D77751
FAUBERT
RAOUL

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) PAUBERT Raoul (b) N° matricule D-77751
2. (a) Arme Army (b) Unité R.M.R. CA. (c) Rang PTE
3. (a) Date de naissance 4 Oct.1915 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Montreal, Que. Can.
4. (a) Lieu d'enrôlement Mtl. South, Que. Can. (b) Date d'enrôlement 19-7-41.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 yrs (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.) 8 yrs. public school.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu N.A.
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? N.A. (c) Avez-vous complété votre apprentissage? (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? French English (b) Quelles langues lisez-vous facilement? French 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) Not Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No.

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? yes
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé Clerk (b) Durée d'emploi dans cette occupation ou métier? 3 months.
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 N.A. Adresse N.A.
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 Adresse
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 (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? (c) Désirez-vous retourner à votre ancien emploi?

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? No (b) Vous croyez-vous apte à exploiter une ferme? No (c) Si oui, dans quel genre de culture?
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? None (c) Dans quelles provinces avez-vous acquis votre expérience?

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 MECHANIC

DATE 19-7-41. 194.... SIGNATURE Raoul Paubert

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Clara Faubert
1885 William St.,
Montreal 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-F-11,623 FD 463

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

AUGUST 17 1944

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

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

FAUBERT Raoul Trooper D-77751

7th Reconnaissance Regiment C.A.C. (CA)

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.

G. L. Jacobs Capt.
for Director of Estates.

M.F.W. 77 J/L.
6-44 (4878)
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		Nil. He was single -		
2	Children of the Deceased and dates of their Births		Nil.		
3	Father of the Deceased		Alfred Faubert	67	1885 William St. Montreal
4	Mother of the Deceased		Mrs. Clara Faubert	66	do
5	Brothers of the Deceased	Full Blood	Alfred	35	overseas with C.A.F. - E-4642
			Lucien	27	with R.C.N.V.R. A-4286
		Half Blood	Nil.		
6	Sisters of the Deceased	Full Blood	Nil.		
		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
	Viola Faubert died Aug. 24, 1944		Jeanne - 4 years Pierrette - 3 years		St. Urbain, Co. Chateauguay, Que.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Raoul Faubert
9	Date of his birth.	October 4, 1915
10	Place and date of his marriage.	Nil.
11	Place and date of his parents' marriage.	Montreal, Que, Nov. 29, 1906.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lachine, 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) (c) (d)
14	Nature of employment before enlistment.	Out of work -
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.	Quebec Province

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known
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?	Nil.
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 -
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No,
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

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.	Nil.
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

*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.

Alfred Plaquet ..... Signature of Informant

1885 William ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Alfred Plaquet

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 Montreal this 1st day of July 1942

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

Sulpice Lupot Qualification Justice of Peace

Address 1991 Notre-Dame

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

R. F. J. Martineau, pastor priest

MFM 510
4[illegible] & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D.77751 Rank and Name Faubert R. Tpr.

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

(~~Transfer~~ or Discharge).....to.....on 13th July, 1944

Reason Death Authority: C.C.L. 'A' 470 d/16th July '44.

The following is a statement of the account of the above-named from 1st July to 31st July, 1944 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account	4	75	Balance Cr from last account		
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars):			Cash Effect J.V. 624	119	35
To Balance Cr Free	138	10			
To Balance Cr Deferred			By Balance Dr		
Total	165	85	Total	165	85

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

Remarks:

Ass. Pay $23.00 (M) stopped eff., August '44.

ESTATES BRANCH
FEB 8 1945
H.Q. OTTAWA
NATIONAL DEFENCE

Compiled by C. Sanderson.

Checked by E. Wright. Ew

Date 23rd January 1945.

MH.

Certified correct .....
for Chief Treasury Officer, Overseas

Received MAY 2 7 1942 Checked ... Card ... Observations ...

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit R.M.R. Regimental Number D-77751

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname FAUBERT
2. Christian Names Raoul
3. Present address 351 rue Chatham, Montreal P.Q., Canada
4. Date of birth 4 octobre 1915
5. Place of birth Canada (Country) Quebec (County or Province) Lachine (Town or Township)
6. Religion (state denomination) Catholique Romain
7. Trade or Calling Commis
8. Married, Widower or Single Celibataire
9. Name of next of kin M. Alfred Faubert
10. Relationship Pere
11. Address of next of kin ~~351 rue Chatham, Montreal P.Q., Canada~~
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Non

(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? Non (Yes or No)

(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? Non (Yes or No) (If Yes, specify Unit and Period of Service)

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

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

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 19-7-41 Raoul Faubert (Signature of recruit)

Witness: Pte.

