E19084
BERNATCHEZ
JOSEPH

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) Bernatchez. BERNATCHEZ Joseph. (b) N° matricule S-19084
2. (a) Arme Militaire (b) Unité C.A.(B)T.C. No 5A (c) Rang Sergent
3. (a) Date de naissance 23 Decembre 1916 (b) Avez-vous des personnes à votre charge? Non (c) Domicile au moment de l'enrôlement Montmagny
4. (a) Lieu d'enrôlement Volontier (b) Date d'enrôlement 8-9-40

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 17 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Non
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.) 7ième année
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Non
8. (a) Êtes-vous déjà entré en apprentissage? Non (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? Francais (b) Quelles langues lisez-vous facilement? Seulement Francais

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

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

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? N.A.
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé N.A. (b) Durée d'emploi dans cette occupation ou métier? N.A.
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent N.A.
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 N.A.
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.) N.A.
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise N.A. (b) Quand l'avez-vous abandonnée? N.A.

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 Bilodeau Adresse Montmagny
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.) Embouteillage
20. (a) Genre précis de votre occupation Embouteilleur (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 3 ans
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Non (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Non (c) Désirez-vous retourner à votre ancien emploi? Oui

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 N.A. (b) Où était-il situé? N.A.
23. (a) Nombre d'années dans ce commerce? N.A. (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? N.A.

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Non (b) Vous croyez-vous apte à exploiter une ferme? Oui (c) Si oui, dans quel genre de culture? En general
25. (a) Êtes-vous né sur une ferme? Non (b) Nombre d'années d'expérience effective dans la culture? 4 ans (c) Dans quelles provinces avez-vous acquis votre expérience? Quebec

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? Non
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 Armee permanente

DATE 25-7-41 194 SIGNATURE Bernatchez Joseph

Regt. de Monty

D

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Infantry (R)
Arm or Corps

Trade (if Tradesman or Trade Trainee)

C.S.M. R
Work in Arm (if Non-Tradesman)

This form will accompany the soldier's regimental document at all times.

Personnel Selection Record

I.

E-19084	C.S.M.	Bernatchez, J.	A	26	
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

French	English	Debert, N.S.	19-2-43
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M"

			Place Tested	11-8-42 Date Tested	By Whom

133	III	Subtests	18	14	9	20	18	13	18	23	Subtotals	41	38	54	French
Total	Group		1	2	3	4	5	6	7	8		1–3	4–5	6–8	English or French

Other Tests

III. Educational Background

11 yrs schooling in urban Quebec.
Left school at age 17.

IV. Occupational Background

4 yrs - farm labourer.
5 yrs - Soft-drink company - machine operator and clerk.

V. Military Background

N.P.A.M. 8 yrs. Regt. de Mont'y.
Enlisted 8-11-39. N.C.O's course - Quebec - Sept. '41.
Jr. leaders' course Megantic, P.Q. - Jan '42.
Promoted C.S.M. 18-5-42.

VI. Other Personal History and Appraisal

Single. Father - foundry worker. 6 brothers - 2 in Army.
2 sisters.

Medium height. Solid physique. Strong and healthy. Very good appearance. Decidedly military type. Very gentlemanly manner. Self-controlled and stable. Essentially a leader and organizer.

VII. Recommendations

Continue as at present C.S.M. - Inf. R.

(Signed) R C O'Grady Jr.
for (C. L. Hall), Lieut.
Army Examiner

See reverse side for further information and follow-up

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

MEMORANDUM FOR

Mr. Gaudias Bernatchez,
Montmagny, P.Q.

P. 64

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

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

and the following number quoted:—

H.Q. 405-B-18,635 FD.181

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

May 24, 1943.

