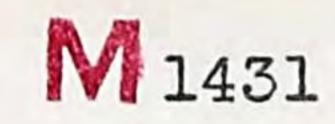
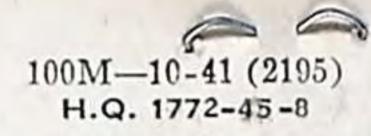


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AWARDS—CANADIAN ARMY (ACTIVE) 1431





			FILE NO. 405-C-7451
CHATTERTON, Orrin James	E.29830	Rfn.	Quebec Regt.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANKON	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Pacific Star	38-30 29/3/50
War Medal CVSM & Clasp	
	THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS PERSON ENTITLED TO Mrs. Joseph CHATTERTON (Mother)	MEMORIAL BAR DATE DESP
ADDRESS: New Carlisle, Que. (2) MEMORIAL CROSS BON AVENTURE CO. P. 9.	REGN NO 1393
ADDRESS:	(2)
MOTHER Mrs. Annabelle Ranouf Chatterton,	DESP. FEB 2 1943 REGN No. 920
ADDRESS: New Carlisle, P.Q.	

VERIFICATION FORM

WAR SERVICE MEDALS 1959-45

No. E 27850 Name CHATTERTON ORRIN JAME	=5
Rank on Discharge	- (
Authority for Discharge or Retirement Deceased	
Served in: Non-qualifying service	
Canada from 17-7-40 to Oct.41	
from to	
United from to	
Kingdom from to	
Italy from to	
Northwest Europe from to	
fromto	
Hong-Kong from Oct. 41 to 23-12-41/ Killed	Charge San
Eligible for award of:	
1939 - 45 Star Centre Alm OK Italy Star	
France-Germany Star	
Defence Medal	
War Medal OK	
. Canadian Volunteer Service Medal	
with Clasp	
Verified by A.G. Palen	
7. R. B. Date 25-6-44	
Carded Jul 3 1946	

OCCUPATIONAL HISTORY FORM

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

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

_		
	Section A—GENERAL INFORMATION	PLEASE
1.	(a) Print name in full	BLANK
2.	(a) Arm of service	
3.	(a) Date of birth	đ
4.	(a) Place of enlistment Dan 1110, QUE. (b) Date of enlistment 17-7-40	
5	Section B—EDUCATION AND TRAINING (b) Were you attending school	
٥.	(a) State age on finally leaving school	
6.	State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior	13 - 100
7.	Matriculation", or "4 years technical course in printing", etc.)	
	university and standing or degree secured	
	anter upon a trade for what	
	apprenticeship?	
	do you speak fluently?	
10.	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT (a) State whether you were	
	WORKING or NOT WORK- (b) At time of en-	45 AN
	(Enter here only "Work-	
	as case may be; particu-	
-	lars are asked for below)	
4	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
1	OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11.	Had you ever been employed fairly regularly since leaving school?	
. 7	(a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked	1
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14.	If you had been employed after leaving school, state	
15.	when you last worked fairly regularly before enlistment	
16.	employer, if any: Name	
774	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	(a) If your last employment was in a business of your own, state nature and address of business	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
i	OF ENLISTMENT	
Q	UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	
4	IE VOIL WEDE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF FAULUTMENT DI FACE ANOMER OUTSTIEND AS TO SA	35 18 5
18	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21 Name of employer	
128	Nature of employer's business (for instance, "farmer", or "building	
4	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	(a) Your (b) Number of years' experience at specific occupation with any employer 5 3753.	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish	
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM A STORE AN AGENCY	
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23 (a) State nature of business, (b) Where was	9- 130
at	or professional practice	
	engaged in this businessreturn to the same or a similar business on discharge?	
1	Section F—PARTICULARS OF FARMING EXPERIENCE	A fall was
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	(a) Were you farming after the war? (b) How many years' actual born on a farm? farming experience have you had? born on a farm? farming experience have you had? farming experience?	
 	Section G—MISCELLANEOUS	series and a
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	If on ototo potence of many description of the second of t	
	to return to school, or have you been assured of a job, etc.)	THE TOTAL
20.	State any employment preference or ambition you steel work may have, other than indicated elsewhere in this form	
<u></u>		The state of the s
Mary 1		

H.Q. 405-C-7451 R. 4 (B). 25th September, 1947. Mr. Joshua Chatterton, New Carlisle, Quebec. Dear Mrs. Chatterton: Information has just been received from military authorities in the Far East that the remains of your son, E29830 Rifleman Orrin James Chatterton, have now been interred in grave 21, row A, plot 1, of the Canadian Section in Sai Wan Military Cemetery, Hong Kong. This is a recognized military burial ground which 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, J. B. Radine for H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General.