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Raoul Faubert (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 19th day of July 19 41

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

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

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

FINGERPRINTED

Record of Service of FAUBERT (Surname) RAOUL (Christian Names) Regimental Number D-77751

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: CLERK (Racing Track(

Technical: NIL

Languages: FRENCH & ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: NIL (years completed) Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

8 Years Public Schooling.

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
19-7-41	DRO 1401	Joined on appointment No.4 Dist. Depot (CA)	Pte.	19-7-41	4DD	Mtl.South	4DD.Pt.II No.171	19-7-41
1-8-41	—	Proceeded on comm and att for all purpo-						
	—	ses to C.A.(B) T.C.41 Huntingdon	"	1-8-41	" "	"	" " " " 182	1-8-41
4.8.41.	TC 41	Att. for All Purposes TC 41 Huntingdon	"	2.8.41.	TC 41	tingdon	TC 41 Pt II 150	4.8.41.
		CEASES TO BE ATTACHED TO T.C.41 ON TRANSFER TO ATC A.17 THREE RIVERS AUTH HQS 20.6.18 ORG RS D.19.9.41 & HQ 1161-1-27 MSR D.19.9.41 SEP 30 1941					TC 41 PT II 196	OCT 1 1941
OCT 1 1941		ATTACHED C.A.(A)T.C. A-17 FOR ALL PURPOSES	"	1-10-41	CAATC 17	3 Rivers	235	2-10-41
		PROCEEDED "ON COMMAND" TO MONTREAL QUE. FOR SPECIAL DUTY	"	22-12-41	"	"	303	22-12-41
		Returned from "ON COMMAND"	"	29-12-41	"	"	308	29-12-41
		Admitted (sick) to St. Josephs Hospital, Trois-Rivieres, Que.	"	27-1-42	"	"	23	29-1-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FAUBERT RAOUL Place

Place Date July 16th 1941

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

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

Raoul Faubert
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history).
1 vacc.left arm. Acne on body ~~et~~

2. Height 5 feet 7 5/4 inches. 3. Weight 155 pounds.

4. Complexion Medium Eyes Grey 5. Development Good. Good / Fair / Poor

Hair D.Brown

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2 inches.

7. Vision, right 20/30 left 20/20 8. Hearing, right cv 20 left cv 20
With Glasses— right left

9. Condition of mouth and teeth Several carious teeth.

10. The abnormalities (congenital and pathological) found on examination are as follows
Marked acne vulgaris, multiple circular pigmented areas chest & trunk.
coarse rhonci in chest.
Ears, nose & reflexes normal.
Color vision Ishihara CN.
A. L. Delahaye Major.

TRINE 45-414
JUL 17 1941
RAY 85665N

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

E.E.LESAGE.M.D. C. NADEAU.CAPT. F.C.PEDLEY.M.D.
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JUL 21 '41	TAB-T. Parlour Lt		
16.9.41	2 3		
11.10.41	3		
JUL 21 '41	VACC Parlour Lt.		
1-4-42	RE-EXAMINATION: EARS, REFLEXES, CATEGORY A		
	Relieved as		
15-4-42	Re-Examined Cat. A Confirmed. Jas McKellar Capt		

Regtl. No. D-77751 Rank Pte. Surname FAUBERT Christian Name RAOUL

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)

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

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

District.....

Dispersal Area.....

Regtl No. D.77751 Rank and Name Faubert R. Tpr.

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

(~~Transfer~~ or Discharge) XXXX to.....on 13th July, 19 44

Reason Death Authority : C.C.L. 'A' 470 d/16th July '44.

The following is a statement of the account of the above-named from 1st July to 31st July, 19 44 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account	4	75	Balance Cr from last account		
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars) :					
			Cash Effect J.V. 624	119	35
To Balance Cr Free	138	10	By Balance Dr		
To Balance Cr Deferred					
Total	165	85	Total	165	85

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

Remarks :

Ass. Pay $23.00 (M) stopped eff., August '44.

Compiled by C. Sanderson.

Checked by E. Wright. Ew

Date 23rd January 1945.

MH.

Certified correct .....
for Chief Treasury Officer, Overseas

EXHIBIT "A"5

PERSONAL EFFECTS OF

D.77751 Trooper FAUBERT. RAOUL
7Cdn Recce Regt (17DYRCH)

Leather Case (brown) with comb and nail file

Small red leather case.

Small cigarette lighter

Four purpose medal (Catholic Faith)

Brown leather wallet.

Eight photographs.

Small metal recorded disc with one needle.

C.V.S.M. Medal ribbon

Shoulder flashes (Unit)

Divisional Patches.

Identity Disc

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-77751...Tpr...Taubert...E.....(Deceased).....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon...21 Army Group.....

CHECKED BY .....B-126252 Pte. Sialofsky A..... DATE ...7 Aug 44.....

1	Red Identification Disc		

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

TRIPLICATE — with effects.

W.O. Cathcart Lt.
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS
ESTATES BRANCH
INVENTORY
of personal effects received by
Quartermaster Section, No. 1 CASD

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-77751 Tpr. Faubert R. (Deceased).....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon 21 Army Group.....
B-126252 Pte. Sislofsky A.

CHECKED BY .....L-17349 Cpl. Bailey N.S..... DATE ..24 July 44.....

1	Comb in Case and Nail File		
1	Snapshot Case		
1	Cigarette Lighter		
1	Religious Medal		
1	Brown Wallet		
	Photographs		
1	C.V.S.M. and Clasp		
	Shoulder Flashes		
	Div Patches		
1	Registration Certificate		

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

TRIPLICATE — with effects.