ESTATES BRANCH MAY 29 1943 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

BERNATCHEZ, Joseph, C.S.M.,

E.439017 C.A.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan Lieut.
(R.G. Phelan) Lieut.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP:MW

M.F.W. 77
6M-4-43 (9515)
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		
2	Children of the Deceased and dates of their Births.....	nil.		
3	Father of the Deceased.....	Gaudiose Bernatchez	66	Montmagny
4	Mother of the Deceased.....	Marie Mavis Bernatchez	57	Montmagny
5	Brothers of the Deceased — Full Blood	Wilfrid Bernatchez	35	Canadienne Malartic, Atel
		Delgine Bernatchez	32	Arsenal, Valcartier, Quebec
		Ernest Bernatchez	31	C.A.B.T.C. 51, Chicoutimi
		Arthur Bernatchez	29	Lorel C.A.B.T.C. 55 -
		Amidée Bernatchez	25	Roy de Joliette, C.A.P.O. #3 Administrative Wing Cuisine R. H.Q. R.S/R.A.F
		Léo Bernatchez	20	Montmagny
	Brothers of the Deceased — Half Blood	Louis Bernatchez	40	adresse inconnue
6	Sisters of the Deceased — Full Blood	Alida Bernatchez	30.	Montmagny
	Sisters of the Deceased — Half Blood	Marilda Bernatchez	42	Clerical Rang. 9-10 Abitibi.
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
		Jean Paul Bernatchez né en 1932 décédé la même année à l'âge de 5 mois.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Joseph Edouard Edmond Bernatchez
9	Date of his birth	23 decembre 1915
10	Place and date of his marriage.	nil.
11	Place and date of his parents' marriage.	nil.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montmagny.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(*a*) Quebec (*b*) (*c*) (*d*)
14	Nature of employment before enlistment.	embouteilleur chez Pepsi-cola, Montmagny.
15	State whether he owned the premises in which he lived and, if so, where situated.	nil.
16	Name place where deceased stated he intended to make his permanent home.	Gaudiose Bernatchez Montmagny

PARTICULARS OF ESTATE

17	Did he leave a Will?	
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.	nous ne savons rien de ses affaires.
20	Amount of War Savings Certificates held by deceased.	nous savons qu'il en a acheté, mais nous ne savons combien.
21	Amount of Victory Loan Bonds held by deceased.	nous ne savons rien.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	nous ne savons pas s'il avait une police d'assurance.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	—

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.	nous ne savons rien de ses affaires.
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.	nous n'avons encore rien payé.

(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 elswhere 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

*.....Heire.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Claudias Bernatches ..... {Signature of Informant}

Montmagny ..... Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Mr. Gaudreau.....

See above. Bernatches ..... {Name of Informant} is the.....Father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at.....Montmagny.....this.....27th.....day of.....May.....19.43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Jean Louis Taschereau J.P.D.M. Qualification.....Insurance Broker

Address.....B.P. 84, Montmagny.....

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

DUPLICATE

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)

E-19084

Unité (Unit) Montmagny Rgt. Matricule (Regimental Number)

Original
Duplicata
Triplicata

Original
Duplicate
Triplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) BERNATCHEZ
2. Prénoms (Christian Names) Joseph
3. Adresse actuelle (Present Address) Montmagny Q.
4. Date de naissance (Date of birth) 23 décembre 1916
5. Lieu de naissance (Place of birth) Canada (Pays—Country) Québec (Comté ou province—County or Province) Montmagny Q. (Ville ou canton—Town or Twp.)
6. Religion (State denomination) R. C. Catholique Romain
7. Métier ou profession (Trade or Calling) Embouteilleur
8. Marié, veuf ou célibataire (Married, Widower or Single) célibataire
9. Nom du plus proche parent (Name of next of kin) Gaudias Bernatchez
10. Parenté de celui-ci (Relationship) père
11. Adresse du plus proche parent (Address of next of kin) Montmagny Q.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?)
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars)
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?)

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

2 1 6
24

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 18-6-41 Sergeant Joseph Bernatchez
Témoin: Lt Quigley S/Sgt. (Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Sergeant Joseph Bernatchez, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Sergeant Joseph Bernatchez
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

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

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

à Montmagny ce 18ème jour de Juin 1941

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Capt. Staff CA(B) 10 54
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

OCCUPATIONNAL HISTORY FORM COMPLETED, 26-11-41.

ii A
S. Mont

DUPLICATE

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

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

Unité (Unit) Montmagny Rgt. Matricule (Regimental Number) ~~93~~ E 439017

Original
Duplicata
Triplicata

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

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14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?)

