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Formule P. 64

Monsieur Alfred Syvret,

Belle Anse,

Cté Gaspé, Québec.

Prière d'adresser toute communication subséquente à ce sujet au

DIRECTEUR DES SUCCESSIONS, MINISTÈRE DE LA DÉFENSE NATIONALE, OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-S-7592 FD.164

MINISTÈRE DE LA DÉFENSE NATIONALE DIVISION DES SUCCESSIONS OTTAWA, ONTARIO

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

SYVRET, David, Fusilier,

E. 29879, Armée Canadienne

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC

Le directeur des successions,

THE PROPERTY OF LABOUR DISTRIBUTE

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M.F.W. 77a (French) 3M—10-44 (5704) H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Danie			TÉMOIGNAGE DU DÉCLARANT						
Degrés de arenté	a orginales		NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé				
1	Veuve du défur	ıt	Pas maric'						
2	Enfants du dé	funt et dates de	auen -						
2									
3	Père du défunt.	••••••	Alghed I Syund'	64	Belle Aner Boufe C				
4	Mère du défunt		Durde.						
5	Frères du défunt	Frères germains	Jester Erest. Angus " augun! Chart " brald " Strold "		Montical. Montical. Montical. Enrelle dans l'air Belle Amer. Sarf				
		Demi- frères	Ralph " Sydney. " Soulon "		Redle Arre.				
			Olwa. Hallmon 13 rue Wildoy. Barbary.		Monlieal. Barachora Monlieal.				
6	Sœurs du défunt								
		Demi- sœurs	Bamblea. " Robert. " Sylvel. " Cora "						
7	Noms des frère mains ou no sont décédés, de chacun d'	es ou sœurs (ger- n) du défunt, qui et date de décès eux	Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants				

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE DÉTAILS D'IDENTITÉ

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arme

السلاقي		The state of the s
8	Nom et prénoms du défunt.	David Synet.
9	Date de sa naissance.	16 mm) som d'Acond. 1919.
10	Lieu et date de son mariage.	Pas maire
11	Lieu et date du mariage de ses parents.	
	DÉTAILS DE DO	OMICILE
12	Lieu où le défunt est né.	Belly Anne Soufe Co due.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Queber. (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	Dommaler.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	116~.
16	Indiquer le lieu où le défunt entendait vivre d'une façon per- manente.	Belle Arer Co Sonfe Den
-	DÉTAILS DE LA SUC	CCESSION
17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non.
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Pas marie.
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirezvous qu'il soit administré avec le compte de solde?	
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	
21	Montant des bons de la victoire que possédait le défunt. In- diquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	110~,
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	auem.
	AUTRES DÉ	TAILS
24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	To as on ma convince
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	man, a LA M.
	(REMARQUE:—Le gouvernement paye les frais funéraires, i	usqu'à concurrence de montants déterminés par les règlement

(Remarque:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés

signalés; et que je suis le/ha* du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Signature du déclarant

Belle Ame Souf Co Deu. Adress

CERTIFICAT

Je, soussigné, certifie que, autant que je sache......

est le/late du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

CORPORATION AND STREET

*Voir plus

haut

Frank Le Vage de

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(a) none habita el depripement militaires.

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des polices, ainsi que le nom de la grerame qui pessi nomune

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REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

2 TEATER BUSINES

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-ORIGHVAL DUPLICATE -TRIPLICATE- M.F.M. 2 A.F.B. 271 750M—5-42 (4398) H.Q. 1772-39-1645

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

Unit ROYAL RIFLES OF CANADA (CASF)

Regimental Number....