.....N.S. Bailey Cpl.....
for OC/ Cdn KSD

CANADIAN MILITARY
ESTATES
27 JUL 1944
BR.
HEADQUARTERS

CANADIAN MILITARY HEADQUARTERS No. 6866

RECORDS OFFICE

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

NAME (in full) FAUBERT, Raoul

RANK TPR No. D/77751 UNIT 7 CDN. RECCE. REGT. C.A.C.

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 13 JUL 44 LIST # A-470 PLACE AEF

If P.O.W. or INTERNED, number and address

PREVIOUSLY REPORTED 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 No.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

Address

4. Particulars of DEBTS, REMARKS etc

Date AUG 26 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.

CANADA

QUOTE NO. H.Q. 405-F-11623
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T.

23rd January, 1946.

Mrs. Clara Faubert,
1885 William Street,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D77751 Trooper Raoul Faubert, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row G, plot 14, of Beny-sur-Mer, Canadian Military Cemetery, Beny-sur-Mer, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

K.J.D

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

/EMA

18

Nat. Def. A-168-A
1,000M—3-43 (9028)
H.Q. 1772-39-376

QG 405-F-11,623 DR 2(c).

le 24 janvier 1946.

Madame,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le cavalier Raoul FAUBERT, matricule D-77751, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 12, rang G, lot 14, du cimetière militaire canadien de Beny-sur-Mer, à Beny-sur-Mer en France. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assurée qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

Mme Clara Faubert,
1885, rue William,
Montréal, Qué.

19

/MA

File No 405-F-11623

R E B U R I A L

NO D.77751

RANK Tpr

NAME FAUBERT, R.

NAME OF CEMETERY Beny-Sur-Mer Canadian Military Cemetery.

LOCATION OF CEMETERY Beny-Sur-Mer, France.

GRAVE LOCATION Plot ~~16~~ 14, Row G, Grave 12

AUTHORITY 54-27-88-2 Vol.19

Reburial list. 19

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.

Mr Faubert
D77751

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
1 DEC 43	✓		PUD	A. L. Goodman Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 77751

Surname (in capitals) FAUBERT

Christian Names (in full) RAOUL

Date of Birth Oct 4 1915

Place of Birth Lachine Que. Can

Trade on Enlistment Clerk

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion Roman Catholic

Enlisted at Montreal South Que Can

Date 19 Jul 1941

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

Signature of Soldier R. Faubert

Signature of Officer C. W. Tampin Capt.

Place Montreal South Que Can

Date ~~21 Jul 41~~ 27 Mar 43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Alfred Faubert	
	Mother	Mrs Clara Faubert	
3rd	*Brothers and Sisters	Oliva Faubert	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
1885 William St. Montreal Que Can
as above
Hunter St. Montreal Que

Mr. Jaubert. R
D7772

(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
19 Jul 41	PTE		4 D.P. #171	[illegible]
10 Jul 42	a/L/CPL	W.P.	D.O. 96	[illegible]
16 MAR 43	A/C PL	W.P.	# 66	[illegible] Capt.
July 43	Tpr.	W.P.	?	[illegible]

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

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

Qualified in addition as under :—

Date 4 Apr 42

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
#1 GUNNERS COURSE - PASSED	30 JUN 42	C Stacey major
COMMAND PT. CMHQ. 906 SER 45		
FIRST AID COURSE = FAIR	23 NOV 42	
2" MORTAR & GRENADE = GOOD	8-13 MAR 43	
Elementary driving	15 MAR	[illegible] major
Course #16 = GOOD	2 APR 43	Capt
DM ADVANCED (WHEEL)	5 APR. 43	C Stacey major
GOOD	23 APR. 43	
3" MORTAR. UNIT COURSE "FAIR"	30 APR 43	C Stacey major
D.M. ADVANCED (TRACKED)	5 JUL 43	[illegible] major
QUALIFIED DRIVER A/C CLASS III	16 JUL 43	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1941	RIFLE 2nd	App III	C Stacey major
1942	BREN 2nd	" IV	
"	MMG 1st	" V	

Tr. R. JAUBERT
D 7774

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
16 Jul 41	A	Montreal M.B.	Pailon Lt.
1 Apr 42	A	Re-Exam M.D. 4	J.C. Wolvie Capt.
15 Apr 42	A	Re-Exam M.D. 4	J.C. Hickelton Lt.
17 Jul 41		X-Ray 85665 Neg	Pailon Lt.
5 Feb 44	B1 Ep. A	Moss 2 Jaudry 2	

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B-I	21 Jul 41	Parker Lt.
3	16 Sep 41	Lo R
	11 Nov 41	C.C. Belyea Major
T.A.B.T. .05 cc	14 Nov 42	W.M. Wallace Capt
T.A.B.T. 1/2 cc	8-11-43	[illegible] Capt.
TYPHUS 1/4 cc	17-1-44	
1/4 cc	24-1-44	
" 1 cc	31-1-44	[illegible] Capt.
Typhus 1 c.c	12-5-44	[illegible]

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
21 Jul 1941	Parker Lt.
24 Mar 44 Immed.	G. Tabak Capt.

