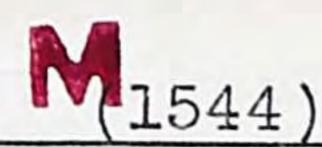


Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

3-1-44	
(O.C.L425)	

AWARDS-CANADIAN ARMY (ACTIVE)



100M-10-41 (2195) H.Q. 1772-45-8

COPEMAN, Donald SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	E-5336	Gnr. RANKON	1st Anti Tank Regt
COPEMAN Donald		T 5776	ann	lat Anti Monle Do
				FILE NO. 405 -C-19149

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED		
1939-45 Star Italy Star Defence edal War Medal CVSM & Clasp	1037-2-11-49		
	THE REVERSE TO BE USED FOR ESTATE PURPOSES)		

(1) MEDALS PERSON ENTITLED TO	Mrs. Maude COP	EMAN (MOTHER)	ME	MORIAL, BAR
ADDRESS: (2) MEMORIAL CRO WIDOW	QUEBEC, Que.	19 DROLET ST. QUEBEC, CITY July 30/51 P.P.	DAT	E DESP. 4610 CANGEBIED N. NO.
ADDRESS: (3) MEMORIAL CR MOTHER	oss Irs. Maud COPEMA	NT.		DESP. FEB 28 19/4 REGN No. 4921
	D'Artigny St.,			(3)

actual engine engine

40/2 2 5/2/2

ANICO

COPENTAN, E5336

F5336 COPEMAN D. GNR Arm of Service RC RCA Diagnosis .Buosal : F5336 COPEMAN D. GNR ROA eligion RC pi sposal F5336 COPEMAN D. BNR RCA

F5336

COPEMAN

GNR

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in this

book

RCA

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(Part II)

entry

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OLDIER

esponsible for the

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your person

z.: Officer, Warrant Civilian Police.

Vill) is ficer n those onnected be initialled by Commanding to on page 24 the man with be made the

BOOK

Book M-1. (Part I) .0/P&S/279 (12/42)

eplaced. , you will report the perior. this book after us-but should you lose

nd all intries transcribed

The Caddell hierd

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

- 1. You will be held personally responsible for the custody of this book.
- 2. You will always carry this book on your person when on duty, and on active service.
- 3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.
- 4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,
- 5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
- 6. You will be permitted to retain this book after unscharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

	•
	(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
HOOSE WESTER STREET	Regtl. No. E 5336
THE POST I AM STORE SHIPLING ABOUT THE PART OF THE PAR	Surname (in capitals). COPETTAN
Interest the state of the state	Christian Names (in full) 2014 ALD
	Date of Birth 10 Oct. 1920
about to all (IIIV) to area de a'estable a'estable a'estable	Place of Birth Quebec City. Que.
THE PARTY OF THE P	p/2 rb
ved bediedsted and they and they are the contract of the contract of	Trade on Enlistment.
	Nationality of Eather at hirth Care a dean
	Nationality of Father at bitti
	Nationality of Mother at birth
	Religion Coman acroac
	Enlisted at
Continue maintain to communical venualities and it is a second of the se	Date
The state of the s	Particulars of former
The second secon	service (if any) i.e. Regtl. No., Corps and period.
The Secretary of Section And Section Control to the Section Control of the Section Control	The second of th
	Signature of Soldier.
	Signature of Officer
	Place Date
	COLDER'S SERVICE BOOK M. I (Par III) (Colors for a state book (other that them on page 24 (Colors for a state book (other that them on page 24 (Colors for a state book (other that them on page 24 (Colors for a state of them of W. II) on an other that (Colors for a state of them of W. III) on a state (Colors for a state of the other of the other than (Colors for a state of the other of the other of the than (Colors for a state of the other of the than (Colors for a state of the other of the than (Colors for a state of the other of the bottled by (Colors for a state of the other of the bottled by (Colors for a state of the other of the other of the (Colors for a state of the other of the other of the (Colors for a state of the other of the other of the (Colors for a state of the other of the other of the (Colors for a state o

THE RESERVE OF THE PARTY OF THE

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Near	rest degree of elationship	Names	Date
	Wife		
1st	Children		
	Father	George Copeman.	26-3-43
2nd	Mother	mrs Mariel Cofemas	1.26-3-43
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a Will (see pages 20 to 23)

Latest known Address in full		
-11/ NV 8 - 1 87 /	20	
2 D'astigum I Judge	D	
2 Dasaguny / M greece &	9	
La above		
	IE	
······································		

^{*}State whether brothers are older or younger.

			×,	6			
		Signature of Officer	Madellin				
	OINTMENT	Authority of Part II Orders	15-May 40				
Chr. M.	RANK and APP	Substantive, Tem- porary, Acting or Local (with or without pay)	Sublester				
23.36		Rank and Appoint- ment	1 Sestate				
		Date	27.2-140				

	Overseas
FRAINED (passed Service)	Recruit's Course as laid down for his arm of the except that he requires further training in
1/10/	rag.
	•••••
Qualified in addition	as under:—
2//	have shesator
decep	none operation
11/1	- theles
Nanes	

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Woter Statees. Course (2 Color Div. Jan Chamber D17.	28.6-41	FIBOT St. 1.
	.,	
		4449

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1941	B.	Complete.	The Coddell
			•
	,		-
		1	1

COPEMAN, E5336

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
3 years. High School.	Juebec	27-2-42	
	•••••••••••••••••••••••••••••••••••••••		
	••••••		

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
	••••				
	••••				
			.,		

E5336 COPEMAN,

(IX) EMPLOYMENT WHILST SERVING

Pe	riod	No.4	Remarks and Signature of O.C. Coy., etc.
From To		Nature of Employment	O.C. Coy., etc.
0-6-40	29-6-41 1	Vagon orderly	The sidellike
-6-41	26-8-47	Hates Dates	The orbell Li
6-8-41		Hower /c	The dall ff
		•••••••••••••••••••••••••••••••••••••••	
-			

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medi- cal Officer
0-2-40	A	medical Board.	10 0
4-3-40	A	X Ray of Chest.	(Padalle
-3-40	A	and, offleres oftelles	W/Vac

