E519
BERNARD
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) BERNARD Joseph (b) N° matricule E6519
2. (a) Arme Armee (b) Unité R.C.A.F. (A) (c) Rang GNR
3. (a) Date de naissance 29 juin 1923 (b) Avez-vous des personnes à votre charge? nil (c) Domicile au moment de l'enrôlement Arvida, Co. Chic.
4. (a) Lieu d'enrôlement Quebec, P.Q. (b) Date d'enrôlement 12-10-42

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? nil
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.) Bleue année
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu nil
8. (a) Êtes-vous déjà entré en apprentissage? nil (b) Si oui, dans quel métier? (c) Avez-vous complété votre apprentissage? (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? francais (b) Quelles langues lisez-vous facilement? 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? nil

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

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

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

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

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

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

18. Nom du patron Alluminium Co. Ltd. Adresse Arvida Co. Chic
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.) alluminium
20. (a) Genre précis de votre occupation journalier (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1 mois
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? oui (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? nil (c) Désirez-vous retourner à votre ancien emploi? nil

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

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

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? nil (b) Vous croyez-vous apte à exploiter une ferme? (c) Si oui, dans quel genre de culture?
25. (a) Êtes-vous né sur une ferme? oui (b) Nombre d'années d'expérience effective dans la culture? 1 ans (c) Dans quelles provinces avez-vous acquis votre expérience? N.B.

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? nil
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.) nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule chauffeur de camion

DATE 16-10-42 194..... SIGNATURE Joseph Bernard

INFANTRY (R) ~~RCA~~

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)
NON TRADESMAN

Work in Arm (if Non-Tradesman)

I. E-0519 (Regt. No.) Gnr (Rank) BERNARD Joseph (Name (surname first)) A (A or R) 19 (Age) A-1 (Med. Cat.)

French (Main Language) English (Other Language(s)) DD# 5 Quebec (Place (Unit) Interviewed) 14-10-42. (Date Interviewed)

II. Revised Examination "M" AF-22751 Quebec (Place Tested) 14-10-42. (Date Tested) Capt. P. H. Berube. (By Whom)

120 (Total) III (Group) Subtests 16 (1) 16 (2) 11 (3) 22 (4) 11 (5) 10 (6) 15 (7) 19 (8) Subtotals 43 (1–3) 33 (4–5) 44 (6–8) French (English or French)

Other Tests

III. Educational Background
Completed 8th grade in 8 years.
Left school aged 16

IV. Occupational Background
Farm helper 1 years.
Labourer 2 years.

V. Military Background
Nil.

VI. Other Personal History and Appraisal
Single:
Parents alive.
Bilingual.
Average natural intelligence.
Cooperative.
Fair Physique.
Makes a favourable impression.
Average stability.

VII. Recommendations
~~R.C.A.~~ non-tradesman.

INFANTRY (R)

(Signed) Paul Henri Berubé
Army Examiner
(P. H. BERUBE) Capt.

M.F.M. 196
100M—8-42(5607)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

S.O.S. R.DE M. 30 Sept 43 # 207

FURTHER INFORMATION AND FOLLOW-UP

E 0519 Pte. Bernard Joseph 14-10-42

Reallocated to Inf. (R)
AUTH Q.S. /093 (DA)

Rimouski 29-3-43 W.R.LINDSAY CAPT. BTC. 55

%%%

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Joseph Bernard,
Marcelville,
N. B.

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-B-18,408 FD 37

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

5 juin 1945

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

BERNARD, Joseph, Soldat,

E-0519, Armée Candienne

ESTATES BRANCH
JUN 11 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

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.

Col.

/TD

Le directeur des successions,

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.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — 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 défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Joseph F. Beynard	46	Marcelville
4	Mère du défunt.....		Silvie Beynard	42	—
5	Frères du défunt	Frères germains	Rodolphe Bernard Armand Bernard Roger Bernard	18 16 10	Marcelville N.B.
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Yvette Bernard Jeannine Bernard Lucienne Bernard	14 12 6	Marcelville N.B.
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		~~Noms et âges de leurs enfants~~ (le cas échéant) 1927. Emilienne - né 2 juin décédée oct 1927. Adeline - = 16 juin 1924 = ~~oct~~ juillet 1924 Maurice - 10 mai 1935 = 10 mai 1935 Anne-Marie - = 21 sept 1943 = 26 sept 1943		~~Adresse de leurs enfants~~

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Joseph G. Bernard.
9	Date de sa naissance.	29 Juin 1925
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	Montreal P.Q. 11 oct. 1923.