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
M TEST } Completed	22 May 42	
Q Card }		
GAS CHAMBER	8 Jul 42	
DM GAS CHAMBER	8 Mar 43	
1st Priv leave	22 Jul 42	
2nd Priv leave 11 Nov 42	8-11 Feb 43	
3rd Priv leave	8-17 Feb 43	
P 4th PRIV LEAVE 16 Jun 43 to 27 Jun 43		M.A. Willis Capt
P5 F5 9 "	28.9.43	K.P. Farmer Capt
P6 F.1 6 9 "	4-1-44	F.J. Rizzitt Capt
FINGERPRINTED—CAIB		
Awarded CVSM + clasp	15 Jan 44	E.D.15 R McGinn Lt
3 R. Chevron	28-6-44	[illegible] Lt.

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M./ 10 received and forwarded to the Officer i/c Records at
Ottawa
3 Apr 42

W Seavey major
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....
Signature of Officer.....
To whom sent.....
Dept.....

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

SHORT FORM OF WILL
(Write Will on next page)

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

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

Dept.....
To whom sent.....
Signature of Officer.....
Date Certificate or Will extracted.....

MILITIA BOOK M. 1

PART III

40/P&S/279 (11/42)

CANADIAN ARMY

Clothing and Equipment Statement

Regt. No. D77751

Rank A/1/Cpl.

Name Faubert R.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody.

2. You will initial the end of the list of your kit to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.

2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.

3. On transfer of the individual, the certificate at end of statement will be completed and signed.

4. This statement replaces Form M.F.C. 800 and adoptions thereof.

CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse	7
Battle dress, trousers	7
Cap or bonnet	7⅛
Boots, ankle	9-F
Socks	11
Gloves	L.
Facepiece, respirator	NORMAL
Greatcoat	5
Coveralls, combination	5
Jersey, pullover	M.
Shirts, Angola, drab	14½
Vest, woollen	38
Drawers, cellular	34
Drawers, woollen	38

SIG OF SOLDIER

SIG OF Q.M.[2]

ARTICLE	QUANTITY			
Anklets, web, prs.	1	1	1	
Blouses, Battle-dress	2	2	1	
Bonnet, tam-o'shanter				
Boots, ankle, prs.	2	2	2	
Boots, lumbermans, rubber, prs.				
Boots, rubber, high, prs.				
Bonnet, drab, Irish				
Cap, field service				
Cap, mechanic		1		
Cap, tank battalion	1	1	1	
Drawers, Cellular short, prs.	2	2	2	
Drawers, Woollen, prs.	2	2	0	
Gloves, knitted, drab, prs.	1	1	1	
Greatcoat, drab	1	1	1	
Jerkin, leather				
Jersey, pullover				

SIG OF SOLDIER

SIG OF Q.M.[3]

ARTICLE	QUANTITY			
Overalls, combination	1	1	1	1
Shirts, angola, drab	2	2	2	2
Shoes, canvas, prs.	1	1	1	
Trousers, battledress, prs.	2	2	1	1
Vests, woollen	2	2		
JACKET SWEATER	1	1	1	1
Badge, cap	1	1	1	1
Badge, shoulder, " CANADA " prs.	1	1	1	
Badges, arm Tank Bn.	1	1	1	
Bag, kit, universal	1	1	1	
Braces,	1	1	1	1
Brass, cleaning,	1	1	1	
Brush, button, brass	1	1	1	
Brush, clothes	1	1	1	
Brush, hair	1	1	1	1
Brush, shaving	1	1	1	1

SIG OF SOLDIER

SIG. OF Q.M.[4]

ARTICLE	QUANTITY			
Brush, shoe, blacking	1			
Brush, shoe, polishing	1	1	1	
Brush, tooth	1	1	1	
Cap, comforter	1	1	1	
Comb, hair	1	1	1	
Discs, identity, sets with cord	1	1	1	
Dressing, field	1	1	1	
Fork, N.S. Table	1	1	1	
Holdall	1	1	1	
Housewife, complete	1	1	1	
Knife, clasp	1	1	1	
Knife, table	1	1	1	
Lanyard	1	1		
SOCKS WORSTED PRS.	4	4	4	4
Razor, safety, with blade	1	1	1	
Patches, distinguishing, prs	1	3		

SIG OF SOLDIER

SIG OF Q.M.[5]

ARTICLE	QUANTITY			
Shorts, gymnasium	2	2		
Sponge,	1	1	1	
Spoon, N.S. Dessert	1	1	1	
Vests, cotton, gym.	2	2		
Towels, hand	2	2	2	
Unit titles, prs.	3	3		
DENIM SUIT	1	1		
Attachments, brace,	1	1		
Bag, ration	1	1	1	
Belt, waist	1	1	1	
Bottle, water	1	1	1	
Braces, W.E.	2	2	2	
Carriers, cartridges	1	1		
Carrier, waterbottle	1	1	1	
Case, pistol				
Cover, breech, rifle				

SIG OF SOLDIER

SIG OF Q.M.[6]