3RD DECEMBER, 1945.

MR. JOSHUA CHATTERTON, NEW CARLISLE, QUE.

DEAR MR. CHATTERTON:

WITH REFERENCE TO PREVIOUS CORRESPONDENCE FROM THIS HEADQUARTERS CONCERNING THE DEATH OF YOUR LATE SON, I DEEPLY REGRET TO INFORM YOU OFFICIALY INFORMATION HAS NOW BEEN RECEIVED THAT E29830 RIFLEMAN ORRIN JAMES CHATTERTON WAS KILLED IN ACTION AT HONG KONG ON THE 23RD DAY OF DECEMBER, 1941.

PLEASE BE ASSURED THAT SHOULD ADDITIONAL INFORMATION BE RECEIVED CONCERNING YOUR LATE SON'S DEATH OR BURIAL, IT WILL BE COMMUNICATED TO YOU WITHOUT DELAY.

YOURS TRULY,

(C.L. LAURIN) COLONEL, DIRECTOR OF RECORDS, FOR ADJUTANT-GENERAL.

GR/MEB

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

N. W. BER [29830

民主学上总织高的

SERVICE UNIT

NOVAL RIPLE OF CANADA

NAME CHATTERTON, CRRIN JAMES

DATE OF BIRTH

7-8-15

DATE OF ENLISTMENT

17-7-40

MARITAL STATUS

日本財命私位

RELIGION

CHURCH OF 在特殊上為份的。

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

ADDRESS NEW CARLIBLE, QUE.

NAME **ADDRESS**

JOSHUA CHATTERTON.

ADDITIONAL PERSON

TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER MARRIED OVERSEAS

AUTHORITY CAS. SIG. NO.

H.Q. 405-C-7451

DATE

CASUALTY DETAILS

代して下記録 MOSTSA WE

AMERICED AS TO SATE OF SEATH

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

DIRECTOR OF RECORDS

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

1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

No E. 29830 Rank Rifleman	Name CHATTERTON, Orrin J	ames
Unit Royal Rifles of Can.	Date of death 8/25/12/41.	
Died at Hong Kong.		
Cause Killed in action.		
Death occurred on strength of F	orces.HQ 405-C-7451	d
N/K Mr. Joshua Chatterton	Relationchip	Father
Address New Carlisle, Quebec		
Remains buried in	Stanley View	Cemetery
	Hong Kong.	
Grave location		
	0	VER

1947 36 المال STAT DESP'D. N.K 0 N.K. CAN. MESSAGE DESP DEATH CERT. TO RETURN TO BUR. BURIAL REPORT ROYAL MESSAGE

REBURIAL

Sai Wan Military Cemetery, Hong Kong.