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Rogersville N.B.
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) (b) (c) (d) Rogersville N.B.
14	Nature de son emploi avant son enrôlement.	Journalier
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Rogersville

DÉTAILS DE LA SUCCESSION

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?	non
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. Désirez-vous qu'il soit administré avec le compte de solde?	non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	non
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	au porteur
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.	non
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.	—

AUTRES DÉTAILS

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.	non
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.	moi même Service. $10.00

(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.)

(VOIR AU VERSO)

*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/la* Pere 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.

Joseph F. Bernard — Signature du déclarant

Marcelville N.B. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Joseph F. Bernard — Nom du déclarant

*Voir plus haut

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

Daté à Rogersville ce ~~neuvième~~ 9ème jour de Juin 1945

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

Ben F. Lavoie — Titre Juge de paix

Adresse Rogersville N.B.

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.

Received ..... Checked ..... Card ..... FINGERPRINTED AND PHOTOGRAPHED ..... Observations .....

R: 873 12-10-42 /JAB. DUPLICATE

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
C.F.B. 271
M.M.—5-40 (5237)
H.Q. 1772-39-1645

FINGERPRINTED

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

Unit ~~A/A.BTY.XXXXXX/XXXXXX,XXXXXX(ACTIVE)~~ LES VOLTIGEURS Regimental Number E-0519

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

WSG COMPLETED

01 RFN

1. Surname ..... BERNARD
2. Christian Names ..... JOSEPH
3. Present address ..... ARVIDA, P.Q. CHICOUTIMI, P.Q.
4. Date of birth ..... JUNE 29TH 1923
5. Place of birth ..... CANADA (Country) N. B. (County or Province) ~~ROSESVILLE~~ ~~XXXXXXXXX~~ ROGERSVILLE (Town or Township)
6. Religion (state denomination) ..... ROMAN CATHOLIQUE
7. Trade or Calling ..... LAb6R ER
8. Married, Widower or Single ..... SINGLE
9. Name of next of kin ..... JOSEPH BERNARD
10. Relationship ..... FATHER
11. Address of next of kin ..... 5035 BLD. ~~PERRAS~~ PERRAS, MONTREAL. P.Q.
12. Do you belong to, or have you served in the Active Militia of Canada? ..... NIL (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? ..... NIL (Yes or No) ..... (*b*) Any other Naval, Military, or Air Force? ..... NIL (If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? ..... NIL (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 12-10-42 Witness [signature] Joseph Bernard (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Joseph Bernard (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at QUEBEC this 12th day of October 1942

[signature] (Signature of Magistrate, Justice or Attesting Officer.)

FINGERPRINTED J. P. J. GODREAU, Lt-Col. District Recruiting Officer M.D. 5 Quebec (Office or Rank and Unit or appointment.)

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

CERTIFIED THAT THE OCCUPATIONAL HISTORY FORM HAS BEEN MADE FOR THIS MAN

5606-
2

Record of Service of BERNARD JOSEPH (Surname) (Christian Names) Regimental Number E-0519

Qualifications

Military: NIL
Business or Professional: NIL
Trade or Civil: LABOR
Technical: NIL
Languages: ENGLISH & FRENCH

Educational Qualifications

High School or Collegiate: 6e YEAR (years completed)
Graduation or Matriculation: NIL (specify)
*College: ROGERSVILLE SCHOOL N.B.
*University: NIL

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment R.C.A. REINF. C.A. & attached to this depot for all purposes	Pte	12-10-42	5 DD.	Que.	D.O. 248	17-10-42
		S.O.S. from this depot on proceeding to C.A.B.T.C.#55 Rimouski P.Q.	Pte	29-10-42	5 D.D.	"	258	29-10-42
4-11-42	T.C. 55	Attached to T.C. 55 for all purposes	"	30-10-42	T.C. 55	Rimouski	D.O. No. 230	4-11-42
16-12-42	"	Granted Xmas leave from 1800 hrs 23-12-42 to 0600 hrs 29-12-42. Authorized to draw ration allowance of 0.50¢ per diem. R.O. 2261.	"	23-12-42	"	"	D.O. No. 266	16-12-42
31-12-42	"	Awarded 2 days forfeiture for A.W.L. from 0600 hrs 29-12-42 to 0945 hrs 30-12-42.	"	29-12-42	"	"	D.O. No. 276	31-12-42
9-1-43	"	Ceases to be shown as "A" Recruit on transfer to Permanent Staff T.C. 55, for all purposes.	"	9-1-43	"	"	D.O. No. 7	9-1-43
11-1-43	"	Promoted to be A/L/Corporal with pay.	"	1-1-43	"	"	D.O. No. 8	11-1-43
3-2-43	"	Proceeding On Command to A-13 Valcartier to attend "Battle Drill & P.T. Course". Aut: AA&QMG., Q: 39-2-44 (G), d/1-2-43	"	2-2-43	"	"	D.O. No. 28	3-2-43
	Est attaché pour rations et accomodations du 4-2-43 au 11-2-43.		"	4-2-43	A-13	Valcartier	/37	12-2-43

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

29813

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BERNARD, Joseph Date 14-10-42

Part 1. Information obtained from the recruit.