ARTICLE	QUANTITY			
Cover, Mess tin, rect.				
Frog, bayonet	1		1	
Haversack	1		1	
Helmet, steel	1		1	
Net, helmet camouflage	1		1	
Pack	1		1	
Pouches, Ammunition, pistol				
Pouches, Basic MK. III	2	2	2	
Pouches, utility				
Sling, rifle	1		1	
Straps, shoulder, haversack	2	2	2	
Straps, supporting, web	2	2	2	
Tins, mess rect.	1		1	
Yoke				

SIG OF SOLDIER

SIG OF Q.M.[7]

ARTICLE	QUANTITY			
Haversack, respirator	1		1	
Respirator, Anti-gas complete	1		1	
Outfit, anti-dimming	1		1	
Ointment, Anti-gas, tins M & V	2	2	2	
Eyeshields, Anti-gas (Pk. of 6)	1		1	
Detectors, individual prs.	1		1	
Capes, anti-gas	1		1	
PAMP. A/G	1		1	
GLOVES M.T.				
Bayonet	1		1	
Bottle, oil	1		1	
Pistol, revolver (No.)				
Pull-through, single	1		1	
BREACH COVER	1		1	

303 AMMO. 8 50

ARTICLE	QUANTITY		
Rifle..... (No. ~~S-2560~~ S21312)	~~[illegible]~~	/	1
Scabbard, bayonet	/	/	1
Sheet, ground	/	1	1
Mug, drinking		/	1
Blanket	/	FM	
OL-9722 ~~No 317 365~~			
~~CHR MACH STEN 9 MM~~		+	
~~MAGAZINE STEN~~		~~8~~	
~~LOADER-MAG STEN~~		+	
~~SLING STEN~~		+	
~~PULL THROUGH STEN~~		+	
RIFLE. S21312		FM	
Pull through		FM	
Oil Bottle		FM	
Initials of Soldier R. Faubert	R.F.	RF	
Initials of Inspecting Officer: C Scott Capt		LH	
Date: 22 FEB 1943			

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER.

Certified that the record detailed in the above statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE

Inspecting Officer	Soldier	Date
J R Ferguson Lt.	R. Faubert	22 Feb 43
[illegible]	R. Faubert	20 JUL 19[illegible]
D G Stewart	R. Faubert	1 Aug 43
[illegible]	R. Faubert	15 May 44

The Administrator of Estates.

Regimental No. D 77751 Rank. Trooper

FAUBERT Raoul

Surname Christian Names

Unit. 7th Reconnaissance Regiment C.A.A. (CA)

Date of Death. 13-7-44 Place of Death. Overseas (France)

Next-of-kin. Mrs. Clara Faubert Relationship. Mother

Address. 1885 William St., Montreal Que.

N.F.I.5. Copy herewith

Will. Wills d/ 19-7-41, d/ 3-4-42, herewith

Date. 8-8-44

H M G / A G

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

ESTATES BRANCH AUG 11 1944 H.Q. OTTAWA. NATIONAL DEFENCE

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

WILL

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

(1) I, RAOUL FAUBERT (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., Clerk. (Civil Occupation)

Regimental No. D-77751, Unit RMR (MG) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto My Father Mr Albert Faubert residing at 351 Rue Chatham Montreal Que Canada, all of My Estate both Real and Personal.

R. F.

Relationship, names and address of residuary beneficiaries.

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

R. F.

(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 19 day of July 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.

Raoul Faubert (Signature of soldier)

First witness sign here.

(5) Signature W. J. White Sgt

Civil Address Ville St Laurent Que

Civil Occupation Student.

Second witness sign here.

Signature Percy Reginald Ellis

Civil Address Montreal Que Can.

Civil Occupation Actor

(Witnesses are not to be beneficiaries.)

[OVER]

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Raoul (CHRISTIAN NAMES) FAUBERT (SURNAME)

REGISTER NO. D-8148
FILE NO. 405-F-11623
DATE 5-9-45
SERVICE NO. D-77751
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 13-7-44

PAYEE Mde. Clara FAUBERT,
ADDRESS 1885 William St.,
Montreal (3) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 13-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1050 NO. OF DAYS 1077 (30) EQUAL TO 35 COMPLETE PERIODS AT $7.50	262.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 788 LESS 27 INELIGIBLE DAYS, EQUAL TO 761 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	190.25
	452.75
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 788 (183) X$ 25.06	107.91
D. WAR SERVICE GRATUITY	560.66
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	—
F. TOTAL AMOUNT PAYABLE	560.66

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ 7 = $ 9

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	TREASURY CHECKED BY	TREASURY DATE
KRM	[signature]	R McKay	11-9-45

[signature] Capt
SERVICE REPRESENTATIVE

Form No. 1

Register No. D-8148 Nominal Roll No. D-171

H.Q. File No. 405-F-11623

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-77751	PTE.	FAUBERT,	RAOUL

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 19 July 41	T.O.S.	T.O.S.
S.O.S. 13 July 44 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 1091	Total Days	Total Days

TOTAL SERVICE 1091 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	289	—	289
OVERSEAS SERVICE	802	14	788
Totals	1091	14	1077
Add Non-qualifying Service			14
TOTAL SERVICE			1091

EMBARKATION DETAILS:
40 S 0/S 4 May 42

1. Date S.O.S. Overseas 13 July 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
13 July 44

Computer's Signature L. S. Oheany

Checker's Signature H. E. Davis, Sgt.