Grave 21, row A, plot X. Photographs

Despatched MAR 20 1948

IWGC Quest Form Desped 10-1-49.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PL	ACE	Muni- cipal county	THE FI	BLD (HON	C KOldivil	ial name municipar r towns	ali-						Place an X applies to this 1 City Town V	municipalit	y or this	territory
	ATH	Street			No.			Hospital or Institution		Visit !					5 00	
2. LEN	IGTH	(a) In hosp or insti	Control of the Contro		(b) In munici- pality where death occurred	Years	Months	Days	In Province	Years	Months	Days	(d) In Canada (if immigrant)		Months	Days
3. NA	AME	Surname	CHATTE	RTON			Do not		CONFIDEN	ITIAL	MEDI	CAL C	CERTIFICATE	OF DEA	ATH	
DECE	OF ASED	Given name	orrin	James.	ers)		write in this space	22. Date of	death De	cemi	ber (Month	h)	8th/25t	h,		19 (Year)
CE			Asbest	os,	No			23. I HER	EBY CERTII	FY that I						
4. O Ci	fficial na	ame of	Di chac	nd Co.								19	to			19
IS ty	or tow	nship	102 011110	,,,,,,	Onoh	00		and last	t saw h		alive o	n				19
-4	lunicipal ounty	1		P	rovince			Y- Join		1175			F DEATH			
5. SEX	6.	(Citizenship)		CIAL ORIGIN	8. Single, Mar. Widowed or Di (Write the w	ried, ivorced ord)		Immediate Give dis	sease, injury	or cor	mplica-	(a)	Gilled in	act:	ion.	
11					Single	•		mode of d	h caused dea ying, such as sthenia, etc.	th, no heart	t the failure,	due to				
9. If m name of v band of d	wife or h	ius-						Morbid co	onditions, if	any,	giving	(b)				
Dana or c	acceased	99.1				1		order pro	ceeding bac	use (sta kwards	from -	due to				
10. BIR	THPLA e or Cou	CE Que	ebec.					Illiniculate c	II			(c)				
11. DAT		Au	(Month)	7th,	1.91	(Year)		tant) contr	rbid conditions to describing to describe to	eath bu	it not					
12. AGI DECE	E OF ASED	Years	Months		f less than one day			cause.	STEEL STEEL		136	(
L. Livi		23	**	**	hrs. or	min.		III mention	mmunicable di	sease is	(a) Da	ate of ap	pearance		1	19
z ,	13. Tr	rade, professio work, as spin	n or	mrer.				give				uration o	f disease		da	ays
NOIL	teamste	er, office clerk	, etc					25. If a wor	man, was there	a puerp	eral cond	ditio 62	S By			
	ousiness,	ind of industr	mill,								G	5 .	18			
0		te deceased		16. Tota	l years in this			26. Was the	ere a surgical o	peration	E	The state of the s	of		•••••	.19
	worked a	at this occupat	ion	occupa		LACE		The second secon	ndings	who are co			ill in also the follow		topsy?	
		17.	NAME		(Province Country	e or			~	1,	DI	olence, i	in in also the follow.	ing.		
FATE	HER	per man a per per				- unit		Acciden	nt, suicide ch	omicide	(Sta	te which	Date)	······································		.19
2.50		GHATT	BETUN,	Josnua.		-		Manner	r of injury				How sustained)			
MOTI (Maiden						1		Nature	of injury			18,41				
19. Place mati	e of bur	rial, cre- removal						Specify	whether injur	y occurre	ed in iblic pla	ce				
20. Date	e of buri	ial	92			19	PICE TO SERVICE TO	Signed.				TOO	TESMINET.			MD
OF	1	Name of parish	1					4 4 (4)			**************************************	••••••	Date	•••••	•••••	10
ION	(b)	Civil muni-	***************************************				28. Sign	Address nature of pe	rson who fills hospital auth	s in the	e form	29.		n in charge	e of Reg	ister of
RAT BUI	(c)	cipality of Municipal					(cu	rate, coroner,	nospital auth	ority, etc	c.)		Name of clergyman Civil Status in was burial was made.	vnich regis	stration	of this
PLA	(0)	county					7	BK	dia	0						
REG T	(d)	Date	(Month)	(Da	v)	19 (Year)	This sign	nature author	rizes the colle	ctor to	accept	***************************************	(Voir Pautre	côté nou	r le fran	caic
	1		(MIOHOT)	(1)8	.57	for	Direc	ctor o	f Reco	ras.	De	pt.	of Natio	nal I	erer	ice.

Mr.	Joshua Chatterton,	
New	Carlisle, Que.	

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-C-7451 FD. 354

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

February 1. 194.3.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

CHATTERTON, Orrin James, Rfmn.

E. 29830 Royal Rifles of Canada

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.

BRANCH 1943
FEB 10 1943
PEB 10 OFFER

PERONAL DEREN

THE THE PARTY OF THE THE TELEVISION OF THE PARTY OF THE P

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

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.

Domes	Degrees		INFORMANT'S ST.	ATEMEN	JT'
Rela-		TIVES e accounted for	NAME IN FULL of any Relative, if any, in each degree inquired for	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 I	Deceased			
2	Children of the dates of their	Deceased and Births			
					million
3	Father of the I	Deceased	Chatterton Johna. J.	55	New Carliole Co Bonowenture Luce
4	Mother of the	Deceased	Chatterton anabell	50	Co Bonouentino Re
5	Brothers of the Deceased	Full Blood	None		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Francis Chatterton wife Kenneth Hall.	30	askectos. Quebe
		Half Blood			
7	Names of brothers of the full or the Deceased, who a death of each.	s or sisters (whether ne half blood) of the ere dead, and date of	Names and ages of their children (if any)		Address of their children

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

10	What is th
11	Give the n
12	Where and
13	If deceased Was the
14	Did he lea
15	Did he lea
16	Is there an made fo the esta
17	State your
18	Where wa
19	State, in o deceased last.
20	What was
21	Did he ow