E-29879

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1.	Surname	SYVRET
2.	Christian Names	David
3.	Present address	Belle Anse, Co. Gaspe, P.Q.
4.	Date of birth	16th August 1918
5.	Place of birth (Country)	Co. Gaspe, P.Q. Belle Anse (County or Province) (Town or Township)
	Citizenship	(Of What Country are You Now a Citizen)
		Church of England
8.	Trade or Calling	Fisherman
9.	Married, Widower or Single	Single
0.	Name of next of kin	Alfred Syvret
1.	Relationship	Father
2.	Address of next of kin	Belle Anse, Co. Gaspe, P.Q.
3.	Do you belong to, or have you	served in a Reserve Formation or Unit of The Canadian Army?
		Nil
4.	Have you served in (a) an Activ	(If Yes, Give Unit and Dates of Service) re Formation or Unit of The Canadian Army?
		(Yes or No) Nil (b) Any other Naval, Military, or Air
or	ce?	gimental No. and Unit) Nil
15.		(Yes or No) (If Yes, specify Unit and Period of Service) War 1914-1918?
		Nil
	(I	f Yes, specify Regimental No., Unit and Dates of Service)
lbo Arn eri	I, David SYVRET ve particulars are true, and I have so long as an emergency, i.e.,	ON TO BE MADE BY MAN ON ATTESTATION do solemnly declare that the ereby engage to serve in any Active Formation or Unit of The Canadian war, invasion, riot or insurrection, real or apprehended, exists, and for the emergency ceases to exist, and in any event for a period of not less than ald so require my services.
Dat	e 25 Jul 40	(Sgd) David Syvret (Signature of recruit)
	OATH T	O BE TAKEN BY MAN ON ATTESTATION
lecl	I, David Syvret are) that I will be faithful and h	ear true allegiance to His Majesty.
Vit	ness (Sgd) J.F. Ross (Name)	(Sgd) David Syvret (Signature of Recruit)
	CERTIFICATE OF MAGIS	TRATE, 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 Gaspe	this 25th	day of	July 1940
	(Sgd) John H. Price,		Signature of Magistrate, Justic or Attesting Officer.
	Major, R.R.C.		Officer or Rank and Unit or appointment.

Record of Service of		SYVRET	DAVID		Regimental N	Jumber E-29879
		(Surname)	(Christian Names)	•		
	QUALIFICATIONS			EDUCATION	AL QUALIFICATIONS	
Military	VII.		High School	4 YEARS	Graduation	NIL
Business or Professional	NIL		Collegiate	(years completed)	Matriculation	(specify)
Trade or Civil	FISHERMAN		*College	BELLE ANSE CO. GA	ASPE P.Q.	
Technical	NIL		*University	NIL		
Languages	ENGLISH			• • • • • • • • • • • • • • • • • • • •		
3			*(Name of institution	n. courses or years completed, and degrees	s 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.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority			
on Strength of Field Force					Part II D.O. No. Cas. List, etc.	Dated		
Joined on appointment T.O.S. attested, Royal Rifles of Canada (CASF)	Rfn.		Royal Rifles f Canada	Valcarti	er 20	29 Jul 40		
Awarded 3 days C.B. & forf. 1 day's pay for A.W.L. from								
1800 hrs. 6 Nov 40 to 1400 hrs. 7 Nov 40 (absent 20 hrs.)	f1		11	Sussex Ca	mp 109	9 Nov 40		
EMBARKED CANADA - SAILING LIST NO 409 "W" FORCE		21 Nov 40						
Admitted to hospital, Botwood	17	4 Dec 40	***	"W" FORCE	138	17 Dec 40		
Discharged from hospital, Botwood	11	4 Dec 40	11	11	138	17 Dec 40		
Deleted by Granted-14-days-leave-of-absence-commencing-28-Jan-41	11	28-Jan-41	11	11	28 8	5 Feb 41 11-Jan-41		
Granted 14 days leave of absence commencing 1 Apr 41		1 Apr 41	11	11	65	25 Mar 41		
Granted 7 days leave in addition to furlough granted for								
travelling purposes			. 11	11	65	25 Mar 41		
RET. CANADA AUGUST 18, 1941								
S/L 51B								