Date Computed 6 April 45

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

W/O Leng. Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff. Date	Days	Total

TOTAL

OVERSEAS T.O.S. 4 May 42 T.O.S. .... T.O.S. ....

S.O.S. 13 July 44 S.O.S. .... S.O.S. ....

F.P.	A.A.40		22 FEB 44		14

TOTAL 14

H05-F-11693

FIELD SERVICE MBR

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

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

REGIMENT OR CORPS } 7th Cdn Recce Regt ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-77751 ..... Rank ..... Pte .....

Surname ..... FAUBERT ..... Christian Names R. .....

Died { Date 13 JULY 44 ..... Place ..... FRANCE .....

Cause of Death* ..... K/A .....

Nature and Date of Report ..... AFW 3014/58 17 JULY 44 .....

By whom made ..... Cdn Sec GHQ 2nd Ech 21 Army Group .....

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

Burial { Place Beny Sur Mer 987813 Grave No 6. ..... Date 13 JULY 44 .....

By whom reported ..... C.F. Regt De La Chaudiere .....

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

(b) as a separate document ..... Not Received 13

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 } ENGLAND 31 JULY 44 ..... Signature of Officer in charge of Section Adjutant-General's Office at the Base } W Racine Lieut .....

Officer IC

Cdn Sec GHQ 2nd Ech 21 A Gp

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 | Street | No. | Hospital or Institution | *Place an X over the word which applies to this municipality or this territory* — City | Town | Village | Parish | Township

2. LENGTH OF STAY — (a) In hospital or institution | (b) In municipality where death occurred | (c) In Province | (d) In Canada (if immigrant) — Years | Months | Days

3. NAME OF DECEASED — Surname: FAUBERT (*Block letters*) — Given names: Raoul

4. RESIDENCE — Street: No. 351 — Official name of civil municipality or township: Chatham / 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): Quebec

11. DATE OF BIRTH: October (Month) 7th (Day) 1915 (Year)

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

OCCUPATION

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

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: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 6th (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) 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 français)

NOV 7 1944

Director of Records, Dept. of National Defence.

le 24 Julliette,1944.

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre fils, le cavalier Raoul FAUBERT, matricule D-77751, qui a donné sa vie au service de sa patrie en France le 13 juillet 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 cavalier Faubert pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

JUL 21 1944

(H.F.G. Letson),
major-général.

Mme Clara Faubert,
1885, rue William,
Montréal, Québec.

8

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D77751 RANK Trooper SERVICE UNIT 7th Reconnaissance Regiment C.A.C. (CA)

NAME FAUBERT, Raoul

DATE OF BIRTH
DAY 4th MONTH October YEAR 1915 Enlisted: 19-7-41

MARITAL STATUS Single Religion - Roman Catholic

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

ADDRESS 1865 William St., Montreal P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 7979 H.Q. 405-F-11,623

CASUALTY DETAILS Killed in action DATE 13-7-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-7-44

ET

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

F.T.

Mrs. Clara Faubert,
1885 William St.,
Montreal, P.Q.

Dear Mrs. Faubert:

It is with deep regret that I learned of the death of your son, D77751 Trooper Raoul Faubert, who gave his life in the Service of his Country in France, on the 13th day of July 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,

Major - General
Adjutant - General

JUL 21 1944

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

GR/ST

6

File Copy

Quote No. 405-F-11623
(Records C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Ottawa, Canada,

Commissiomer of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

18th July 1944

National Registration Division
Department of Labour,
Ottawa,Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D77751 Rank Trooper

Surname FAUBERT

Christian Names Raoul

Nature of Casualty Killed in action

Date of Casualty 13-7-44

Address at time of enlistment Montreal, P.Q.

Date of enlistment 19-7-41

Date of Birth 4-10-1915

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Clerk

Name and address of Next-of-Kin Mrs. Clara Faubert,

1885 William St., Montreal, P.Q.

5

GR/ET

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

No D.77751 Rank Trooper Name FAUBERT, Raoul

Unit C.A.C. Date of death 13th July, 1944.

Died at France

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-F-11623

N/K Mrs. Clara Faubert Relationship Mother

Address 1885 William Street, Montreal, P. Q.

Remains buried in Cemeter

Beny-Sur-Mer. MR.987813,

Grave location Grave 6

OVER-

BURIAL REPORT TO N.K. JAN 24 1946

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. AUG 1 1944

CAN. MESSAGE DESP'D. 25-7-44

REBURIAL

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

Grave 12, row G, plot 14.

HI & CR Form Despd. NOV 15 1946

Photographs
Despatched
JUL 9 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Clara FAUBERT (MOTHER)

ADDRESS: 1885 William St.,
Montreal, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Clara FAUBERT, (FRENCH)

(1677)

ADDRESS: 1885 William St., MONTREAL, Que.

MEMORIAL BAR

(1)

DATE DESP .....

