 Star	Tpr	1	1 Ech.	AA1	26	16 June 44
	(162)	SOS to X8 List	Tpr	31 May 44	1 Ech	AA1	25	10 June 44
Cancelled by 15. 20 July + SOS		~~SOS to 1 Cdn Leg C Terminal~~	~~Tpr~~	~~7 July 44~~	~~1 CRD~~	~~UK~~	~~9~~	~~10 July 44~~
m147	TOS	TOS from Cdn Sec. GHQ 1 Ech. AA1	Tpr	1 Jun 44	X8 list	AA1	43	13 Jul 44
			Tpr		1 CRD	UK	9	10 July 44

S.O.S. C.A. (M) on embarkation AA1 23 Jun 44
T.O.S. C.A. (U.K.) 1 CRD 24 Jun 44
Disembarked UK 5 July 44

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

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-13

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 X8 List 2 CA (4 MF) on Evac FOUR	Tpr	23 Jun 44	X8 list	AAI	50	22 Jun 44
	TOS	Tos from X8 List	Tpr	24 Jun 44	16 RD	AAI	9 cancelled by A.O.S	10 July 44. 26 Jan 52
CI SOS		~~SOS to X4 List RCE~~ EA/6762 dd July 44	~~Tpr~~	~~19 July 44~~	1 Recd Depot	UK	15 12(a)	20 July 44
	TOS	SOS to X4 List CAC (C) 21 Army Gp	TPR	19 Jul 44	"	Ottawa	A.O. 8	26 Jan 52
		Missing	Tpr	27 Jul 44		ACE	A476	
		Presumed killed	Tpr.	27 July 44	6 a 6 Reinf Dep.		Cas L. A 556.	18 Mar 45
		T.O.S. from No. 1 Can Reception Depot	TPR	20 Jul 44	X-LIST CAC (C)	Ottawa	A.O. 8	26 Jan 52
		SOS deceased (presumed killed in action)	TPR	27 Jul 44	"	"	A.O. 8	26 Jan 52

~~H.Q. Hamilton 20~~ 20-20 "C"

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT ..... REGTL. No. 400754

1. Surname? (Block letters) BENDIT
2. Christian names? JULIUS
3. Present address? 280 Bernard apt 2
   Phone No CA 5271
4. Date of Birth?* 3-10-11
5. British subject? Yes
6. Occupation? Truck Operator
7. Religion? JEWISH
8. Next of Kin Mrs S Bendit
9. Relationship? mother
   Address 280 Bernard apt 2
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'5" Weight 135 Chest max 34 min 31

Descriptive marks Mole left thigh

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category A

Date July 16/40. Signature L. J. Adams (Major)

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Julius Bendit do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

Cee Fck 2/Lt — J Bendit

Signature of Witness — Signature of Man

Dated this 16th day of July 1940 at Montreal

CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

C E Branin Major

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d
80M—3-40 (4392)
H.Q. 1772-39-1545

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	16/7/40	P.I. II 26/40	W.K. Crooks Officer Commanding 6th. H. Unit.....
S.O.S. ON TRANSFER TO H.Q. Sqd: 121 Can: Amd Div: (C.A.).	11/5/41	Pt. II 19/41.	W.K. Crooks
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.