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

1. Age	2. Have you	ever suffered from	any of the foi	lowing diseases?	*
	m	The second secon		sease	no
b. Tuberculosi	is or pleurisy	no		sease	
	or asthma				
	ıse		n. Nervoi	is or mental disease	no
	bladder disease			S	*
	bowel trouble			hoea	
				ou ever worn glasses?	
	eins				
	le		rece	u now or have you in the past ived disability pension or pensation? If so, give details	
	ble	•••••	con	ipensation? If so, give details_	110
I	hereby declare that I	have not suffered i	from any dise	ases whatsoever except as state David Syvret	
				Signature of Applicant	
Part 2. I	nformation obtaine	ed by medical exa	amination.	THE RECRUIT MUST BE S	TRIPPED.
 Medical Officer	's Remarks on inform	ation as stated in F	Part 1		
1. Identification	on marks or scarsS	ear left sho	ulder.		
	5 feet 17			t. 144 poi	unds.
	clear Eyes.				Good Fair
T. Complexion	LI	fair	· J. Dever	JPHICH C	- Poor
. ~.	surement—Girth on fu			D 01	:1
7 Vision	right 60/6	20 left 20/20		Range of expansion25	
	ses— right			learing, right. W. V. 20. left	
With Glass 9. Condition of	es— right of mouth and teeth	leftGood	8. F		W.V. 20
With Glass 9. Condition of 10. Blood Press	ses— right	Good (Required	if recruit is or	learing, right. W.V. 20. left	W.V. 20
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NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

				DAT	ES OF					Remarks on nature of the disease: how induced: if mild o			ld or severe: if completely recovered from:		
STATION	Date of Arrival at the Station	ir	Admission to Hospi	n ital	fro	Discharg om Hospi	e ital	DISEASE	Number of days in Hospital	whether any particular trea whether mercury has been g	Remarks on nature of the disease; how induced whether any particular treatment was adopted. In whether mercury has been given. If an accident, state of Inquiry was held. Date of issue and particulars		y disease, and ether a Court nces supplied. Signature Medical Officer		
		Day	Month	Year	Day	Month	Year			of Inquiry was neid. Date	or issue and partici	mars of artificial teeth of surgical applia	nces suppned.		
••••••••••							•••••	***************************************			•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••			
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Regimental No. E-29879

Rank Rfn.

Sheet No.....

M.F.M. 1 & 2 (a) 50M-3-44 (4002) H.Q. 1772-39-1646

Name SYVRET, David

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority		
100010 of 110110010115, 11ansiers, Casuarties, 1teports, etc.	Ttalk Shown	- Effective Date			D.O. Number	Dated	
EMBARKED CANADA - SAILING LIST NO 966 "C" FORCE		27 Oct 4	1				
Granted increased rate of pay	Rfn.	l Jan 4	3R.R. of C.	Record Off: N.D.H.Q.	Lce A.O. 3	12 Feb 4	
Reported prisoner of war	11	25 Dec 4	R.R. of C. FORCE "C"	Ottawa	A.O. 15	10 Sep	
Awarded C.V.S.M. & Clasp	11	26 Jan 4	2 11	11	A.O. 16	10 Sep 4	
Awarded 1939-45 Star		8 Dec 4	1 "	11	A.O. 16	10 Sep 4	
S.O.S. died whilst prisoner of war	11	30 Jan 4	.4 11	11	A.O. 14	7 Sep	

NO E.29879 Rank Rifleman Name SYVRET, David
Unit Royal Rifles of Can. Date of death 30th Jan., 1944.
Unit Royal Rifles of Jan. Date of death Sould Jan., 1944. NII GATA, Died at Royal Rifles of Jan. Date of death Sould Jan., 1944. Croup pneumonia Whilst P.O.W.
Cause Croup pneumonia whilst P.O.W.
Death occurred on strength of Forces H.Q. 405-S-7592 N/K rAlfred Syvret Relashionship Father
Address Belle Anse, Gaspe Co., Que.
Remains buried in
Grave location OVER

. . .

CAN. MESSAGE DESP'D. MAR 24 1945

Despatched

Photographs

WCC Quest Form Lesp'd JUN OCT 10 1947

British Commonwealth War Cem Yokohama, Japan. Cdn. Se

REBURIAL

Grave 7, Row B, Plot B.