1. Age 19 2. Have you ever suffered from any of the following diseases?

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

Joseph Bernard
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history.)
Vaccination scar, left arm, and scar on right leg.

2. Height 5 feet 5 inches. 3. Weight 134 pounds.

4. Complexion clear Eyes brown Hair lt-brown 5. Development Good ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 2½ inches.

7. Vision, right 20/25 left 20/20 8. Hearing, right C.V.20 left C.V.20

9. Condition of mouth and teeth Mx Good.

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

Ears, Urines & Reflexes: Normal.

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

Special remarks when category lower than A

CERTIFIED TRUE COPY

G.A. Grondin, Capt RCAMC — President
Pierre Gauthier Capt RCAMC — Member
Yves Gadbois CaptRCAMC — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
SS-1911 OCT 14 1942	X-RAY CHEST - NEGATIVE		
16-10-42	VACC.	CAPT. RCAMC.	
16-10-42	T.A.B.T. 2	CAPT. RCAMC.	
28-11-42		CAPT. RCAMC.	
19-12-42	3	CAPT. RCAMC.	
1-4-43	cat A-1 staff.		

Regtl. No. E-0519 Rank XXX Gnr. Surname BERNARD Christian Name Joseph

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Etat de service du No: E/0519 Grade Pte. Feuille No. 2

Nom: BERNRD Joseph M.F.M. 1 & 2 (A)

Date	Reçu de	Mention des promotions rétrogrations permutations maladies ou blessures.	Grade indiqué	Prenent date le	Unit.	Endroit	Ordres P. II	Daté le
12-2-43	TC 55	Back to hos duty from Valcartier	L/Cpl	12-3-43	TC 55	Rimouski	30	12-2-43
29-3-43	" "	Reduced to the rank	Pte	30-3-43	" "	"	75	30-3-43
30-3-43	" "	Ceases to be attached to TC 55 for all purposes on Tfr. tom D.D. 5Quebec Que	"	30-3-43	" "	"	75	30-3-43
		TOS. DD5. wef. 31-3-43 on transf. CABTC #55 Rimouski P.Q.	"	31-3-43	5 D.D.	Quebec	D.O. 78	2-4-43
		Transferend from A/A BTY R.C.A. REINF C.A. to les Voltigeurs de Quebec AUTH: QS 063 d-2-4-43	"	2-4-43	"	"	80	5-4-43
		Leave embark. with rations allow. wef. 1700-2-4-43 to 0800-6-4-43	"	2-4-43	"	"	82	7-4-43
		Ceased to be attached to this depot on proceeding to Les Voltigeurs de Quebec Sussex N.B. Auth. Q:S/093 D-/6-4-43	"	9-4-43	"	"	D.O. 84	9-4-43
		T.O.S. to this unit from D.D. No5 On transfert W.E.F. 10-4-43	Rfm	10-4-43	VOL	Sussex	D.O. 84	12-4-43
		A.W.L. from 2215hrs on 18-4-43	Rfm	18-4-43	"	Sussex	D.O. 91	20-4-43
		A.WL. from 2215 hrs on 18-4-43 (21DAYS POSTING)	"	18-4-43	"	Aldershot	114	17-5-43
		Having been declared by a Court of Inquiry held 21 May 43 to have been illegally absent since 2215 hrs, on 18 Apr 43 and to have deficiencies in his kit and equipment amounting to $19.43, is S.O.S.	RFM	21-5 18-4-43	V. de Que	Aldershot	120	24-5-43
	Apprehended on 1145 hrs 2 june 43 and T.O.S. on 2. June 1943 for all purposes		"	2-6-43	"	"	134	9-6-43

Regimental No. E0519 Rank Sheet No.