	* L		

(XIV) PROTECTIVE INOCULATIONS

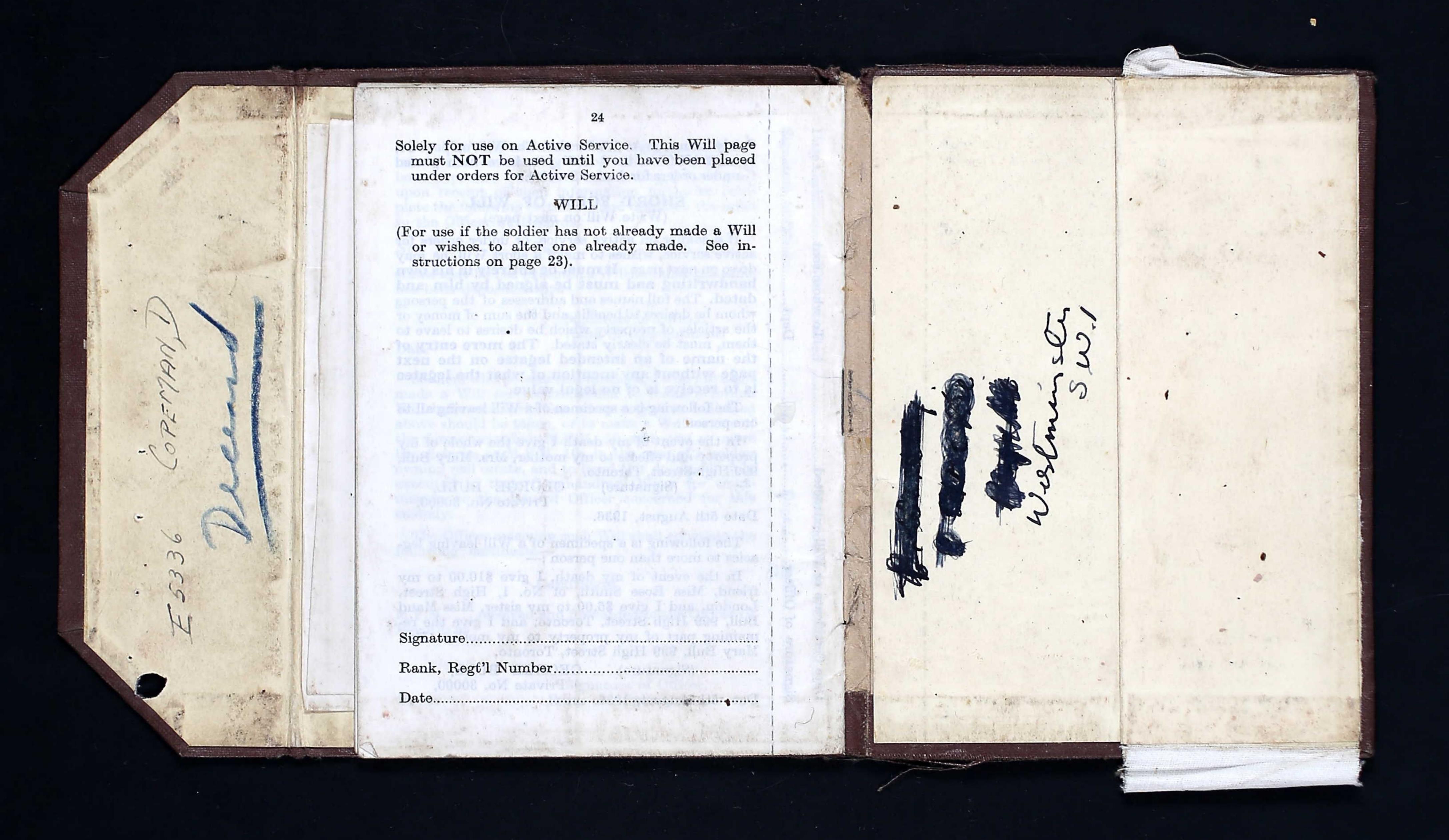
Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
Ica Anatox Tet.	28/5/40	
T.A.B.	26-2-40	J. D. P. Co.
	4-7-40	
berter of the total and the Contract of the Co	4-7-40	- CAMPA
d	3-5-41	J 100
IABC 0.5 cc	2-2-42	MM.
TABT 0.5 CC		
Johns Vace Ice		7/ 0 /
in Hus 11 cc	D. W. Strategie and Company of the C	6 - 1
	gg	,
(XV) VAC	CINATION	
Date Vaccinated	Signature	of Medical Officer
28-5-40		
		1.1

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
ending Leave.		- /
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3100ee 40-4-14	-/	
is Leave -		1
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der PL c	19.0.151	
1 N/D/0 11.	2	
W. Kew Complete	4 ,642	
Card Complete	- 10	1/2/1/
D13.F.T2	4-5-42	
DATE IL	1-8.40	- 1-31 A
envo	4070	
12 11 1 1 5.	30-11-42	-
F.T.	21-4-43	my My can The
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	140	
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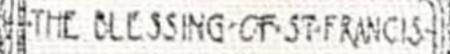




PREGHIERA

O cara verginella Santa Rosalia, che con la vostra speciale intercessione liberaste tante volte la nostra patria dai tremendi flagelli dell'ira divina, deh! intercedete oggi per noi presso il Dio delle misericordie, acciocchè non voglia riguardare alle enormità dei nostri peccati per punirci, ma ci accordi invece tempo alla penitenza. Le vostre reliquie, che sono in mezzo a noi, ci assicurino della vostra protezione, e ci ottengano da Dio la grazia di glorificarlo insieme con voi nel cielo per tutti i secoli dei secoli. Così sia.

Con approvazione Ecclesiastica





AND KEEP STHEE

.THE - LORD - ISHOWHIS PACE -

· TO-THEE - AND-HAVE .

· MERCY · UPON-THEE .

·THE·LORD-TURN-HIS .