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

216
24

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 18-6-41 Sergent Joseph Bernatchez
Témoin: Lindsay S/Sgt. (Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Sergent Joseph Bernatchez, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Sergent Joseph Bernatchez
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

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(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Capt. Adjt. CA(B) 40 54
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

OCCUPATIONNAL HISTORY FORM COMPLETED, 26-11-41.

État de service de Bernatchez (Nom—Surname) Joseph (Prénoms—Christian Names)
Record of Service of

Matricule E ~~439017~~ 19084
Regimental Number

APTITUDES
Qualifications

Militaires / Military: Nil

Professionnelles ou commerciales / Business or Professional: Nil

Civiles ou de métier / Trade or Civil: Embouteilleur

Techniques / Technical: Nil

Langues / Languages: C. Français

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

~~Académies~~ ~~High School~~ or Collegiate: 6e (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: Nil (Spécifier—Specify)

*Collège: Primaire Montmagny

*Université / University: Nil

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
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.

Rapport — Report: Date	Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Daté le — Dated
19-7-40		Affecté lors de son enrôlement / Joined on enlistment } Posted to Adm. & Org.	Sgt.	8-7-40	R. Mont'y	Mont'y	Part II No 3	17-7-40
25-9-40	—	Posted to N.P.H.M.T.C. #54	Sgt	5-9-40	R. Mont'y	Mont'y	Part II No 1	9-9-40
16-9-41		On FURLOUGH" from 15-9-41 to 21-9-41	"	15-9-41	T.C.#54	"	Part II # 88	16-9-41
28-11-41		On command to Junior Leaders School Mtg.	"	27-11-41	"	"	— #118	28-11-41
28.11.41	52 JLS.	TOS. this School from C.A. (B)., T.C. No. 54 Montmagny, Que. and attached for all purposes.	"	28.11.41	DD.5/AF	Quebec.	D.O. No. 166	30.11.41.
5.1.42	52 JLS.	Re Part II Order No. 166 d/30.11.41. TOS. should read "Attached for all purposes EXCEPT PAY, instead of "Attached for all purposes.	"	28.11.41	"	"	D.O. No. 1	5.1.42.
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~ to ~~[illegible]~~	~~"~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
18-5-42		T.O.S. On Trans. to Regt. de Mty.	"	12-5-42		Valcartier	Part11 No. 1	14-5-42

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) BERNATCHEZ JOSEPH Date 16-7-40

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 24 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism) ..... now
b. Tuberculose (Tuberculosis) ..... now
c. Bronchite ou asthme (Bronchitis or asthma) ..... now
d. Affection cardiaque (Heart disease) ..... now
e. Maladie du rein ou de la vessie (Kidney or bladder disease) ..... now
f. Gastrite intestinale (Gastro-intestinal) ..... now
g. Hernie (Rupture) ..... now
h. Varices (Varicose veins) ..... now
i. Pieds plats ou déformés (Flat or deformed feet) ..... now
j. Affection nasale (Nasal trouble) ..... now
k. Maladies des oreilles (Ear disease) ..... now
l. Maladie des yeux (Eye disease) ..... now
m. Epilepsie (Epilepsy) ..... now
n. Maladie nerveuse ou mentale (Nervous or mental disease) ..... now
o. Syphilis ..... now
p. Gonorrhée (Gonorrhœa) ..... now
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) ..... now

Joseph Bernatchez
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) aucune

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
cicatrice face palmaire main droite.

2. Taille (Height) 5 pieds (feet) 5½ pouces (inches).
3. Poids (Weight) 151 livres (pounds)
4. Teint (Complexion) Clair Yeux (Eyes) Bleus Cheveux (Hair) Blonds
5. Développement (Development) bon — Bon—Good; Passable—Fair; Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 37 pouces (inches) Degré d'expansion (Range of expansion) 3 pouces
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) H.V. 20 gauche (left) H.V. 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Bonne
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Reflexes, urine, oreilles: Normal.