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name. Bernard. Joseph.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS SOS to 6 C I R U	Rfn	25 Aug 43	V de Q	UK	13	25 Aug 43
TOS TOS from V de Q	Rfn	26 Aug 43	6 C I R U	UK	146	26 Aug 43
Gr'd daily reg'l pay $1.40	Rfn	13 Sep 43	6 C I R U	UK	207	30 Sep 43
Gr'd daily reg'l pay $1.50	Rfn	14 Apr 43	6 C I R U	UK	207	30 Sep 43
SOS SOS to R de M	Rfn	30 Sep 43	6 C I R U	UK	207	30 Sep 43
TOS TOS from 6 C I R U	Rfn	1 Oct 43	R de M	UK	52	9 Oct 43
Embarked at UK on	Rfn	5 July xx	R de M	21 A Gp.	38	14 July xx
Disembarked at France on		6 July xx				
D071 d 30 dec 44						
AA 40 Awd Forfs. 10 days Pay	Rfn	14 July xx	R de M	21 A Gp.	41	24 July xx
(M121) Missing	Rfn	25 July 44	"	A E F	D483	
Presumed Killed	Rfn	25 July 44	R de M	C.L.A. 549		20 May 45

(MBM) ~~A/L/Cpl.~~

No. E-0519 RANK ~~Cpl~~ PTE NAME BERNARD JOSEPH

*Married
*Widower
*Single

Place of { *Appointment / *Enlistment } Quebec

Date of { *Appointment / *Enlistment } 12-10-42

RATE OF PAY Cat A-1

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
248-17	10-42	pte		AS	1.30		
8--11	1-43	A/L/Cpl.		A.S.	1.50		Promotion Wef.1-1-43
					1.60		INC. OF PAY 1-1-43
75	30-3-43	PTE			1.30		
207	30-9-43	Pte	Inc. of pay.		1.40	~~[illegible]~~	wef 13-2-43
207	30-9-43	"	"		1.50		wef 14-4-43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
~~Third Victory Loan Bond~~	~~Nov.42~~	~~8.41~~
6th V. L. - May to Oct/44		~~[illegible]~~
VOFKIN Mrs Jos Bernard (fiancee)		25 20
Kogersville N.B.		
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

*Outfit / *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....

CASUALTIES, ETC.

Part II D.O. No.	Date	
248-	17-10-42	TOS DD 5 eff12-10-42 (enl. with A/A BTY REINFORCMENT C/A (A)) (prev. service NIL) Att.for all purp.
259-	30-10-42.	SOS DD 5 eff 29-10-42 on att for all purp. to CABTC 55 Rimouski P.Q.
229-	3-11-42	**TOS CABTC 55, Forallapurposes, W.E.F. 30-10-42**
254-	2-12-42	A.W.L. 1800hrs.30-11-42 to 0200hrs.1-12-42 (8hrs)Forf: 1 day's pay.
266-	16-12-42	Granted All.R. on Christmas L. fr.23-12-42 to 29-12-42
276-	31-12-42	AWL (1 day 3 Hrs 45 min.) Forf: 2 days' pay.
7--	9-1-43	SOS A-Recruits, on tr. to Org. & Adm. staff,CABTC 55, W.E.F. 9-1-43
7--	9-1-43	TOS Org. & Adm. staff,CABTC 55, WEF.10-1-43
8--	11-1-43	**Promoted A/L/Cpl. with pay W.E.F. 1-1-43**
28-	3-2-43	On Command A-13 Valcartier,Battle Drill Course wef.2-2-43.
36-	12-2-43	Back duty wef.12-2-43
75-	30-3-43	Reverts to the rank of Pte wef. 30-3-43. SOS CABTC.No.55-Rimouski on transf.to D.D.5- Quebec.wef.30-3-43.
78-	2-4-43	TOS DD 5 eff 31-3-43 on trf fr CABTC 55 Ri.Q.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
80-5-4-43		Trf fr A/A Bty RCA to Voltt de Quebec eff 2-4-43	
84-9-4-43		SOS DD5 en proc. to Les Voltigeurs de Que Sussex N B w.e.f. 9-4-43	
82-7-4-43		Gr embarkation leave fr 1700 hrs 2-4-43 to 0800 hrs 6-4-43	
84	9-4-43	SOS DD5 en proc to Les Volt. Sussex - w.e.f 9-4-43	
84	12-4-43	T.O.S. this unit from D.D.5. w.e. 10-4-43	
91-10-4-43		awl. from 2215 hrs. 18-4-43	
114-17-5-43		21 days posting	
120-24-5-43		SOS by a court of inquiry for 24 hr. absy. To forfeit 3 of days pay and ~~placed~~ has a fine deferment to 11.9.43	
134-9-6-43		apprehended on 1145 hrs 2 June 43 to S.O.S. on 2 June 43 for all purposes	
168	20.7.43	S.O.S. Canada eff. 21.7.43	
1	4.8.43	T.O.S. Overseas eff. 22.7.43	
12	25.8.43	S.O.S On transfer to No 6 C.R.U eff 25/8/43	
176	26.8.43	Too. 6 C I R U fr. Volt de Que " 26. 8. 43	
207	30-9-43	Granted increase rates of pay of 1.40 wef.	13-2-43
207	30-9-43	" " " " 1.50 wef	14-4-43
207	30-9-43	S.O.S. #6 C I R U to R de M wef	30-9-43

LOWE-MARTIN CO. LIMITED D83960

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No.