3	Did the d (a) (b) 8
	An itemization hereto,
	particu
4	Have you part the

and buris those exp amount of against th

Did he ev make h

-		
10	What is the full name of the deceased?	Chatterton vrnin James
11	Give the month and year of his birth.	7 August 1918
12	Where and when were his parents married?	new bailiste. Ce Bonoventure Ducke
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Ro
14	Did he leave a Will? If so, a copy should be attached hereto.	Ro
15	Did he leave a bank account? If so, give full particulars.	920
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Ro
17	State your own postal address in full.	Newbarlioles 6º Bonaventure Duce

PARTICULARS OF DOMICILE

18	Where was deceased born?	New Carliste Quele
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	banada all his life
20	What was the nature of his employment?	Farmen Son working with
21	Did he own the premises in which he lived? If so, where?	220
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	at home at Huw barlist due to farm.
-		1 do jam.

OTHER PARTICULARS

23	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.
24	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, and if a relative has already paid these expenses the Government will reimburge such relative to the extent of the amount authorized in the Regulations.
	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.)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc. * I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the statement of the deceased. * * * * * * * * * * * * *
N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner of or Notary Public. Signature of Informant
CERTIFICATE
I hereby certify that, to the best of my knowledge and belief. Loshua, 6 hallen
See above Father { Name of Informant } is the Father of the Deceased
above described, and I believe the above Declaration and the Statement of Relatives made by the
Informant and signed in my presence to be complete and correct.
Dated at Mew Carlible, this 13 day of Commissione Metre Court Superioure 9/3
Signature of Clergyman, Priest, Magistrate, Commissioner or Commissioner of the Superior Court Pour recevoir les Affidavits pour le
Notary Public Address New Coulis C District of Distri

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 enquired after is stated in its proper place in the Statement opposite.

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

A set I sell meter in a construction of the following set of a series of fills I set

	(1) I, ORRIN JAMES CHAT (Name in Fu		of the VILLAGE (City, Town, Village, Township)
Address in civil life.	of ASBESTOS	, in the County of	RICHMOND
	Province of QUEBEC	,	LABORER (Civil Occupation) C.A.S.F.
	Regimental No E-29830		FIESOFCANdo hereby revoke
Relationship, names and address of beneficiaries, and what each is to receive.	(2) I Give, Devise and Bequeath unto:		
Relationship, names and address of residuary beneficiaries.	(3) I GIVE, DEVISE AND BEQUEATH all the of whatsoever kind and wheresoever		my estate, both real and personal,
		NIL	
	(4) I appoint ANNABELL RANOUF (Name)		(Address)
	IN WITNESS WHEREOF I have h	, to be the Ex	ecutor of this my Last Will. this 17 day of day of
	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.	Ossen	Signature of soldier)
First witness sign here.	(5) Signature & & Derion Civil Address Danville, P. Q.		
	Civil Occupation Sehrel Prin	apal	26
Second witness sign here.	Signature 2 200	Lonald	
	Civil Address Civil Occupation Civil Occupation	Town RR	
	Civil Occupation Cler	1	
	(Witnesses are not to be beneficiaries		

To be made out in duplicate

M.F.M. 5 90M—3-40 (4225-6) 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. (SPECIAL RESERVE)

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. (Special Reserve.)
- (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	CHATTER	CON	ORRIN	JAMES
(1)	(Sur	name first—Chri	stian names in	full—Block	capitals)
(2)	Regimental or Air Force Number a	nd Rank	E-29830	Ri	fleman
(3)	Unit ROYAL RIFLES OF	CANADA	C.A.S.F.		PRICT PAY
	Are you married?			16	RECEIVED
				13	OUL 25 1940 m
(5)	If married, state,				No. 5 Quebec.
	(a) Full name of your wife.			N.A.	J. J QUE
	***************************************	•••••••	•••••••	•••••••	
	(b) Present postal address of	wife		N.A.	••••••
(6)	If married, have you been regularly	y supporting yo	our wife? If	not-state	reasons
				N.A.	HILLIAN AND AND AND AND AND AND AND AND AND A
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	••••	T/T A	••••••••••••••
(7)	Are you a widower?			N.A.	•••••••••••
(8)	Have you any children?				•••••
	If so, give number of boys and gir			N.A.	
				N.A.	•••••••
	Also their names and ages	•••••••	• • • • • • • • • • • • • • • • • • • •		•••••••
(9)	If Dependents' Allowance is claime	ed in respect o	f children—st	ate wheth	er you have been regu-
71 71	larly supporting them			N.A.	
-					
	•••••••••••••••••••••••••••••••••••••••	•••••	•••••••	•••••	••••••
	Give particulars of Guardian t	o whom Depen	dents' Allowa	nce should	d be paid—if authorized.
	Name			N.A.	
	Postal Address	••••••			
. 157		•••••••••••			[SEE OTHER SIDE]