· COUNTENANCE · TO · THEE ·

AND GIVE THEE PEACE

· THE · LORD · BLESS · THEE ·

· AMEN

MOST . EFFICACIOUS
IN TEMPTATIONS
AND . SICKNESS:

FUHCISCH FRINY- MONT

MENTKER



Justins address is. E-26319-Sgt. Copeman, J. he 2 Coy. Ganadian Wental Gorps.

sound quile a lot since Captains Tremblay was sich, hes working with Raptain Galoury in the Ganadian Dental Corps, that where we send his letters to and he seems to get Them alright fust at the present we are busy packing four more boxes for you boyo, so I hope you all get them Slight your haven tomentioned of your got ike parcels we sent in ganning, march and mary, and we often swonder if they reached your

ORIGINAL M.F.M. 2 DUPLICATE A.F.B. 271 480 M-8-39 (1696) TRIPLICATE H.Q. 1772-45-18 (To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.) Unit Regt'l Depot R 22e R. CASF. Regimental Number E 5336 CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER 1. Surname..... 2. Christian Names. 86 St. Eustache Street, Quebec (massa 3. Present address..... 4. Date of birth October 10th. 1920 5. Place of birth Canada (Country) (Country) (Country) (Country) (Town or Township) 6. Religion (state denomination) Roman Catholic. 10. Relationship..... 11. Address of next of kin 862 St. Eustache Street, Quelle , Canada 12. Have you served in any Naval, Military or Air Force?.... (Give unit and date of attestation) DECLARATION TO BE MADE BY MAN ON ATTESTATION Donald Cope man 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. (Signature of recruit) OATH TO BE TAKEN BY MAN ON ATTESTATION DONALD COPEMAN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. (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 are; uoi unima Signature of Magistrate Just (Geo. Guimond) Major. or Attesting Officer. O.C. Regimental Depot. 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

DON ALD (Christian Names)

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military	TIL	 	High School	3 Yrs High	Graduation	Nil
Business or Professional.	NIL	 	Collegiate	(years completed)	Matriculation }	(specify)
Trade or Civil	Clerk		*College	Nil		
Technical	NIL		*University	Nil		
Eng	glish					

*(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 Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken	Doub Chara	Effective Date	Unit	Place	Authority	
Date	From whom received on Strength of Field Force	Rank Shown	Enective Date	Omt	Frace	Part II D.O. No. Cas. List, etc.	Dated
27-2-40	Joined on appointment Z 3 0 / Taken on strengh at Regt'l depot, (R22R)	Pte	27-2-40	(R22R)	Quebec	Part II D.O. 41	10-2-40
29-2-40	Struck of strengh from Regt'l Depot(R22R)	Pte	29-2-40	(R22R)	\$1	Part II D.O. 41	10-2-40
29-2-40	Taken on strengh at No.1.Ord.Amm.Co'y.	Pte	29-2-40	(R22R)	28	Part II D.O. 41	10-2-40
15-5-40	Struck odff strentgh from No.1.Ord.Amm	Pte	15-3-40	No.1.Ord		Part.11.No.74	15-3-40
	on transfer to M.D.No.5. Depot.						
16-3-40	Taken on strength M.D. No.5 Depot	P.t.e	. 16-3-40	11	11		.16-3-40
9-4-40	Struck off strength from M.D. No.5. Depot	Pte	9-4-40	M.D. Dep	ot "	Part 11.No.97	9-4-40
9-4-40	on trensfer to 18th Fd Amb. Taken on strength to 18th Fd.AMB. RCAMC	Pte	9-4-40	18thFdAm	b IF	Part 11.106	9-4-40
20-8-40	Proceeded on command. (Advance Party).	Pte	20-8-40	18F.Amb.	Valc.C.	Part II No. 192	19-8-40
25.8-40	SOS CASE CANADA ON EMBARKATION)	35.8-40		HALIFAY		5-9-40
26-8-40	T.O.S. C.A. S.F. OUERSEAS		26-8-40		ON SHIP		5-9-40
4-9-48	DISAMBARKED AT GOUROCK, SCOTLAND	/7	49-40		GOUROCK		5-9-40
5.9.40	A FRRIVED AT ALDERSHIT	nel entries use M I	5.9-40	,,	ALDERSH.	T 4	19-9-40

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

CERTIFICATE OF MEDICAL EXAMINATION

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Regtl. No.E. 5.336. DATES OF 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. Date of Arrival Admission Discharge Number of days in Hospital Signature of Medical STATION into Hospital from Hospital DISEASE Station Officer Day | Month | Year

Sheet No.....

M.F.M.1 & 2A 40/P & S/119

Statement of the Service of No. E 5336 Rank
Name COPEMAN DOMALD

REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date From whom received	d (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)				1100	Part II D.O. No. Cas. List, etc.	Dated
	Leuve 13 dans (1st Prisidence)	Pla.	141 Muly 1.	IXED and	2 jeles	16	11 Aply1
	Landing line to y Feb y,	The.	30 Jany	18719	Fed	>5	6 Jun
	Atta f. p. to 13 Fed Ayg. (attending)	Pt.	23 June 4	1120	Fed	296	30 Jus
25 mar 44 0	easer at to 137ld Thys. on Course	Pte	13 aug 41	Pero. Sup	UK	/	6 apr. 44
	aged 8 7. A. Jan Rod	Ph	y augy,	18 200	uk	40	21 aug
	Cesses & Se atts 8719	DL.	16 any 4,	1870	un	4	25 day
Sol 3	S.o. S. to 1 PK. Regt. R.G.A.	Ph :	l'ang y,	18 7.A	ux	45-	5 Syps
2.02	Tos from 1871. amb.	yn,	27 augus	1ATR Rg1	UU	48	19 Leps
	Leave 15 Pris with F.W.	gu.	36 Sepv-1	12TKL	OK	31	30cr41
	Priv deave FTW.	gn.	20/27 JAN H2	I AJK Rgr	OK	7. 4	13. 7eb Ho
	7 days Phis Leave FIW.	Gu.	11 Hay 42	I. AJK Rav.	UK	24 +	20 May 47
lew address of N. of Kin						35	16. July 4.
505	5056 105Ra on Regt. Lig Course		//				31 July
105	185 From 1 A MK R9T	Mun.	14 July de	ICSRJ	1	1.69	189til,
5.05	505 Lo 1 AMK R9T.	Gu.	13 aug 42	Shu	uk	191 V	13 ang
T. 55	Jos trom 1 Sigs Ru		14. Aug 42	1.A/TX. RGT	UK	4!	19 19494
	Pris Reave	en.	31.Aug. 42	IP/JK Rav	UK	45.	11. Dept 4
	Anal Drife (W)	egr.	25 Lef 42	1.A/T.K	0.K	6/	25 Dec 42
	Pay Increased to \$350 per day	In .	1 Jan 43.	4/T.V.	UK	13-	29 May 4

Sheet No.....