No.	RANK	NAME

CASUALTIES, ETC.

PART II D. O. No.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
52	9-10-43	T.O.S. from 6 C.I.R.U.	wef 1 Oct. 43
15	17-3-44	9 days P/L with R/A	2 to 11-3-44
38	14/7/44	Emb U.K. 5/7/44 - Disemb France	7-7-44
41	21-7-44	FORFEITURE 10 DAYS PAY - R.A. 40 - C.R.F/17-18/7/44	17-7-44
CRF81	18/8/44	SOS Missing (Believed killed)	25/7/44

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. OCT 25 1946

ROYAL MESSAGE DESP'D. JUN 8 1945

CAN. MESSAGE DESP'D. MAY 31 1945

B-656

NO E.0519 Rank Private Name BERNARD, Joseph

Unit Regt. de Maisonneuve Date of death 25th July, 1944

Died at WESTERN EUROPE.

Cause for official purposes presumed Killed in action

Death occurred on strength of Forces H.Q. 405-B-18,408

N/K Mr. Joseph Bernard Relationship Father

Address Marcelville, N.B.

Remains buried in Cemetery

BAYEUX MEMORIAL

Grave location 461413

OHR

Soldiers Qualification Card

CONFIDENTIAL

CODED

Regimental Number	Last Name (Block letters)	First Name	Middle Names
E 0519	BERNARD	JOSEPH	

2 Nationality: Can | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Father Racial Origin ..... Mother .....

4 Language spoken in home: French ✓ English ..... Other .....

5 Age ..... 6 Height ..... ft. ..... in. 7 Weight ..... 8 Silhouette [1 2 3 4]

Eyes 9 Colour of ..... 10 Acuity [1 2 3] 10 Glasses ..... 11 Colour Vision [1 2 3 4]

12 Hearing: Acuity [1 2 3] 13 Speech Defects .....

14 Handedness [R] [L] [A] 15 Med. Category A1. ✓

Cause .....

Attitude to own health ..... To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... El. 8 (16) Sec. ..... ( ) Grade completed)

Conduct during school life .....

17 18 University or Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) .....

At ..... From—To ..... Completed ? .....

21 2. (Course) .....

At ..... From—To ..... Completed ? .....

22 3. (Course) .....

At ..... From—To ..... Completed ? .....

Other trades papers, Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently French & English

Written well .....

24 Main occupation: Description Laborer

Estimate of skill .....

Duration (from—to) 2 years. Weekly Wage .....

Employer's Name and Address .....

50 "M"

Test	Score	S.M.
1	16	
2	16	
3	11	
4	22	
5	11	
6	10	
7	15	
8	19	
Tot.	120	

Test 9 Score .....

Sub-total 43 S.M.

Sub-total 33 S.M.

Sub-total 44 S.M.

Grade

English ..... French .....

51 OTHER MENTAL

Test .....

Score ..... Grade .....

Date .....

52a MECHANICAL APT.

Test .....

Score ..... Grade .....

Date .....

52b CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test .....

Score ..... Grade .....

Date .....

Unit Reg de Maisonneuve

1 Corps Infy.

25 Second Most Important Occupation: Description: Farm hand

Estimate of skill .....

Duration (from—to) 1 year.

Weekly Wage .....

Employer's Name and Address .....

26 Third Most Important Occupation:

Estimate of skill .....

Duration (from—to) .....

Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 Auto ..... 30 Motorcycle .....

31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Accident Prone ..... Teamster .....

Farming Experience: Wide ..... Limited ..... None .....

District ..... Type .....

Job promised after discharge ? ..... By whom? Name .....

Job ..... Address: .....

Other provision for post-discharge occupation .....

Type of work desired .....

Occupational history: Ambitious ..... Stable ..... Accidental ..... Erratic .....

36 Marital Status: M ..... S ✓ ..... W ..... D ..... Sep. .....

Marital Problems .....

Wife's or Husband' Age ..... Attitude to Service ..... Health .....