18 JUIL 1940 X-RAY CHEST - NEGATIVE!

Edward H Blondeau Capt.

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

L Cartier Lt Beaune. Dr. A. H. Tremblay Maurice Bernatchez.
(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
6-9-40	TAB + TET Valcartier	15/4/43	Re-E/Cat A confirmed. F Beaumont Capt
8-11-40	T.A.B. II J. Cartier Capt. R.C.A.M.C.		
15-11-40	Vaccin J. Cartier Capt.		
29-11-40	T.A.B. III + T.E.T. II J. Cartier Capt.		
3-6-41	Réexamen — Cat non changée J. Cartier Capt.		
12-12-41	T.A.B. ½ cc J. A. Dutil Capt.		
15/4/43	Chest Test		

Matricule E-19084 Regtl. No. Grade Sgt Rank Nom Pinatchez Surname Prénoms Joseph Christian Name

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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 du médecin — Signature of Medical Officer
Dehert	28 Aug 42	2	May	43	3	May	43	Fracture du crane	1	"Severe concussion" - decédé	M. Pliney Capt

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

Statement of the Service of No. E-19,084 Rank Sgt. Sheet No. (1). "A".

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name BERNATCHEZ, J.

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
25.3.42.	S52 JLS.	Attached to the Sub-Staff of S52 JLS. on command from DD., MD. 5.	Sgt.	1.1.42.	"	"	D.O. No. 32	25.3.42.
3.4.42.	"	SOS. from This School.- on return to his Unit. (CABTC. 53).	"	3.4.42.	"	"	D.O. No. 38	3.4.42.
10.4.42	JLS #52	Return from On Command to JLS # 52	Sgt.	3.4.42.	T.C.54.	Mont'y	Part II # 44.	10.4.42.
5-5-42.	T.C.54.	Granted furlough from 4.5.42. to 10.5.42.	"	4.5.42.	T.C.54.	Mont'y	Part II # 54.	5.5.42.
12-5-42	T.C.54.	S.O.S., on transfer to le Regt. de Mont'y	Sgt. A/F	11.5.42.	T.C.54.	Mont'y	Part II # 57	12.5.42.
1-6-42		T.O.S. R. de Mont'y W.A.F.	Sgt.	12-5-42	R.De.M.	Valartier	Part 11 nol	14-5-42
4-9-42		Confirmed to the rank of W/C S M	W/C S M	12-8-42	R Monty	Valartier	Part II no 56	20-8-42
20-10-42		Granted furlough with warrant from 15-10-42 to 21-10-42	"	15-10-42	"	Hebert	" 94	14-10-42
21-12-42		Granted New years leave 5 days and accumulated leave 4 days 50 per day from 29-12-42 till 6-1-43	"	29-12-42	"	"	" 129	17-12-42
22-3-43		Granted 4 days leave from 12-3-43 to 16-3-43 and granted 50 per day allowance	"	12-3-43	"	"	" 30	10-3-43
6th May 43		Died at Debert Military Hospital NS. and is S.O.S. this unit	"	3 May 43	"	"	D.O. 67	5th May 1943
6th May 1943		Admitted to DebertMilitary Hospital	"	2 May 43	"	"	D.O. 67	5th May 43
6th May 1943		Discharged from Debert Military Hospital	"	3 May 43	"	"	D.O. 67	5th May 43

Deceased

(1482) AWARDS—CANADIAN ARMY (ACTIVE)

M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-B-18635

BERNATCHEZ, Joseph	E-19084	S/M	Le Regt de Montmagny
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal C.V.S.M.	4603. 26/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Gaudias BERNATCHEZ (FATHER)

ADDRESS: MONTMAGNY, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Marie BERNATCHEZ

ADDRESS: Rue St. Ignace, Montmagny., P.Q.