	If so, state her full name and	Postal Address	N.A.
	•••••••••••••••••••••••••••••••••••••••		
1)			
	If so, state name and address,	occupation JOSHUA CHATTER FARMER	TON? NEW CARLISLE, P
	•••••••••••••••••••••••••••••••••••••••	PARTUVIE II.	
2)		d is totally incapacitated from ear	
	or partial support?		N.A.
3)		ther who is a widower, totally incar you have given him prior to joining	
	Reserve)	•••••••••••••••••••••••••••••••••••••••	N.A.
	Also state reason he has no otl	her means of support if partially s	supported by you, what is you
	reason for not providing full s	upport?	
1)	Is your mother alive?	••••	YES
	If so, state name and address	ANNABELLE RANOUF (CH	ATTERTON)
	••••••	NEW CARLISLE, P.Q.	•••••••••••••••••••••••••••••••••••••••
5)	If your mother is a widow, are If sole or partial support of wid	you her sole or partial support?	ner month you have given her
	**		
	prior to joining C.A.S.F. or R.C	A.F. (Special Reserve) no other means of support, if pa	N.A.
	prior to joining C.A.S.F. or R.C. Also state reason why she has is your reason for not providing	A.F. (Special Reserve)no other means of support, if paring full support?	rtially supported by you what
7)	prior to joining C.A.S.F. or R.C. Also state reason why she has is your reason for not providing. Are you contributing to the supplies of the	A.F. (Special Reserve) no other means of support, if paining full support? port of any dependents, other than plars:—	rtially supported by you what N.A. N.A. those shown above? N.A.
')	prior to joining C.A.S.F. or R.C. Also state reason why she has is your reason for not providing. Are you contributing to the supplif so, state the following particular Relationship	A.F. (Special Reserve) no other means of support, if paint full support? port of any dependents, other than alars:—	rtially supported by you what N.A. those shown above? N.A. N.A.
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7)	prior to joining C.A.S.F. or R.C. Also state reason why she has is your reason for not providing. Are you contributing to the supplif so, state the following particular Relationship. Full Name	A.F. (Special Reserve) no other means of support, if painting full support? port of any dependents, other than alars:—	N.A. rtially supported by you what N.A. those shown above? N.A. N.A. N.A.
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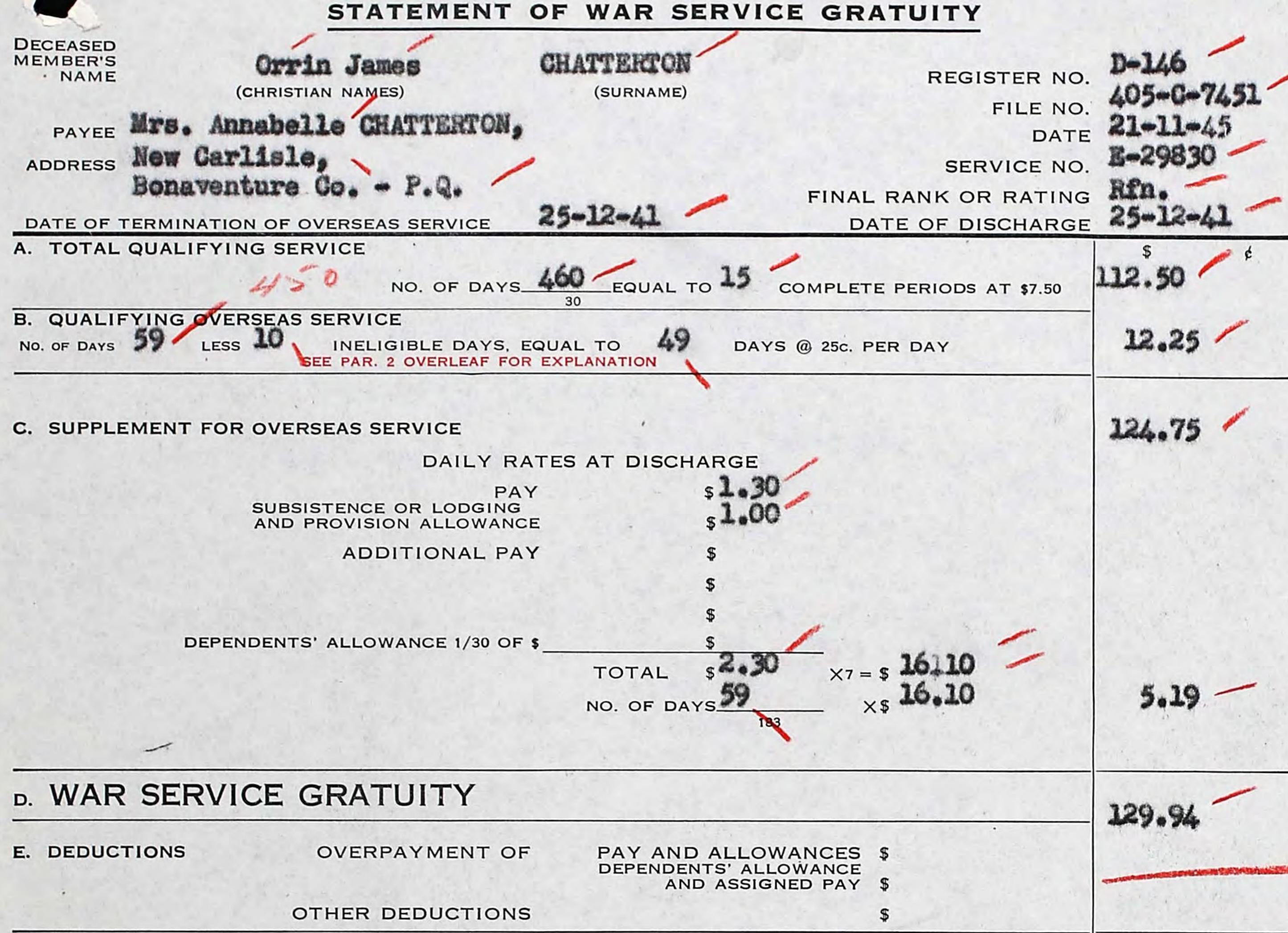
Date 17 July 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