37 No. of Children ..... 38 No. of Dependents .....

Relationship of Dependents .....

No. of Brothers ..... No. of Sisters ..... Position in family .....

Status of home in childhood .....

Religious Denomination .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

Mechanics ..... Other .....

40 Sports: (1) ..... (2) ..... (3) .....

Team Games and Position (1) .....

(2) ..... (3) .....

41 Ability to Entertain: Music String ..... Brass .....

Woodwind ..... Percussion ..... Piano ..... Vocal .....

Theatrical ..... Other .....

MAR 27 1944

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 12.10.1942 Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
				Pte		

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....

Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1).....(2).....

Remarks re Outstanding or Limiting Factors

Deportment		
Disposition		
Appearance (grooming)		
Physical appearance		
Map Reading		
Military Knowledge		
Mechanical Knowledge		

Reason for Joining Cdn. Army.....

Attitude to Interview: Antagonistic.....Overanxious.....Co-operative.....Indifferent.....

Tests Indicated: 51..... 52a..... 52b..... 53.....Other.....

48 Suggested Possibilities (1).....

for employment (2).....

Interviewed by.....Date.....

Reviewed by.....Date.....

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. E0519. Rank and Name Bernard. J. Pte.

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

(Transfer or Discharge) ..... to ..... on 25th. July 19 44.

Reason Death. Authority : C.C.L. "A" 579 d/20th. May 45.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	225	48
First Monthly Payment AR d/4.7.44.	4	47	Regimental Pay 31 days @ $1.50	46	50
Casual Payments AR 26 d/14.7.44.	4	47	Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay			Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
Forf. 9 days pay DO 41			Def. Pay Interest.	3	39
d/27 Jul.44 (17 - 25 July)	13	50			
To Balance Cr Free	17	43			
To Balance Cr Deferred	236	00	By Balance Dr		
Total	275	87	Total	275	87

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

Remarks

Assnd. Pay of $16.80 (6th. V.L.) cancelled eff. May 44.

Assnd. Pay of $8.40 (6th. V.L.) cancelled eff. May 44.

Compiled by W.W. Marsh.

Checked by M. Durham.

Date 30th. July 19 45.

PH.

Certified correct D. Lowley
for Chief Treasury Officer, Overseas

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (WESTERN EUROPE) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: — No. — Hospital or Institution:

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

3. NAME OF DECEASED — Surname: BERNARD (Block letters) — Given names: Joseph.

4. RESIDENCE — Street: 4 — No. — Official name of civil municipality or township: Arvida, — Municipal county: — Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): New Brunswick.

11. DATE OF BIRTH: June (Month) 29th, (Day) 1923. (Year)

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	BERNARD, Joseph.	
MOTHER (Maiden Name)		

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

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 25th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from

..... 19..... to ..... 19.....

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

24. CAUSE OF DEATH

I

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

(a) For official purposes presumed Killed in action.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease ..... days

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

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

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

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

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

Manner of injury ..... (How sustained)

Nature of injury

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

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

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

OCT 25 1946

Director of Records, Dept. of National Defence.

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

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

(2) Regimental or Air Force Number and Rank E-0519 Gnr

(3) Unit A/A.BTY R.C.A./REINF.? C.A.(A)

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? No

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

Names and ages.....

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

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

Name.....

Postal Address.....

[SEE OTHER SIDE]

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

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

(11) Is your father alive? Yes

If so, state name and address, occupation Joseph Bernard
5035 Bld. Perras, Montreal P.Q. (Constable)

(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.....

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

(14) Is your mother alive? Yes

If so, state name and address Mrs Sylvie Bernard
5035 Bld Perras, Montreal P.Q.

(15) 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 appointment or enlistment.....

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?.....

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

If so, state the following particulars:—

Relationship.....

Full Name.....

Postal Address.....

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

(18) Are you insured? No

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

Have you made arrangements for payment of your Insurance Premium?.....
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 Bernard
(Signature of officer or man)

Date 16-10-42

F.C. Magee Capt

Officer Commanding (F.C.MAGEE) Lt.-Col.
Commanding #5 District Depot

Date 16-10-42

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.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit XXXXXXXXXXXXXXXXXXXXXXXXXXXX LE VOLTIGEURS DE QUEBEC Regimental Number E-0519

1. Surname BERNARD
2. Christian Names Joseph
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 12-10-42

*To be entered in pencil to facilitate alteration.