MEMORIAL B'R
(1)
DATE DESP.....
REGN. NO. 1340

(2)

(3)
DESP. OCT 29 1943
REGN No. 2929

B-653

No E.19084 Rank C.S.M. Name BERNATCHEZ, Joseph

Unit Regt. de Montmagny Date of death 3rd May, 1943.

Died at Debert Military Hospital, Debert, N.S.

Cause Fractured skull, motorcycle accident.

Death occurred on strength of Forces.H.Q 405-B-18635 d 3-5-43

N/K Mr. Gaudias Bernatchez Relationship Father

Address Montmagny, P.Q. 461622

Remains buried in Montmagny Cemetery

Montmagny, P.Q.

Grave location

CHK

CONTRACTORS ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JUL 15 1943

M. F. D. 930A
500M—8-42 (5574)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. or Official No. E-19084 Rank and Name C.S.M. Bernatchez, Joseph

of ..... Company, etc. Le Regiment de Montmagny, CA(A) Regiment, etc., on .....

(~~Transfer, Posting~~ Discharge) to "Deceased" on 3 May 43 194
(Unit and Station)

Reason for discharge Died on 3rd May 1943 Authority DO 67-d/5 May 43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ N.A. has been paid by the Treasury Officer, Military District No. ..... or ..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment 5 Sept. 40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N.A.

(3) Has assignment of pay been made? N.A. If so, amount N.A. effective date N.A.

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ N.A.

The following is a statement of the account of the above named from 1 May 43 to 31 May 43 194 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT	Cr. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment		Regimental Pay 31 days at $3.00	93.00
Casual Payments		Tradesmen's Pay ..... days at $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay		days at $	
Regimental Charges		Allowances (Give particulars) ..... days	
Public Stoppages (Give particulars):		at $	
		Other Credit, as per Deposit Receipt attached	42.95
To Balance Cr. (To be paid by new unit)	135.95	By Balance Dr. (To be deducted by new unit)	
Total	135.95	Total	135.95

ESTATE BRANCH JAN 17 1943 H.Q. OTTAWA NATIONAL DEFENCE

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Debert Camp, N.S.
(Place)

6th May 1943
(Date)

(J. VALLEE) Captain-Paymaster.
Paymaster or Accounting Officer.

To be made out in duplicate

M.F.M. 5
100M—6-40 (5453-4)
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.

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(1) Name of Officer of Other Rank BERNATCHEZ JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank ~~2093~~ E 439017 Sgt.

(3) Unit C.M.T.C. No.54

(4) Are you married? NO

(5) If married, state,

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

(*b*) Present postal address of wife ~~XX~~ 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 Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N.A.

Postal Address N.A.

DISTRICT PAY OFFICE RECEIVED SEP 26 1940 M.D. No. 5 Quebec.

[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.A.....

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

.....

.....

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

If so, state name and address, occupation.....Gaudias.....Bernatchez.....

.....Rue St. Ignace Montmagny P.Q.....

(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.....Marie Bernatchez (Marois).....

.....

(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?.....N.A.....
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?.....Metropolitain Life Insurance Co.....
(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.

Joseph Bernatchez
.....
(Signature of officer or man)

Date.....20 Septembre 1940.....

.....

Officer Commanding.....J.P. Gendreau Capt

Date.....25-9-40.....

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.

G

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, E.19089 C.S.M. BERNATCHEY, J.
(a) (number) (b) (rank) (c) (surname) (Christian names in full)

Mongmagny Regiment. hereby declare that the injury sustained by me
(d) (unit)

on the 2 May 1943. did* ~~did not~~* occur while I was in the performance
(e) (date of casualty)

of military duty.

Patient unable to sign.
(Signature of officer or soldier)

Debert Mil.Hosp. 2 May 1943.
(station) (date)

2. (a) Description of injuries Cerebral Concussion ~~Skull~~ Severe Fracture of Skull

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? Yes

(c) Whether admitted to hospital or sick in quarters? Hospital

(d) How long before initial treatment was given? Immediately on Admission

Date 2 May 1943. Signature of medical officer (L.H.McKIM)Lieut.Col. ~~Officer i/c Surgery.~~

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

*Strike out whichever is not applicable.