M.F.M.1 & 2A 40/P & S/119

Statement of the Service of No. = 5336 Rank

Name Cofeenan D

R	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.	D , C1	Tom the Doct	77-14	Diagonal	Authority	
Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
		S.O.S. C.A. (''') on -mbarkation						
	Α.	T.O.S. (A. ()						
		Disembarked	Seul		11/4/	111	17	10 8 413
					19/1/	/Y.~	e LA 3 79	109 au 44
Jemp C	mpl 1	509 Kelled in action (m7	Gur	3 2 aud44	IA/TK	NA	2	129 auc44
1								
••••••••		(
			• • • • • • • • • • • • • • • • • • • •					••••••

SERVICE AND CASUALTY FORM

Part I (For all ranks)

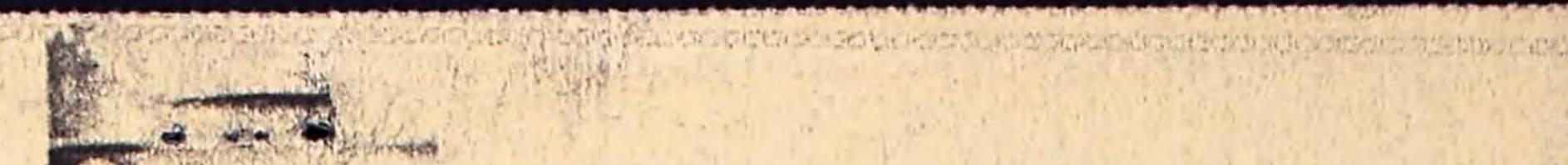
M.F.M. 4 (Part I) A.F.B. 103 (Part I) 500M—8-39 (1700) H.Q. 1772-45-18

	Unit ROYAL 22e REGIMENT DEPOT. C.A.S.F.	Regiment	tal Numb	er E 5336
-	Surname COPEMAN	(17) Regiment or Con	rps	Unit (Battn., etc) R. 22e Reg.
Description of the last	Christian NamesDonald			No. 1 Ord. Amm. co'y
	*Substantive Rank and Appointment			Depot M. D. No. 5
٥.				18 Cdn Fd Amb
	*Acting Temporary or Local Rank	••••••		TO OUTLE FUE TIME.
	giving date			•••••••••••••••••••••••••••••••••••••••
			A CHARLES TO THE PARTY OF THE P	
4.	Place of birth. Quebec, P.Q. Canada.	(18) Medical		
5.	Date of birth as declared on attestationOct., 10th., 1920.		1 7	
	(A)	Category	13-2-	Authority 40 Med. Board
	Date of enlistmentFeb., 27th., 1940	········		
	Place of enlistmentQuebec, P.Q. Canada.			
	Residence at time of enlistment Quebec., P.Q. Canada.			
9.	(B) Special conditions (if any) of enlistment or rate of pay	•••••••		
10.	(C) Any subsequent variations of conditions of service	••••••••••		
	~ ~			
	ReligionRoman Catholic			
	If married, state dateSingle		ries to be	made in pencil)
*	Trade on enlistmentClerk	A LAIN T	· Cupin	7.A.IV(
14.	Corps, trade and grade	1- DHR119N	K. 3.18E	600
	(D) Qualifications 2119	The state of the s	1.019	Vi.Ob. a.A.,
16.	(E) Miscellaneous entries			
		AT TO		4.1.15
		(20) E	5.,	W. 7. L.
		(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)	(b)	(c)	(d)	(e)	(f)	(g) .
Report	(2)	Record of all casualties regarding promotions (acting, temporary, local	(-)			· ·
Date From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as-at (e)	Army Form or other authority for entry to be shown
28 Mu 40 OC	18 Calm On	508 Can 11 Canada on Embarkation	galifax	26 ang 40	M	70#237 28 hle 40
//	!!	705 11 Junear on Franches	2	4 New 40	!!	
31 MM 141	//	Leave 0600 hrs 14 Mars (1 st Brinky) to 2359 hr	a field	37 MM 41		16 d/11 ans 41
30 May 41		Janding Jean from a 600 hre 30 Jan Atta for all jourgood 13 lan Fred Hyy Der while	Freld	4 Get 41		25.d. 1 41
36 Gunt 41		Attalfor all jourson 1.3. Am Frd. Hyg Det while				
		Ceases at 13 7 ls, sy, on course		13 aug 41	7. EH -	2.9.d
15 aug 41		Attal 8 Can Fullunt ofen R. 4 P	i	14. ang 41	!!	40.d. 1.2.2. May 41
8 aug 41		Cases to be attel & Edman Intern Aug		16 Ching 4.1		4.1.d. 1.3.5. day 41
16 Med 41 De.	IA.TK	Tas Kom 18 Fd Pent	Aland	27 Aug 41.	/	1.0. KP
3 Aug 41 ce.	IA.TK	Cafe (2) 19 14 16 16 16 11	yland	1/1/1/1	<i>J</i> ,	2.0.51
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1 /mer (1)		Qualified Dvr 1/C		12n 11		1 2 2 mm 11
3 May 43 "	11	Leave 21 to 30 Anr 43.	11	27.Anr.43		.27. 8. May 43.
	The seconds	16 Am VA: TOSOM MININGS	AND DISEME	ABKED ON	10 aul 43	39.10.les 43
1/16. JU 40-14	12 1 H	111 Alla in alter	THE DIOLINE	1214	Enn	2/20
		on the second of				
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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 LEAVE BLANK
1.	(a) Print name in full	
2.	(a) Arm of service	
4.	(a) Place of enlistment	
	Section B—EDUCATION AND TRAINING	
5.	(a) State age on finally leaving school	
6.	(for instance—"4 years Public School" "two years High School" "Junior	1 1 1 1 1 1
7	Matriculation", or "4 years technical course in printing", etc.)	
	university and standing or degree secured	
8.	enter upon a trade for what (c) Did you finish it, how long	
9.	(a) What language	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
**	ING at time of enlistment. (Enter here only "Work- trade union or	
	ing" or "Not Working",	
No.	as case may be; particu- lars are asked for below)	
-	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
40	OF ENLISTMENT	
191	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
*	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", state exact trade or occupation (b) State how long you had worked at this	
	at which you actually worked trade or occupation trade or occupation	100
	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 when you last worked fairly regularly before enlistment	
15.	Give details of last	
16.	employer, if any: Name	
17.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	**
	in a business of your own, state nature and address of business	1.
1 3	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
110	OF ENLISTMENT	
	QUESTIONS 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	
1 19		
	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21 Name of employer	
		4
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
20.	(a) Your (b) Number of years' experience at specific occupation with any employer (c) Do you wish	
21		
10,	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
14	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF FILISTMENT THAT IS TO SAY OPERATING A FARM, A STORE AN AGENCY.	
000	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 (b) Where was	
4.0	. (a) State nature of business, or professional practice	
23	. (a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	
1	Section F—PARTICULARS OF FARMING EXPERIENCE	The state of the s
24		The same
25	in farming after the war?	
20	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?	
1	Section G—MISCELLANEOUS	
26	. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27	If so, state nature of your plans (for example, do you plan	
28	to return to school, or have you been assured of a job, etc.)	
	may have, other than indicated elsewhere in this form	