4. Place of birth Rogersville, N.B.
5. Date of birth as declared on attestation 29-6-1923
   (A)
6. Date of enlistment 12-10-42
7. Place of enlistment Quebec P.Q.
8. Residence at time of enlistment Arvida, Co.Chicoutimi,P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Catholique Romaine
12. If married, state date
13. Trade on enlistment Laborer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical Board

Category	Date	Authority
A-1	14-10-42	D.M.O.M.D. 5
A	1-4-43	M.F.M. 2
A.	1-4-43	M.F.M. 2

(19) Next of kin (entries to be made in pencil) Pere
Mr. Joseph Bernard
5035 Bld. Perras
Montreal P.Q.
Canada

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	Voltigeurs		S.O.S. Cdn Army Canada	Can.	21-7-43	Rfm	D.O. No. 168, d/20-7-43
		"	T.O.S. Cdn Army Overseas	O/S	22-7-43	"	" " 1, 4-8-43
		"	Disembarked	U.K.	28-7-43	"	" " 1, 4-8-43
		"	S.O.S. on trans to No 6 E.I.R.U.	"	25-8-43	"	D.O. No 13 d 25-8-43
		6CIRU	T.O.S. on posting to 1st Bn Les Val de Sue.	"	26 aug 43	"	176 - 26 aug 43
		"	Granted Rate of pay 8.1.40	"	13 Feb 43	"	207 - 30 Sep 43
		"	Granted Rate of pay 8.1.50	"	14 Apr 43	"	207 - 30 Sep 43
		"	SOS to Rde Mais (Draft demand N° 8536 d/26 Sep 43)	"	30 Sep 43	"	207 - 30 Sep 43
	OC	Rde Mais	T.O.S. from 6 CIRU (Demand 8536)	Field	10 Oct 43	"	40052 - 9 Oct 43
			Embarked U.K. 5 Jul 44 Disembarked France 7 Jul 44			"	" 38/44
18 Jul 44	"	"	10 days Forf of Pay GRI 149(2) for Off Ord 40	Field	17 Jul 44	"	" 41/44
	"	"	SOS to X-6 List Rde Mais Missing	"	25 . 44	"	" 50/44
		X6 Rde Mais	TOS from Rde Mais	UK	26 Jul 44	Pte	33 - 6 Sept 44
D.O. Jun 45	X-6 List	Rde Mais	SOS X-6 List deceased (presumed killed 25 Jul 44)	"	26 Jul 44	Pte	77 d/ Jun 45

QG 405-B-18408 D.R. 2(b)

le 15 janvier 1945.

RECOMMANDEE

Soldat Joseph BERNARD, matricule E-0519

Madame,

Je regrette sincèrement de vous informer que nous n'avons pas reçu d'autres renseignements officiels concernant le militaire précité, depuis qu'il a été porté disparu le 25 juillet 1944.

Nous faisons tout en notre pouvoir, par voies officielles et non-officielles, pour obtenir des renseignements à son sujet, et je suis maintenant chargé de vous demander de bien vouloir transmettre au Directeur des archives, Quartier général de la Défense nationale, Ottawa, Ontario, tous témoignages ou nouvelles supplémentaires le concernant, de quelqu'importance qu'ils puissent vous sembler, qui indiqueraient qu'il est encore vivant.

Pour votre utilité, nous vous envoyons sous ce pli une enveloppe adressée qui ne demande pas d'être affranchie.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

(R.T.E. Hicks-Lyne) colonel,
directeur intérimaire des archives.

Pièce jointe

Mme Joseph Bernard,
Marcelville, N.B.

/PL

37

M.F.M. 267
50M-9-44 (5634)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

BL

FILE H.Q. 405-B-18,408

CASUALTY (REPORT DELIVERY)

OTTAWA MAY 18 1945

TO:- MRS JOSEPH BERNARD
MARCELVILLE N B

82435 DEEPLY REGRET TO INFORM YOU THAT E0519 PRIVATE JOSEPH BERNARD PREVIOUSLY REPORTED MISSING IS NOW FOR OFFICIAL PURPOSES PRESUMED TO HAVE BEEN KILLED IN ACTION TWENTYFIFTH JULY 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

48

PREPAID

DIRECTOR OF RECORDS

24th May, 1945.

Mr. Joseph Bernard,
Marcelville, N.B.

Dear Mr. Bernard:

I deeply regret to inform you that no further news has been received relative to your son, E0519 Private Joseph Bernard, who has been officially listed as missing since the 25th day of July, 1944.

The Army Council have been regretfully constrained to conclude that he gave his life in action against the enemy in the Western European Theatre of War, and it is consequently being recorded that E0519 Private Joseph Bernard is now for official purposes presumed to have been killed in action on the 25th day of July, 1944.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

Mem x - mother
24-5-45

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

52

/EMA

Director of Estates

Regimental No. E.0519 Rank Pte.