37
51

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? Yes

(*b*) Nature of duty Carrying out Motorcycle driving

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? N.A.

(*d*) If it was incurred on leave, was such leave with or without pay? N.A.

(*e*) Was anyone else to blame? Unknown

(i) Whom? Unknown

(*f*) Did the injury occur on military premises and if so in what part of such premises?

No -- it was on the public highway

(*g*) Court of Inquiry:

(i) Has one been held? Not yet

(ii) Will one be held? Yes

(iii) Date and place

Date 6 May 43 Commanding [signature] Lt-Col.,
O. C. Le Régiment de Montmagny, C.A. (A)

5. Remarks of District Officer Commanding or Division Commander:

Date

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit: LE REGIMENT DE MONTMAGNY C.A.

Regt'l No.: E-19084 Rank: C.S.M.

Name in full: BERNATCHEZ JOSEPH

Date and place of birth: 23rd December 1916 Montmagny P.Q.

Married or single: Single

Enlisted, when and where: 25th September 1940 at Montmagny Camp P. Q.

Died — Date: 3rd May 1943; Place: Debert Military hospital; Cause of death: Fracture of the skull and broken neck following a M.C. accident.

Buried — Date: Unknown; Name of cemetery: Montmagny; Location of cemetery: Montmagny P.Q.

Whether he leaves a Will or not, and if so, where deposited: No

Statement as to existence of any personal effects: The comittee of adjustment has been formed, no report has as yet been submitted

Latest particulars as to Next of Kin: Mr. Gaudias BERNATCHEZ, father of the deceased. Montmagny P. Q.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

L. E. Rheaume Lt-Col.,
O. C. Le Régiment de Montmagny, C.A. (A)
Officer Commanding

Secretary, Department of National Defence.

Forwarded, please.

Date: 4th May 1943

S. T. Bernard Capt
D.O.C., M.D.
a G. O. C. 7 Cdn. Div.

Date:

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

Posted Graves/Reg

The Administrator of Estates.

Regimental No. E.439017 Rank C.S.M.

BERNATCHEZ Joseph
Surname Christian Names

Unit Le Regiment de Montmagny

~~G.O.C.~~
~~7 Can. Div.~~
~~Debert N.S.~~

Date of Death 3-5-43 Place of Death Debert, N.S.

Next-of-kin Mr. Gaudias Bernatchez Relationship Father

Address Montmagny, P.Q.

ESTATES BRANCH MAY 19 1943 H.Q. OTTAWA NATIONAL DEFENCE

M.F.M.5 Copy herewith.

Will No record of Will in Record Office to date.

Date May 15, 1943.

HMG/KVB

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

APPENDIX "A"

PERSONAL EFFECTS FORWARDED TO THE ADMINISTRATOR OF ESTATES, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, IN THE CASE OF E-19084 CSM BERNATCHEZ Joseph, dead on 3rd May 1943 at Debert Military Hospital, N.S.

1 Black suitcase, containing:-

1 pen holder (wooden, CSM BERNATCHEZ J.)
4 Brushes,
3 bag handles with one lock,
1 brown shaving kit.
1 bottle after shave lotion,R
1 pocket diary no entries
1 prayer book
1 year book, 1943,R
1 song book,
12 reading books, Novels - French
3 writing pads,
38 letters,R
1 wooden box containing:-
1 ronson service kit,
1 bottle shampoo,R
2 pairs, arm braces,
1 catholic identification,
1 gladstone wrist watch,V
2 bracelets " "
1 cigarette case,
1 tobacco pouch,
1 wallet, containing:-
2 keys (No. 22x)
1 war savings certificate ($5.00) Rec'd
1 identification bracelet (sterling)V
15 snapshots,R
1 address card,
1 unit identification card,
1 Cdn. Army identification card.
2 tubes shaving cream,R
2 fountain pens,
1 automatic pencil,
1 pipe,
1 pocket comb,
1 eraser,
7 buttons (Canada)
1 Brass button,
3 medals,
1 blue wool,
1 tie pin,
118 snapshots,R
1 flash light,
empty envelopes,
1 Pola fruit saline,R
1 pair braces,
1 whistle,2 laniards,
1 mirror,
1 table photograph,
1 photographs album,R
1 pair garters,
2 note books,R
1 pen & pencil case (leather)
2 Montmagny shoulder patches,
1 Thorens, lighter,V
1 pocket knife,
2 spools of thread,
1 crucifix.