10 Mar. 1943

SIGNATURE GOT 1/0 HOOUTE C.H.H.



VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 5336 Name Copeman	DONALD.
Rank on Discharge Date of	Discharge 3-1-44
Authority for Discharge or Retirement	eceased
	Non-qualifying service
Canada from 27-2-46 to 26	-8-46
from	
United from 27-8-16 to 16	-6-43
Kingdom from to	
Italy from 17-6-13 to 3-	1-14 Killedin actions
Northwest Europe from to	
from to	
from to	
Eligible for award of: 1939 - 45 Star Italy Star	
France Germany Star	
Defence Medal	
War Medal	
Canadian Volunteer Service Medal with clasp	
	Date

MADO

Quote No. N.: 405-C-19:149 NATIONAL DEFENCE

ARIMY

Ottawa, Canada,

15th January, 1944.

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

National Registration Division, Department of Labour, Ottawa, Ontario.

The undermentioned Canadian Army
Casualty is forwarded for your information, please:
Regimental No
Surname COPEMAN
Christian Names Donald
Nature of Casualty Killed in Action
Date of Casualty
Address at time of enlistment 865 St. Bustache St.,
Quebec, Que.
Date of Birth
Marital Status (On enlistment)
Marital Status (Present)
Occupation
Name and address of Next-of-Kin George Copeman,
2 D'Artigny, Quebec, Que.

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

DH/MEB

22nd January 1944.

Mr. George Copeman, 2 D'Artigny, Quebec, Quebec.

Dear Sir:

I deeply regret to inform you that your son, E5336 Gunner Donald Copeman, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 3rd day of January, 1944.

have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

Adjutant - General

JAN 20 1944

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

OR/MEB

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.5336, Gunner Donald COPEMAN, of the Royal Canadian Artillery, Canadian Army, was killed in action on the 3rd of January, 1944.

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

Department of National Defence, Ottawa, Canada. February 5th, 1944.

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FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT 1 A/Tk Regt RCA Squadron, Troop, Battery or Company Squadron, Troop, Battery or Company Rank Gnr
Surname COPEMAN Christian Names D
Date 3 Jan 44 Place Italy
Died Cause of Death* Killed in Action BC
Nature and Date of Report 3011C Message 4 Jan
By whom made 1 A/Tk Regt RCA
*Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty. Ami S. of S. Vito on W. Side of Rocco S. Giovanni-St. Vito Rd. Mil Place Cem. MR 364098 Sh 147 Date
By whom reported C.F., H.Q. 1 Cdn Div
State whether he leaves $\int (a)$ in Army Book 64
a Will or not (b) as a separate document not known - effects not recd
All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office. Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information. In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account. Station and Date Jan 44 Signature of Officer in charge of Section Adjutant-General's Office at the Base for Officer i/c Can Sec GHO and Echelon OMF

405-C-19,149 D. R. 2 (D) February 9th, 1945. Mr. George Copeman. 2 D'Artigny. Quebec. P.Q. No. E. 5336, Gunner Donald COPEMAN Dear Sir: With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row D, plot 10, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity. The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address. Yours truly, J. B. Rading for R.T.E. Hicks-Lyne, Colonel, Acting Director of Records, FBR/SLG for Adjutant-General.

RECORDS OFFICE OVERSEAS. CANADIAN MILITARY HEADQUARTERS. GRAVES REGISTRATION CARD.

RANK Gunner	PLACE & Quebec, Quebec, Canada DATE OF BIRTH 10 OCT 1920 REGIMENTAL NO E-5336 NEXT OF KIN FATHERI ADDRESS Mrs George COPEMAN, 2 D'Artigny Street, Quebec City, Quebec, Canada
PARTICULARS OF HOSE	ITALIZATION
DATE OF ADMISSION	NAME & LOCATION OF HOSPITAL
DIAGNOSIS	
PARTICULARS OF	P DEATH.
DATE OF DEATH 3 JAN 44	PLACE OF DEATHITALY
HRS	ED IN ACTION
	F BURIAL.
	4.CEMETERYMORRO.RIVER.CEMETERY
DEATH CERTIFICATE NO	DATE OF REGN OF DEATH CERTIFICATE
RELIGION R.C.	PLOT NO. 10. ROW
Extracted from Burial Records, RECORDS OFFICE OVERSEAS. ACTON, LONDON W.3.	DATE. 15 Jan 45. (B.E.WILLAN) Capt., For (B.T.E.HICKS-LYNE) Lt.Colonel, Officer i/c Records, Canadian Military Headquarters.

hotel (o)

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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

RANK CHAMER E5336 SERVICE UNIT NUMBER let Anti Tenk Rost. (CA) NAME COPEMAN. Donald DATE OF BIRTH October YEAR 1920 loth MONTH DAY Single MARITAL STATUS NEXT OF KIN AS SHOWN ON Pather Mr. George Copeman, NAME M.F.M. 1. 2 & 5 RELATIONSHIP 2 D'Artigny ADDRESS D.A.B. cuabec. cue. ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER (MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

Canrecords 4278 Killed in Action B.Q.405-0-19,149

DATE 3-1-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

DATE TANA

OFFICER I/C RECORDS

No E.5336 Rank Gunner Name COPEMAN, Donald. Unit R.C.A. Date of death 3rd January, 1944. Died at Italy. Cause Killed in action Death occurred on strength of Forces.HQ 405-C-19149 a15-1-44. Father. N/K Mr. George Copeman, Relationship 2 D'Artigny, Quebec, P.Q. Address Remains buried in Cemetery # mile south of S. Vito on west side of Rocco S. Giovanni -St. Vito road Military Cemetery. MR 364098, Sheet 147. Grave location OVER

DEATH CERT. TO N.K.
BURIAL REPORT TO M.B. 10

1945

STAT

BUR.