DEPARTMENT OF NATIONAL DEFENCE

ARMY AIR FORCE

ARMY



G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_ OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

129.94

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.

CHECKED BY PREPARED BY

TREASURY

REASON FOR TERMINATION OF SERVICE: 1st Enlistment	ne in Full James
CANADIAN ARMY (ACTIVE) Computation of Service War Service Grant Regt. No. Rank when S.O.S. Surname Christian Nan 29830 RFM. CHATTERTON. ORRIN REASON FOR TERMINATION OF SERVICE: 1st Enlistment. CARO. 2nd Enlistment. CARO. 3rd Enlistment. CARO. Total Service 1st Enlistment. TO.S. JOE U. MD 75. S.O.S. 255 Dec U. MD 75. S.O.S. 255 Dec U. MD 75. Total Days. Total Days. Total Days. Total Service Western Hemisphere. 468 67. Totals. 527 67.	ne in Full James
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Total Service Western Hemisphere Overseas Service Totals Less Non-qualifying Service 468 67 59 Totals	
Western Hemisphere 468 67 Overseas Service 59 — Totals 527 67	Net Service
Totals 527 67	40
	5
Add Non-qualifying Service.	4-6
	6
Total Service	52
EMBARKATION DETAILS:	
1. Date S D.S. Overseas 2. Date S.O. Overseas 25 Llee 4	
Computer's Signature	
Checker's Signature AS KINOWKES, S.NI. Date Computed 2 DEC 44	46
Leorretes - 4 MAY 1945 CERTIFIED that entitlement to benefits Service Grants Act, 1944, has been es on service shown herein.	under the Watablished, bas
May mond.	
00M—11-44 (6012) C. L. LAURIN, Colonel, DIRECTOR	

Details of Non-Qualifying Service

Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
aus.	12 Sep 40	14 Sep 40			2.
	14 nov 40			7	
award.			21 200 40	7	1 14
aux.	25 nov 40	26 nov 40			/
	28 Leec 40			17	1 17
	17 Feb 41			2	1 2
	13 apr 41			2	
Quara.			15-apr 41	7	1 9
aux.	22 Jul 41	28 Jul 11		6	1 6
aus			16 Sep 11	6	
Quais			16 Sep 41	10	V 16
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
•••••••					
				Total	17
				Local	
Overseas: T.O.S	28 Oe	T.O.	S	T.O.S	
S.O.S	25 DE	c	S	s.o.s	
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				Total	