10M-1-45 (M-4608)

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AM34	收容所 Camp=	京小小。9.2 西和17年1月7日	番 No.	までから 102 15 102 102 103 103 103 103 103 103 103 103
	姓 名 Name	SYVRET, David ングレット、デェイヴィッド	生年月日 Date of Birth	1920.8.16
	國 籍 Nationality	MI		No. E-29879
	階級身分 Rank	Rifleman	所屬部隊 Unit	Royal Rifles of Canada.
	捕獲場所 Place of Capture	香港島防禦陣地	捕獲年月日 Date of Capture	昭和 16年 12月 25日
	父 ノ 名 Father's Name	SYVRET, Alfred	母 / 名 Mother's Name	SYVRET, Rachel
	本籍地 Place of Origin	Belle Ance, P.Q., Canada.	職 Occupation	房馆
	通 報 先 Destination of Report	Mr. SYVRET, Alfred, Belle Ance, P.Q., Canada.	特記事項 Remarks	打力

国分所

補 修 欄 Other Informations
昭和18年9月2日東京收容所入移管文第7分於
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19.1.5 Beri C. Pneumontd.
死亡場所 新宫市秋莱西沙東京中亚分阶分造所
昭和20年9月10日東京4日本門子中一大多一大为罗军航车部。
LT. BRYAN. James = 3/175.7.

收 容 所 Camp	香港。四和17年1月7日	番 No.	香 6791
姓 Name	SYVRET, David シウント、だィゥイッド	生年月日 Date of Birth	1920.8.16
國 籍 Nationality	MI		No. E-29879
階級身分 Rank	- Rif'leman 失	所屬部隊 Unit	Royal Rifles of Canada.
捕獲場所 Place of Capture	香港島防禦陣地	捕獲年月日 Date of Capture	昭和 16年 12月 25日
父 ノ 名 Father's Name	SYVRET, Alfred	D1. > &	SYVRET, Rachel
本籍地 Place of Origin	Belle Ance. P.Q.	職 Occupation	分 (4)
通 報 先 Destination of Report	Mr. SYVRET, Alfred, Belle Ance, P.Q., Canada.	特記事項 Remarks	

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	插獲年月日 Date of Capture	四和 // 在 / 2日 25日
	母 / 名 Mother's Name	SYURET, RACHEL
BELLE ANCE, P.Q., CANADA:	職 業 Occupation	治性的
MR. SYVRET, ALFRED. BELLE ANCE, P. Q., CANADA	特記事項 Remarks	
	表記 昭和 10年1月7日 dyuret, DAUD in i	サンド 昭和 10年 1 月 7日 No. SYURET, DAVID 上ゥン・ハー、 4・ウン・ハー を年月日 Date of Birth BE ALE FRED BELLE ANCE, P. O., BELLE ANCE, P. O., BELLE ANCE, P. O., BELLE ANCE, P. O., Remarks

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AWARDS—CANADIAN ARMY (ACTIVE)



FEB.
500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
SYVRET, David		E.29879	Rfmn.	Roy.Rifles of Can.
				FILE NO. 405-S-7592

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Pacific Star War Medal 1939-45 C.V.S.M. & Clasp	8747 26/1/50
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL		REGISTRATION NO. DATE OF DESPAT
1) MEDALS PERSON		MEMORIAL BAR
ENTITLED TO Mr. Alfred I. Syvret	Father	LIA LIE DESP
Relle Ange Geans Co Auches		
ADDRESS: Belle Anse, Gaspe Co., Quebec.		REGN. NO. 229
2) MEMORIAL CROSS		
WIDOW		(2)
ADDRESS:		
MEMORIAL CROSS		
MOTHER (DECEASED) (MFM5.)		(3)
ADDRESS:		

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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

SERVICE UNIT NUMBER **報告をなする。 対象をする** のが 公共時点物点 SYVET SAVIO DATE OF ENLISTMENT DATE OF BIRTH RELIGION MARITAL STATUS 后种特别者的 母幹 別多額數監察 区的有机会转数 NEXT OF KIN AS SHOWN ON NAME M.F.M. 1, 2 & 5 RELATIONSHIP 问题 * 少了私特底都 密表科研或基本 學為學數整體 ADDRESS **ADDRESS** D.A.B. ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS / AUTHORITY CAS. SIG. NO. HAN. W.H. BYERARY, R.A.W.C. - MO NII GATA, JAPANE CASUALTY DETAILS 智利亞 数点容器短点部点。 解释者實意点 ⊌ 数地多级电频迟随 负点 由野鹿門無傷 女在常在母者事 同 等我 M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO DATE YES/NO YES/NO NOTIFICATION TO A. OF E.? NOTIFICATION TO A. OF E.?