RETURN TO

DESP'D.

ROYAL MESSAGE

MESS

REBURIAL

Morro River Cemetery, Ortona, Italy.

Grave 1, row.D, plot 10.

HI & CR Form Despd. OCT 251948

Photographs
Despatched
MAY 29 1947

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1	
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	4

1. PLACE Municipal civil municipal county IN THE FIELD (ITALY) of the country of town	pali-	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township
DEATH		Hospital or
Direct 10.	Months	Institution Years Months Days Years Months Days
2. LENGTH (a) In hospital or institution		(c) In Province (if immigrant)
3. NAME Surname COPENIAN.	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
OF DECEASED Given names Donald. (Block letters)	this space	22. Date of death
Street St. Eustache St., No.861. Official name of civil municipality or township. Quebec.		23. I HEREBY CERTIFY that I attended deceased from 19
Municipal county Province Quebec .		and last saw h
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced (Write the word)		Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to asphyxia, asthenia, etc. [ACROSE OF BEATH [BEATH [ACROSE OF BEATH [ACROSE OF BEATH [ACROSE OF BEATH [BEATH [ACROSE OF BEATH [ACROS
9. If married give name of wife or husband of deceased		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
10. BIRTHPLACE (Province or Country)		(c)
11. DATE OF Cctober 10th, 1920. (Month) (Day) (Year)		Other morbid conditions (if imper- tant) contributing to death but not causally related to immediate
12. AGE OF Years Months Days If less than one day old DECEASED		cause.
23hrs. ormin.		If a communicable disease is (a) Date of appearance
2 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		give (b) Duration of diseasedays
teamster, office clerk, etc		25. If a woman, was there a puerperal condition?
business, as cotton-mill, Unmbering, bank, etc		26. Us there a surgical operation?
15. Date deceased last spent in this		
worked at this occupation occupation 18. BIRTHPLACE (Province or		State findings
Country)		Accident, suicide or homicide
FATHER COPEMAN, GOODES.		Manner of injury
MOTHER (Maiden Name)		Nature of injury(How sustained)
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place
	F 50.70	
20. Date of burial		Signed
a) Name of parish or church		Address Date 19
(b) Civil municipality of	28. Sig	nature of person who fills in the form rate, coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
E E E (c) Municipal		Duriai was made.
THE COLING	/	P. B. Kadrul
(d) Date	This sign	nature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)
	Direc	etor of Records, Dept. of National Defence.

	rgeCop	aman,	
2 D'Art	igny,		

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:-

405-C-19,149 FD 30

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

March 17th, 194.4

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

COPEMAN, Donald, Gnr.,

No. E.5336 Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

PSD: TL

(P.S. Deis) Capt.,

for (L.M. Firth) Lt.-Col.,

Administrator of Estates.

M.F.W. 77 5M—1-44 (3371) H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

egrees			INFORMANT'S STATEMENT			
of Rela- tion- ship	REL	ATIVES be accounted for	NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
	But. Bind.					
1	Widow of the I	Deceased				
2	Children of the dates of their	Deceased and Births				
3	Father of the I	Deceased	George S. Copeman	79	2 wastigmy the Quelee . O. 2.	
4	Mother of the	Deceased	maude Copeman	65		
		Full Blood	Harald Capeman Laine " Sydney " Lupert "	44	California, U.S.a. deceased - 198 1997 1997	
5	Brothers of the Deceased		Lodney " Norace " Raeph " Justin "	35 326 25	2 D'artigny - Queber active service overs	
		Half Blood				
			Hazel Copeman norma		2 10'artegny st Zu	
		Full Blood	mis maude Zarie	29	104/2 Begenont- 2me	
6	Sisters of the Deceased					
		Half Blood				
7	Names of brothe of the full or Deceased, who death of each.	ers or sisters (whether the half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children	
		- Copeman	anthony Copeman - 12 years	0.		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Albert Copeman
9	Date of his birth.	Och 10-1920
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Oct 10 1899
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	Quebec Cety.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quibec (all his life) (b) Canada (c) (d)
14	Nature of employment before enlistment.	school:
15	State whether he owned the premises in which he lived, and, if so, where situated.	20.
16	Name place where deceased stated he intended to make his permanent home.	Quebee-
	PARTICULARS OF	FESTATE
17	Did he leave a Will? If in your custody, please forward.	20
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	single
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Unable to say-
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	200 not know,
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTI	CULARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and be zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of	nment will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by

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4.
*Insert degree of relationship
for example, "Widow", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the
"Brother", etc. * frather of the deceased.
N.B.—To be signed in full in the George Reott Labourd Signature of
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Of Informant
Public or Commissioned Officer of any of His Majesty's Forces. 2 Wattigmy & Quebec, O2. Address
CERTIFICATE
I hereby certify that to the best of my knowlege and belief
0 +4.
See above. Copeman \tag{Name of \informant} is the father of the Deceased
See above. Cofeman \tag{Name of \informant} is the father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars
See above. Copeman \tag{Name of \informant} is the father of the Deceased
See above. Cofeman \tag{Name of \informant} is the father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.
See above. Cofeman {\text{Name of informant}} is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct. Dated at \text{Dated at } Dated
See above. Coseman { Name of informant } is the father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct. Dated at his 32 d day of how 19 44 Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com-Notary Public Or
See above. Cofferman [Name of informant] is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct. Dated at Date his 32 day of for the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct. Signature of Clergyman, Priest, Magistrate, Commissioner or Qualification and the Statement of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

ATTIR LE TROUBLEMO IN MANTE PARTE DE LA PRIME DEL LA PRIME DE LA PRIME DE LA PRIME DE LA PRIME DE LA PRIME DEL PRIME DEL PRIME DEL PRIME DE LA PRIME DEL PRIME