REGN. NO 1342

(2)

(3)

DESP. 20 OCT 1944
REGN No. 3676

6727 22-10-49

13-7-44

AWARDS—CANADIAN ARMY (ACTIVE)

(1677) M 500M—1-44 (3407) H.Q. 1772-45-8 FB

FILE No. 405-F-11623

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
FAUBERT,	Raoul	D-77751	Tpr.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	
Defence Medal War Medal C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Statement of Service of No. D-77751 Rank Pte Sheet No. 1

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

Name Faubert, Raoul

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
		Discharged from St. Joseph Hospital	Pte.	9 Feb 42	CMGTC 17	3 Rivers	34	12 Feb 42
		Granted furlough from 28 Feb 42 to 14 Mar 42 Iss. Transport Warrant No. A-48879	"	28 Feb 42	"	"	44	28 Feb 42
		Granted leave from 28 Mar 42 to 1 Apr 42 under R.O. 699 (4)	"	28 Mar 42	"	"	68	30 Mar 42
		Transfered to Cameron Highlanders of Ottawa under instructions NDHQ. Auth. Telephone	"	1 Apr 42	"	"	70	1 Apr 42
		S.O.S. CMGTC A17 and Can. Army (Active) on transfer to Can. Army Overseas Serial 733	"		"	"		
		Granted leabe from 17 Apr 42 to 21 Apr 42 R.O. 699 (4)	"	17 Apr 42	"	/ "	86	20 Apr 42
		Promated to A/L/Cpl. without pay,	A /L/Cpl.	1-5-42	"	"	95	30-4-42
		S.O.S. CMGTC A-17 and Cdn. Army (Canada) on transfer to Cdn. Army Overseas.	"	30 APR 1942			95	30 APR 1942
		Emb: Can: S.O.S. CA (Can.) 3-5-42						
		Dis U.K. 11-5-42 reported for						
		duty 13-5-42 T.O.S. CA (O)	"	11-5-42	1 CMGRU	UK.	68	15-5-42
		App'd A/L/Cpl.	A/L/Cpl	10 July 42	1 M & RU	UK.	96	12 July 42
		P/leave 1st to 22 July 42	A/L/Cpl	22 July 42	1 M & RU	UK	101	20 July 42
		On Course 906 - att'd 3 CD 1 RU. M & D.	A/L/C	21 Sep 42	1 M & RU	UK.	138	24 Sep 42

Statement of the Service of No. D77751 Rank ..... Sheet No. .....

Name Faubert R

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
	Qual "D"	Adm to 8 Gen Hosp	L/Cpl	16 Oct 42	M & RU	U.K.	150 C.L. 20 Oct 42	19 Oct 42
DO 161-13/11/42		Ret'd from Crse 906 Ser 48	A/L/Cpl	13 Oct 42	M & RU	U.K.	149	16 Oct 42
		Disch from 8 Gen Hosp	L/Cpl	2 Nov 42	MGRU	U.K.	158 C.L. 5 Nov 42	3 Nov 42
		Prin Leave	A/L/Cpl	11 20 Nov 42	MGRU	U.K.	164	23 Nov 42
CHANGE of ADDRESS NEXT of KIN		MRS - EVA - FAUBERT (MOTHER) 1885 WILLIAM ST - MONTREAL - P.Q. CANADA	9/2/Cpl		MGRU	UK	195	7 Dec 42
Amendment to DO 21	Supplementary 2 Cancelled	Increase in pay from $1.55 to $1.60 per diem	A/L/Cpl	~~1~~ Jan 43	MGRO	UK	21	21 Jan 43
S.O.S.		S.O.S on posting to 16 A & H Ru	A/L/Cpl	31 Jan 43	MGRu	UK	21	31 Jan 43
	TOS	TOS from 1 CMG RU	9/L/Cpl	1 Feb 43	6 A & H	U.K	27	1 Feb 43
		Granted P.L. with M.A. to 14 Feb 43	A/L/Cpl	8 Feb 43	1 CACRU	UK	42	18 Feb 43
		To be A/Cpl. (with pay) Today's rate of pay $4.50 p.d.	A/Cpl.	16 Mar 43	1 CACRU	UK	66	22 Mar 43.
		Reverts to perm. grade L/Bdr. on being S.O.S.	L/Bdr.	22 July 43	1 CACRU	UK	167	22 July 43.
SOS		SOS to 32 Edn. Recce Regt.	L/Bdr.	22 July 43	1 CACRU	UK	167	22 July 43.
	TOS	TOS from 1 CACRU	L/Bdr.	23 July 43	32 Recce	UK	30	30 July 43.
		Granted 1 Good Conduct Badge	L/Bdr.	18 Sept 43	32 Recce	UK	41	29 Sep 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(87)		Awd. 14 days F.P. Stop of Pay 12/- AA 40.	L/Bdr.	22 Feb 44	32 Recce	UK	11	3 Mar 44
(87)		Awd 1 Good Conduct Badge	L/Bdr.	22 Feb 44	32 Recce	UK	11	3 Mar 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit Royal Montreal Reg't (MG) CA Regimental Number D-77751