25-5-43

1 w/b 1 s/c & val

1 key for w/b only in val

CERTIFIED CORRECT BY THE PRESIDENTOOF THE COMMITTEE OF ADJUSTMENT ON 12th May, 1943.

Ls. Ph. Gingras, Capt.,
LE REGIMENT DE MONTMAGNY, C.A.
PRESIDENT OF THE COMMITTEE OF ADJUSTMENT.

25-5-43

APPENDIX "B"

PERSONAL EFFECTS FORWARDED TO THE ADMINISTRATOR OF ESTATE, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, Ont. in the case of E-19084 CSM BERNATCHEZ Joseph, dead on 3rd May 1943, at DEBERT MILITARY HOSPITAL, N.S.

1 strong wooden box containing:-

1 Chicago lock,
2 handkerchiefs, M
1 pocket comb, M.
1 swagger stick,
1 pair of rubbers,
1 (It) white shoes cleaner bottle. R
1 metal polish bottle, R
1 pair running shoes,
1 Familex fruit saline, R
1 coloured Field Service Cap,
1 bath robe,
2 empty kit bags,
1 lamp shade,
1 pair rubber boots,
11 pairs of socks,
1 sweatshirt,
1 pull over,
1 pair braces,
3 pairs black laces,
1 towel,
1 set underwear, M
2 pairs shorts,
3 kaki shirts,
1 electric lamp.

CERTIFIED CORRECT BY THE PRESIDENT OF THE COMMITTEE OF ADJUSTMENT ON THE 12th May 1943.

Ls. Ph. GINGRAS, Capt.,
LE REGIMENT DE MONTMAGNY, C.A.
PRESIDENT OF THE COMMITTEE OF ADJUSTMENT.

25-5-43

Obey for w/B only in val

1 w/B Box + 1 A/C. of val

25-5-43

HQ 405-B-18635 FD 181

ESTATES BRANCH

June 10, 1943.

The Registrar,
War Savings Certificates,
350 King Edward Avenue,
Ottawa, Ontario.

BERNATCHEZ, Joseph, C.S.M. (Deceased)
No. E.43017, Le Regiment de Montmagny

Dear Sir:

We have your letter of May 28th (A2/275684). No Will was located for this deceased soldier and distribution is being made under the Quebec Intestacy Laws. These laws provide for distribution as follows: 1/4 to father, 1/4 to mother, 4/63 to each of five adult brothers and one sister, 1/36 to each of one half-blood brother and one half-blood sister and 4/63 to father upon his undertaking to use that share for the benefit of a minor full blood brother.

It is trusted that this is the information which you require.

Yours faithfully,

(R.G. Phelan) Lieut.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP/JMcF

25M-12-44 (6215)
H.Q. 1064-81-3

WSH-4462
7134

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE — ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph (CHRISTIAN NAMES) BERNATCHEZ (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-16253
FILE NO. 405-B-18635
DATE 8-11-45
SERVICE NO. F-439017,E19084
FINAL RANK OR RATING C.S.M.
DATE OF DISCHARGE 3-5-43

DATE OF TERMINATION OF OVERSEAS SERVICE

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1030/30 EQUAL TO 34 COMPLETE PERIODS AT $7.50	255.00
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	
C. SUPPLEMENT FOR OVERSEAS SERVICE		255.00

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $
TOTAL $ X7 = $
NO. OF DAYS _____/183 X$

ESTATES BRANCH NOV 26 1945 H.Q. OTTAWA NATIONAL DEFENCE

D. WAR SERVICE GRATUITY		255.00
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		255.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