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- 1-11-11-11-1

A THE TAIL IN THE PERSON OF THE PARTY OF THE

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

HELEN & LIPP WILLIAM EXECUTED IN THE PROPERTY OF THE PROPERTY

THE PERSON NAMED OF PERSON



FORMULE DE TESTAMENT

42	2 111	I. ORTHOUGH DES LESSETATIVES LA
	(1)	Je, Donald Copeman , de la Quebec
		de Quebec, dans le Comté District de Quebec,
		Province de Quebec , Journalier ,
		N° matricule. E 5336 N° matricule E 5336 Unité 18th Fld Ambulance, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.
Noms et adresse des		JE LÈGUE à ma mère, Madame Georges Copeman, de 862 St-Eustach
bénéficiaires	T I I	Quebec, Cté de Quebec, Prov. de Quebec.
Lowensen		tout ce que je possederai au moment de ma mort
		vouv oo que je pobbederar au momente de ma mere
Noms et	(?	3) NINKINGENENING NEW WICE AND A STANDAR OF
adresse des bénéficiaires résiduaires		
	(4)	JE NOMME(Nom)
		exécuteur de mon présent
		testament.
		Signé et reconnu par le testateur, en présence
		Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé
		l'un de l'autre, avons immédiatement signé jour de
1500	(5)	l., -///
Signature du premier témoin	J. D.	(Adresse) (Signature du soldat)
U		(Les bénéficiaires ne peuvent être témoins)
Signature du second témoin	1	(Adresse)

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

Instructions.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

	(1)	Name of Officer or Soldier	COPEMAN	DONALD	••••••••••
			(Surname first—Chri	istian names in full—Block capitals)	
	(0)	D	E- 5336		
		Regimental Number		D	•••••••••••••
	(3)	Unit	Royal 22e	Regiment (CASF)	•••••••••••••••••••••••••••••••••••••••
	(4)	Are you married?			NON
		If married, state,			
		(a) Full name of your wife			NIL
		(b) Present postal address of wife	9		NIL
	(0)				
	(6)	If married, have you been regularly su	apporting your wil	ef li not—state reasons	11.1.1
			• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••	••••••••
	(7)	Are you a widower?			NIL
((8)	Have you any children?			NIL
		If so, give number of boys and gir			NIL
		Also their names and ages			
	(9)	If Separation Allowance is claimed in			The same of the sa
		porting them			
		Give particulars of Guardian to v			NIL
					NTT.
		Postal Address	••••••••••••	•••••••••••••••••••••••••••••••••••••••	
		***************************************	• • • • • • • • • • • • • • • • • • • •	······································	•••••••••••••••••••••••••••••••••••••••
				(SEE	OTHER SIDE).

(10)		been regularly supporting and publicly representing
25-6-5	as your wife?	
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
(11)		
	If so, state name and address	
	86 ST-Eu	stache Quebec PP Q.
(12)		ted from earning a living—are you his sole support?
		what amount per month you have given him prior
	to joining C.F.F.	
		NIL
	Is your mother alive?	
		Copeman
	86½ St-Eust	eche Quebeo P.Q.
(15)	If your mother is a widow, are you her sole suppor	t? NON
(16)	If sale support of widowed mother—state what amo	ount per month you have given her prior to joining
(10)	C.F.F.	NTT.
		upport
	•••••••••••••••••••••••••••••••••••••••	
	Are you insured?	
,	If so, in what Company? METRO	
	Have you made arrangements for payment of your	
	you wish to make, provided the total assignment which may be assigned.	gn the amount in addition to any other assignment is not in excess of the maximum monthly amount
	I hereby certify that the information given by me o	on this form is correct in each and every particular.
		A 1.
		(Signature of officer or man)
Date	27 Fevrier 1940	
		Motument
		Officer Commanding Regimental Depot
Date	27 Fevrier 1940	Royal 22e Regiment) CASI

. 18012 18 1 1919

DEPARTMENT OF NATIONAL DEFENCE NAVY ARMY AIR FORCE STATEMENT OF WAR SERVICE GRATUITY



DECEAS MEMBERS NAME PAYEE ADDRESS DATE OF T	Donald (CHRISTIAN NAMES) Mrs. Maude McKendry COPEMA 2 D'Artigny St., Quebec, P.Q. ERMINATION OF OVERSEAS SERVICE	COPEMAN (SURNAME)	REGISTER NO. FILE NO. DATE SERVICE NO. FINAL RANK OR RATING DATE OF DISCHARGE	D-10659 405-C-19149 11-6-45 E-5336 - Gnr. 3-1-44 -
A. TOTAL	QUALIFYING SERVICE		134	\$ ¢
	NO. OF DAYS_		COMPLETE PERIODS AT \$7.50	345.00
B. QUALIF	YING OVERSEAS SERVICE INELIGIBLE DAYS, E SEE PAR. 2 OVERLEAF FOR	QUAL TO 1199 \ EXPLANATION	DAYS @ 25c. PER DAY	299.75
				644.75
C. SUPPLE	MENT FOR OVERSEAS SERVICE			
CDAT	About II AX A Mad III	E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	GE 1.50 1.25 1226 183 ×7 = \$ 19.25 19.25	128.96
D. WAR	SERVICE GRATUITY			Parara Pra
E. DEDUCT		DEPENDENTS AND A	LOWANCES \$ ALLOWANCE SSIGNED PAY \$	113.11
	OTHER DEDUCTIONS		*	
F. TOTAL	AMOUNT PAYABLE			773.71
G. YOUR	ORTION OF GRATUITY IS-			

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

PREPARED BY CHECKED BY

TREASURY
CHECKED BY
19/6/45

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

SERVICE REPRESENTATIVE

OF \$

Name:
Surname Christian Names

Rank Unit Date of Death

AMOUNT

L.P.C.......\$

Date:
Other Credits......

SHARE RELATIONSHIP NAME AND ADDRESS AMOUNT

TO BE FORWARDED BY REG, MAIL DIRECT.

P4. TO TREAS.

13-12-

AUTHORITY

H.Q. VOTE PRI H.Q. OBJ. AMOUNT

9999

CLASSIFIED BY Original Signed by
K. L. McCUAIG

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

Total.....