1. Surname	FAUBERT	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names	Raoul R.M.R.		
3. *Substantive Rank and Appointment	Tpr	R.M.R. (MG)	
*Acting Temporary or Local Rank giving date		CAC	32 Cdn Recce Regt (R.M.R.)
*To be entered in pencil to facilitate alteration.			
4. Place of birth	Lachine, Que., Canada.	(18) Medical	
5. Date of birth as declared on attestation (A)	4 October 1915	Category	Date / Authority
6. Date of enlistment	19-7-41	A	16-7-41 / Medical Board
7. Place of enlistment	Mtl South, Que.		
8. Residence at time of enlistment	351 Chatham Street, Montreal, 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	Single	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	Commis		
14. Corps, trade and grade		Mrs. Eva Faubert (Mother)	
15. (D) Qualifications	Dr 1/c (W)	1585 William St.,	
16. (E) Miscellaneous entries		(20) E. Montreal, Que.	
		(21) E.	
		(22) E. Canada.	

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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		1CMGRU	Emb. Canada SOS CA(Can)3-5-42				
			Disemb. Uk 11-5-42 reported for duty 13-5-42 TOS CA(O)	UK	4-5-42	A/L/Cpl.	DO 68 15-5-42
		"	1st PRIV. LEAVE (7 DAYS)	"	15-7-42	"	101 20-7-42
		"	Granted leave to 23-8-42	"	21-8-42	"	118 25-8-42
		"	On Crse #906 Ser 48 (Command P.T.) + att. for r.g. + disc. #3 CDIRU	"	21-9-42	"	138 24-9-42
		"	Ret. from Crse #906 Ser 48 (Command P.T.) and ceases to be att. for r.g. and discipline to #3 CDIRU	"	13-10-42	"	149 16-10-42
		"	Adm to #8 Cdn Gen Hosp	"	16-10-42	"	150 19-10-42
		"	Disch from #8 " " "	"	2-11-42	"	158 3-11-42
		1 CMGRU	Qualified "C" on above Course.	U.K.	13Nov42.	A/L/C.	161/13 Nov 42.
		"	PRIV. LEAVE WITH MONEY ALLOW (9 DAYS)	"	11 Nov 42	"	164 23 Nov 42
		"	On Unit First aid Course Passed "Fair"	"	23 Nov 42	to 28 Nov 42	175 5 Dec 42
		"	Chof add. N of K:- Mrs. Eva Faubert (mother) 1885 William St., Montreal, Que. Canada	"		A/L/C.	195 31-12-42
		"	On Unit D & M Crse "FAILED"	"	4-23 Jan 43	"	16 26 Jan 43.
		"	S.O.S. to 1 C.A.C.R.U.	"	31 Jan 43	"	21 31 Jan 43
		1 CACRU	TOS from 1CMGRU posted to Reinf 32 Recce Trng Sqdn	"	1 Feb 43	"	27 1 Feb 43
		"	To be A/L/Cpl with pay of rank	"	16 Mar 43	"	66 29 Mar 43
		"	Gr. 9 days P.L.	"	16 June 43	"	146 26 June 43
		1 CACRU	SOS To 32 Recce Regt.	UK	22/7/43	ATpr.	167 22 Jul 43
			Reverts to Perm Grde Tooper to draw $1.50 per diem	UK	22 Jul 43	Tpr.	167 22 Jul 43
18 Jul 43	Dem 3116	32 Recce	TOS from 1 CACRU	"	23 Jul 43	"	30 - 30 Jul 43
21 Sep 43	3011	"	Awarded One Good Conduct Badge	"	18 Sep 43	"	41 - 29 Sep 43
21 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 31 Jan 44
24 Feb 44	"	"	Awarded 14 days FP + fnf of 14 days pay + placed under stop of pay £0.12.0 for AA 40	"	22 Feb 44	"	11 - 3 Mar 44
"	"	"	Fnf one good conduct Badge	"	22 Feb 44	"	11 - 3 Mar 44
16 Mar 44	"	"	SOS to ~~Rft Inc 7 Recce~~ 1 CACRU	"	18 Mar 44	"	15 - 20 Mar 44
		1 CACRU	T.O.S. from 32 Recce wef 19 Mar 44 & att fap to 7 Recce Regt	"	19 Mar 44	"	71 22 Mar 44
		"	Ceases att on S.O.S. to 7 Recce Regt	"	22 Mar 44	"	74 25 Mar 44

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 FAUBERT Raoul.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-77751 Pte

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

(4) Are you married? NO.

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO.

(8) Have you any children? 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 N.A.

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

Name N.A.

Postal Address

[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?.....N.O.

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 Alfred Faubert (Retired)

351 Rue Chatham Montreal Que Canada.

(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 Clara Faubert

351 Rue Chatham Montreal Que Canada.

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

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

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?.....N.A.

(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.....

Postal Address.....

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

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

If so, in what Company?.....Unknown.
(Give number of policy)

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

Raoul Faubert
(Signature of officer or man)

Date.....19 July 1941.....

Lucien Gauvreau Capt
Officer Commanding.....

Date.....19 July 1941.....

HQ. 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.