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

DIRECTOR OF RECORDS

ORIGINAL

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 SYVRET DAVID (Surname first—Christian names in full—Block capitals)
(2)	Regimental or Air Force Number and Rank E-29879 Rifleman
(3)	Unit ROYAL RIFLES OF CANADA, C.A.S.F.
(4)	Are you married? No
(5)	If married, state,
	(a) Full name of your wife Nil
	(b) Present postal address of wife. Nil
(G)	
(0)	If married, have you been regularly supporting your wife? If not—state reasons
	TOT
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu
	larly supporting them
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized
	NT 3
1	Name
	Postal Address
	[SEE OTHER SIDE

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-	
	senting as your wife for at least 12 months immediately prior to enlistment? $^{ ext{NO}}$	
	If so, state her full name and Postal Address	
(11)	Is your father alive? Yes	
	If so, state name and address, occupation Alfred SVRET, Belle Anse, Gaspe P.Q. Fisherman	Co.,
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? Partial Support	
(13)	If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special	
	Reserve) Also state reason he has no other means of support if partially supported by you, what is your	
(14)	reason for not providing full support? Not large enough income in family & not large enough one Is your mother alive? No	myself.
(14)	N i 7	
	If so, state name and address	
	If your mother is a widow, are you her sole or partial support?	
(16)	If sole or partial support of widowed mother—state what amount per month you have given her	
	prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)	
	is your reason for not providing full support?	
(17)	Are you contributing to the support of any dependents, other than those shown above?	
	RelationshipNil	
	Full Name Nil	
	Postal AddressNil	
	Amount contributed monthly during the past six monthsNil	
(18)	Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlist-	
	ment or appointment? ^{No}	
(19)	Are you insured?NO	
	If so, in what Company? Nil (Give number of policy)	
	Have you made arrangements for payment of your Insurance Premium? Nil If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.	
	I hereby certify that the information given by me on this form is correct in each and every particular.	
	Date 25th July 1940 (Signature of officer or man)	
	It. Colone:	
	Officer Commanding Royal Rifles of Cana	
	Cincl Communication Communicat	

Date 25th 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.

22nd March, 1945. Mr. Alfred Syvret, Belle Anse, Gaspe County, Quebec. Dear Mr. Syvret: It was with deep regret that I learned of the death of your son, E29879 Rifleman David Syvret, who gave his life in the Service of his Country in Tokyo, Japan on the 30th day of January, 1944. From official information we have received, your son died whilst a prisoner of war. 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.

Yours sincerely,

We pay tribute to the sacrifice he

Major - General

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

mem 2; d'

/EMA

so bravely made.

(Year)

(Day)

(Month)

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

The cords Dept. of Nation Defence (Vair l'autre côté pour le français)

Do not

write in

this space

	(1)	I, David SYVRET (Name in Fi		of the City (City, Town, Village, Township)	;
Address in civil life.		of Belle Anse	, in the County of	Gaspe	• •
		Province of Quebec	Fishe	rman	
		Regimental No. E 29.8.79			е
Relationship, names and address of benefic aries, and what each is to receive.	(2)	I Give, Devise and Bequeath unto Belle Anse Co., Gaspe,		Alfred SYVRET, estate.	
Relationship, names and address of residuary beneficiaries.	(3)	I Chwex Brusexand Bedreak all to Bixwhatsbever kind and wheresoever		y estate, xbothxxealxand xpersonal	5
	(4)	I appoint(Name)	Nil	(Address)	••
			to be the Exe	eutor eutrix of this my Last Will.	
		(Civil Occupation) IN WITNESS WHEREOF I have	hereunto set my hand to	nis 2.1 day of July	• •
		194.0.			
		ned and acknowledged by the Test tator, in the presence of us present a the same time who in his presence, a his request, and in the presence of each other have hereunto subscribe our names as witnesses.	t David	Signature of soldier)	
First witness sign here.	(5)	Signature 1988 Maelly			
		Civil Address 26 Mr. Deu		c 1.9.	
Second witness		Civil Occupation Fire M. Signature	udenvulu.		
sign here.		Signature M.C. Layfon Civil Address Danielle	e dece		
		Civil Occupation Angel	Amahu.		
		(Witnesses are not to be beneficiarie			