BERNARD Joseph
Surname Christian Names

Unit Regiment de Maisonneuve (C.A.).

Date of death 25 Jul 44 Place of Death Overseas (Western European).

Casualty Details Previously reported missing now for official purposes presumed Killed in action.

Next-of-kin Mr. Joseph Bernard Relationship Father, In. Pbd

Address Marcelville, N.B.

ESTATES BRANCH MAY 25 1945 EX. O. OTTAWA NATIONAL DEFENCE

Will Will d/10 Aug 43 herewith.

Date 25 May 45

EXCERPT OF M.F.M.5 dated 16 Oct 42

(1) Are you married? NO Children?

Wife's name and address) Names and Ages

(2) Is your father alive? Yes If so, state name and address

Joseph Bernard,
5035 Bld. Perras, Montreal P.Q. (Constable).

(3) Is your mother alive? Yes If so, state name and address

Mrs. Sylvie Bernard,
5035 Bld. Perras, Montreal P.Q.

(4) Are you insured? NO If so, in what company?

JEC/MBR.

ESTATES LIAISON.

Q.G. 405-B-18408 D.R. 2(a)

le 8 mars 1946.

Madame,

On a transmis à notre quartier général, pour que nous vous répondions directement, votre lettre de date récente adressée à la Société canadienne de la Croix-Rouge, à Toronto, Ontario.

J'ai le vif regret d'avoir à vous dire que nous n'avons pas reçu de plus amples renseignements touchant votre fils, le soldat Joseph BERNARD, matricule E-0519, qui, pour fins officielles, avait été présumé tué au combat le 25 juillet 1944.

Les renseignements puisés au journal de guerre officiel du Régiment de Maisonneuve indiquent que la Compagnie A avait engagé le combat avec l'ennemi pendant la période du 28 au 30 juillet 1944, à Saint-Martin-de-Fontenay, environ quatre milles au sud de Caen, en France.

Vous pourriez peut-être obtenir une photographie de la Compagnie A du Régiment de Maisonneuve en vous adressant au commandant du 2e bataillon (R), Le Régiment de Maisonneuve, à Montréal, P.Q.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

Mme Sylvie Bernard,
Bureau de poste de Marcelville,
Cté de Northumberland, N.B.

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

/RB

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name BERNARD, Joseph No. E-0519
Surname Christian Names

Pte. C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT W.S.G. 257.97
L.P.C. $ 261.09

Date 13-5-46

Other Credits

Total 519.06

Prev.dist. 261.09
This dist. 257.97

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Sylvia Bernard, Marcelville P.O., Northumberland Co., N.B. (Sole beneficiary per will)	257.97
		P4: TO TREAS. MAY 18 1946	WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$257.97

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

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. D-18684
FILE NO. 405-B-18408
DATE 11-2-46
SERVICE NO. E-0519
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 25-7-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 540 NO. OF DAYS 561 / 30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE No. of Days 361 LESS 21 INELIGIBLE DAYS, EQUAL TO 340 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	85.00
	220.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; $; TOTAL $ 2.75 X7 = $ 19.25; NO. OF DAYS 361 / 183 X$ 19.25	37.97
D. WAR SERVICE GRATUITY	257.97
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	257.97

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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]	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	1-4-2-4

[illegible]
SERVICE REPRESENTATIVE

File No 405-B-18,408

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 0519 Name BERNARD, Joseph.

Rank on Discharge Pte Date of Discharge 25-7-44

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 12-10-42	to	21-7-43	
	from	to		
United Kingdom	from 22-7-43	to	5-7-44	
	from	to		
Italy	from :-	to		
Northwest Europe	from 6-7-44	to	25-7-44 (presumed killed in action)	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK

Italy Star

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

NRD.

Verified by Annette Rousthier

Date 18-6-46

Carded JUN 18 1946

HA 165

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E0519 RANK Private SERVICE UNIT Regiment de Maisonneuve (C.A.).

NAME BERNARD, Joseph

DATE OF BIRTH 29-6-23 DATE OF ENLISTMENT 12-10-42

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Joseph Bernard,

ADDRESS Marcelville, N.B. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9560A H.Q. 405-B-18,408

CASUALTY DETAILS DATE

Previously reported missing now for official purposes presumed Killed In action. 25-7-44

WESTERN EUROPEAN THEATRE OF WAR.

BTC

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 24-5-45

O/S with Volt. de Que.

DIRECTOR OF RECORDS

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

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COPY FOR DOCUMENT FILE