△T

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
[illegible]	

TREASURY	
CHECKED BY	DATE
[signature]	15-11-45

[signature]
SERVICE REPRESENTATIVE

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name BERNATCHEZ, Joseph No. F-439017 E-19084
Surname Christian Names

C.S.M. Le Regiment de Montmagny 3-5-43
Rank Unit Date of Death

AMOUNT W.S.G. 255.00
L.P.C. $ 135.95

Date 12-3-46 Other Credits 4.15

Total 395.10

Prev.dist. 132.17
Shares retained. 27.42
This dist. 235.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	Gaudias Bernatchez 32 St. Ignace, Montmagny, Que.	64.79
1/4	Mother	Mrs. Marie N. Bernatchez (as above)	64.79
4/63	Sister	Aleda Bernatchez, (as above)	16.46
4/63	Brother	Wilfred Bernatchez, Wistree, Ont.	16.46
4/63	Brother	Ernest Bernatchez, P.O.Box 44, Montmagny, P.Q.	16.46
4/63	Brother	Leo Bernatchez, 32 St. Ignace, Montmagny, Que.	16.45
4/63	Brother	Arthur Bernatchez, (as above)	16.45
1/36	Half/Sister	Marilda Bernatchez, (as above)	7.19
		(As next of kin entitled)	
4/63	Brother	Diogine Bernatchez, 24½ Jean d'Arc St., Quebec, P.Q. (As next of kin entitled)	16.46

deductions above
per P4
d 24-1-47

P4 TO TREAS
MAR 20 1946

SHARES	RETAINED		
4/63	Brother	Amedee Bernatchez,	16.45
1/36	Half-Brother	Louis Bernatchez, (addressed unknown)	10.97 WSG

O.A.O. E 559822

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$235.51

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

30M—1-46 (8630)
H.Q. 1772-45-27

File No 405-B-18635

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-19084 Name Bernatchez Joseph

Rank on Discharge S/M.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 8-7-40	to	3-5-43. Died at Hebert Mil Hosp.	
	from	to		
United Kingdom	from	to		
	from	to		
Italy	from :-	to		
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

~~1939 - 45 Star~~ _____

~~---.-.-----~~ _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal OK

Canadian Volunteer Service Medal OK

~~with Clasp~~ _____

M

N.R.D.

Verified by H. Imeroid

Date 8-6-46.

JUN 8 1946

Carded _____

HA 165

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Joseph (CHRISTIAN NAMES) BERNATCHEZ (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-16253
FILE NO. 405-B-18635
DATE 8-11-45
SERVICE NO. F-439017, E19084
FINAL RANK OR RATING C.S.M.
DATE OF TERMINATION OF OVERSEAS SERVICE 3-5-43 DATE OF DISCHARGE

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1030/30 EQUAL TO 34 COMPLETE PERIODS AT $7.50	255.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION		
C. SUPPLEMENT FOR OVERSEAS SERVICE		255.00	

DAILY RATES AT DISCHARGE

PAY	$	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$	
ADDITIONAL PAY	$	
	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$	X7 = $
NO. OF DAYS 183		X$

D. WAR SERVICE GRATUITY		255.00
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		255.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
[illegible]	

TREASURY	
CHECKED BY	DATE
[signature]	15-4-46.

[signature]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Joseph (Christian Names) BERNATCHEZ (Surname)

Register No. ~~H15297~~ 16253

PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) (Surname)

File No. 405-B-18635

ADDRESS .....

Date 7-11-45

E 19084

Service No. F 43907

Final Rank C/S/M

DATE OF TERMINATION OF OVERSEAS SERVICE .....

Date of Discharge 3-5-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1030}{30}$ = 34 (10) Periods @ $7.50	255	00
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE	255	00
Daily Rate of Pay $ ..... Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days $\frac{\text{.....}}{183}$ × $		
D. WAR SERVICE GRATUITY Computed By Monty	255	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	255	00

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

$ ..... × 30 = $ .....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3