NOTE

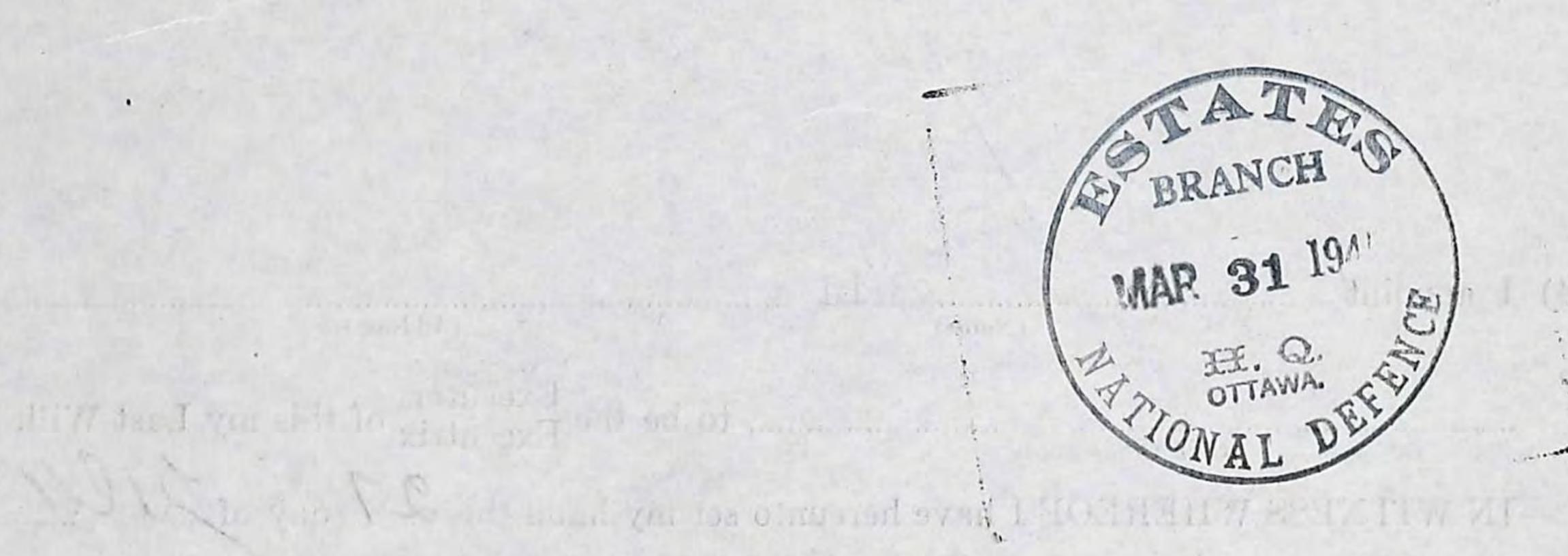
If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

 If more than one beneficiary, set out in clause (2) what each is to receive, such as
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service. When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

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File No 405-0-7592

REBURIAL

NO	E.29879
RANK	Rfn.
NAME	SYVRET, D.
NAME OF CEMETERY	British Commonwealth War Cemetery,
LOCATION OF CEMETER	Yokohama, Japan.
GRAVE LOCATION_	Plot B, row B, grave 7, Canadian Section.
AUTHORITY	54-27-88-2-Vol S.9050-17-15
	Reburial list.

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,

for H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General.

/ EMA

H.Q. 405-S-7592 R. 4 (B).

Ottawa,

10th October, 1947.

Mr. Alfred Syvret, Belle Anse, Gaspe County, Quebec.

Dear Mr. Syvret:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E29879 Rifleman David Syvret, the location of which is grave 7, row B, plot B, Canadian Section, British Commonwealth War Cemetery, Yokohama, Japan.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl `

A/Director, War Service Records.

I wish to express to you my deep sympathy in the loss of your son now officially reported to have died while a prisoner of war. I know what a great blow this has been to you after so many months of anxious waiting, but I feel sure that you will draw some comfort from the knowledge that he gave his life bravely for his country.

You will already have received from National Defence Headquarters a pamphlet containing information regarding pension regulations, disposal of personal effects and other matters.