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

AUDITED FOR PAYMENT



CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District	
Dispersal	

LAST PAY CERTIFICATE

(All Ranks)

son	to		on		
The following is a statement of the account			7 J To		
The following is a statement of the account			onJr.dJ.an.	194	14
	••••••		Authority: C.C.L."A" 379 d/loth	Jan.44	Ł
	of the above	e-named	from 1st Jan. to 31st Jan.	1944	Ł
inclusive date of transfer or discharge.	1	Dr.		Cr.	
Particulars	Amou	ınt	Particulars	Amo	unt
ance Dr. from last account			Balance Cr. from last account	20	44
			Regimental Pay31 days at		
ual Payments					
igned Pay	20	00	Additional Pay (Give particulars)\$		
imental Charges			Allowances (Give particulars)days		
lic Stoppages (Give particulars):	\				10/10
			Cash Effects J.V.1335	6	82
••••••			Cash Effects J.V.1335	1	12
•••••			Cash Effects O.R.132763	39	99
	- Market			11 M	
Balance Cr. Free	94	87			
(Deferred			By Balance Dr.		
Total	114	87	Total	114	87
PATANICI	CIVEN	ic str	BJECT TO ANY CHARGES		
			ON THE REVERSE HEREOF		-
Remarks:					
(1) Ass. Pay \$20.0	O (M)	ston	oed off Feb 44	9	6
		ر.بو.بت.	(A.O.O.L		
	lrawno	n Di	strict Bank.Ltd.,		
			Cheque No. 56037 for £2.4.9		
			" 59861 " £1.2.4.		•••••
G \ in a second			" " 62815 " £2.4.9.	5	
0N,97N			11 11 64520 11 45 2	Whe E	3
			DE	B	
			68135 " 62.4.9.	Colins .	EP
				ASSET OF THE PARTY	2 /
			WAT	TON	

Date.....24th July.....19.44.

for Chief Treasury Officer, Overseas.

M.F.M. 510 40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District
D!1

Dispersal

LAST PAY CERTIFICATE

(All Ranke)

of (Unit)	••••••		onon				
(Transfer or Discharge)	to		onJan	19	14.		
			Authority: C.C.L. "A" 379 d/10th Jan. 44.				
The following is a statement of the account the inclusive date of transfer or discharge.	of the abo	Dr.	from lst Jan. to 31st Jan.	19			
Particulars	Am	ount	Particulars	Amo	unt		
Balance Dr. from last account			Balance Cr. from last account	00	1		
			Regimental Pay\$1.days at\$\$\$		-		
			Tradesmen's Paydays at\$\$	100	-		
Payments on Transfer or Discharge	-	300					
Assigned Pay			davs at				
Regimental Charges			Allowances (Give particulars)days				
Public Stoppages (Give particulars):							
			Cash Effects J.V. 1335		00		
			Cash Effects J.V.1335	1	7.0		
·····			Cash Effects O.R. 132763	(410)	20		
					1		
(Free	94	27					
To Balance Cr. Deferred			By Balance Dr.				
Total			Total				
	114	87	1 O tal	114	87		
AND/OR CREI	DITS EN	DORSED	BJECT TO ANY CHARGES ON THE REVERSE HEREOF				
			trict Bank. Ltd.,				
	14						
for Royal Bank of			" 59861 " £1.2.4.				
			11 11 2007 11 20 4				
for Royal Bank of	••••••		II II GAROO II AT O				
	••••••		II II GAROO II AT O				
			II II GAROO II AT O	•••••••			

Checked by State Checke

for Chief Treasury Officer, Overseas.

FORM No. 1

Nominal Roll No. 234

H.Q. File No. 405-C- 19, 149

CANADIAN ARMY (ACTIVE)

		Computation of WAR SERVICE C					
Regt. No.	Rank when S.O.S.	Surname		Christian Name in Full			
E 5336		COPEMAN		DONALD.			
	ERMINATION OF SERV						
1st Enlistm		195 END:		CARO	(
2nd Enlistr		• • • • • • • • • • • • • • • • • • • •		CARO	()		
3rd Enlistr	nent		•••••••••	CARO	(
		Total Service	e				
1st	ENLISTMENT	2ND ENLISTI	MENT	3RD ENLISTMENT			
	and the second s	T.O.S		T.O.S			
Total Service					707 DAYS		
			Total Servi	Less Non-qualifying Service	Net Service		
Western I-	lemisphere		181		181		
Overseas S	Service		1726	/	1226		
T	otals		140'	7 /	1407		
A	dd Non-qualifying Se	rvice	•••	••••••			
T	otal Service	•••••••••••••••			1407		
REMARKS: Computer	O.S. Oversees. 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	EDIA	Date S.O.S. C	Overseas			
all so Areslean	co than n rame & re e Heur	CERTIE	ervice shown he	URIN,	tablished, based		
500M—11-44 (601 H.Q. 1772-45-8	2)			Colonel,	of Records.		

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	То	Effective Date	Days	Total
			AND REPORT OF STREET		
••••••		,			
		Section and the second section is a second section of the second section secti			
				Total	
	41 /				
A MAA	1/2//	40 TO	0	TOG	
Overseas: T.O.S	26 Mug 4	, , '	O	1 . O.S	••••••
Uverseas: T.O.S S.O.S	290	//s.o.	S	S.O.S	
S.O.S	3 Jan 4	/-/s.o.	S	S.O.S	
S.O.S	3 Jan/4	/-/s.o.	S	S.O.S	
S.O.S	3 Jan/4	//s.o.	S	S.O.S	
S.O.S	3. Jan/4	//s.o.	S	S.O.S	
S.O.S	3. Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3 Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan. 4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan/ 4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan/4	4/s.o.	S	S.O.S.	
S.O.S	3. Jan/4	/4/s.o.	S	S.O.S.	
S.O.S	3. Jan/ 4	/-/	S	S.O.S.	
S.O.S	3. Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3 Jan/4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan/ 4	/-/s.o.	S	S.O.S.	
S.O.S	3. Jan. 4	4/- s.o.	S	S.O.S.	
S.O.S	3. Jan. 4	//s.o.	S	S.O.S.	



ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

N	o., RANK and NAME E-5336 Gnr. Copeman.) <u>.</u>		(Dec!d)	
R	C-96325 Pte. Desormeaux J.I HECKED BY K-74155 Pte. O'Donaghey M.I	chelo	nC		
2211	Identity Discs Prayer Books Snapshot Folder Wallet Snapshots Souveneir 10 Lire Note R.B. of C. Cheques (£ 8/18/11 To @F.M.) O. IL ES TATES.				

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

TRIPLICATE — with effects.

1.2. Tuelmer Gff
for OC 1 Cdn KSD