Please feel free to write to me if there is anything I can do to be of assistance to you.

Yours sincerely,

Special Assistant to the Adjutant General.

ACS/ENS

aug 16 1946 BRANCH Dear Sir D'neswed your lettler and was glad to get sotond from you. I am an old man of le le year old my Berthday and cripled up with numitisin for year. my so de 29879. Syviet Wavid RFM. 2 will the glad to Resided Les salry what is dued to me off my son's latsest your truly Alfred I Syvnet, BF-7-9-456

about my son and found in heard because it was the youngs one of my Boys & I been reswing the letters which you were Lending. I also resived the card and would you kindly translate me one in English Because we can't Read french. it would be nice to have one will I be reswing his bellonging

sovry to have omitted name Rank and regimental number E 29879 Rifleman David Syrret Died gan 30th 1944 your very truly mr alfredddjunet. Belle Anse Laspe

Kolle Aner Doup. Co Den May 9 4 1945. Con 13.14 . The Contract of th Depalment of National Dyrner. MAY 14 1945

MAY 14 Q. A. DELEVINA

TONAL DELE Ollawa Canada. Drai Deis Dann in receipt of a quedienaire Relabel of the following Syout. David. Rfmm. No E 29879. C.D. De I have already filled out a quelon arre on French would you please inform me if I have to fell out his one also and oblig. Hows Truly.

Alfred Egyvet

Dear Sir.

Sept 19, 1945.

SEP 24 1945.

We reswed the check.

and was glad to reswed it. And many thanks

for your kindnest of

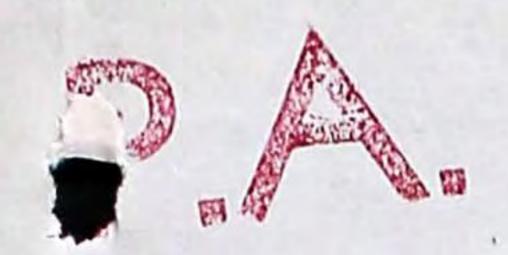
sending et.

your Very Truly. mer alfred I Syvnet.

11 1 9 0 0

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ang 3rd 1944 A mo Minister of National Defense army Dear Sir. 858-18 please send letters and all information in English as we are unable to nead or write french also would like the book prisoner De Guerre in English. Høping This will be satisfactory and Olelige yours Truly



VERIFIC TION FORM

WAR SERVICE HEDALS 1939-45

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uthority	for Discharge	or Retirement		Deceased
erved in:				Non-qualifying service
Canada	from 25-	7-40 to	12-41	
	from	to		
United	from	to		
Kingdom	from	to		
Italy	from	to	\	
Northwes Europe	tfrom	to		
	from	to		
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DISTRIBUTION OF SERVICE ESTATES

ARMY

Name:	SYVRET	David	No.: E.29879
	Surname	Christian Names	
Rimn.		0.4.0/8	30/1/45
Rank		Unit	30/1/45 Date of Death
		AM	OUNT
			L.P.C\$ 1141.10
	I)ate:6-6-45	Other Credits
			Total 1141.10

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	Father	Alfred I. Syvret, Belle Anse Gaspe County, Que.	\$1141.10
		(Sole Beneficiary under will)	
		TO BE FORWARDED BY REG. MAIL DIRECTA	
		P4. TO TREAS. 29-8-45	

AUTHO	RITY	·· the			
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$1141.10
CLASSIFIED BY K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT



ARMY

GL

Name	SYVRET		avid	No.	E.29879
	Surname	Christian Nan	nes		
	BFM	G	.A. 0/s		30-1-44
Rank	••••••	Unit		Date	of Death
			AMOUNT	W.S.G.	601.78
				L.P.C\$	1143.00
	Date	31-8-46		Other Credits	
				Total	17111.78
				Prev dist. This dist.	1141.10

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
	Father	Alfred I. Syvret Bell Ance. Gaspe Co., P.Q.	3.9° .08 3.9° .08
		(sole beneficiary under will)	
		P4. TO TREAS.	
		SEP 1 1 1946	
			MM

AUTHOR	ITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	603.68
CLASSIFIED BY			EXAMINED BY		
A Comment of the comm				For Chie	f Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT