

J14746  
BITTNER  
JOSEPH

FRANC



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PAR — NAMTAP



RI 36635  
A725



# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE 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

1. (a) Print name in full BITTNER, JOS. FRANCOIS XAVIER JEAN (b) Reg'l. No. 12136635-  
2. (a) Arm of service R.C.A.F. (b) Unit #5 M.D. LACHIN, P.Q. (c) Rank A.C.2  
(a) Date of birth 18-4-19 (b) Have you any dependents? NO (c) Place of residence at time of enlistment QUEBEC, P.Q.  
4. (a) Place of enlistment QUEBEC, P.Q. (b) Date of enlistment 8-1-42

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 (b) Were you attending school or college up to the time of enlistment? COLLEGE  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) B.A. DEGREE  
7. If you attended a university, give name of university and standing or degree secured ASSUMPTION COLLEGE WORCESTER, MASS.  
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A. (c) Did you finish it, how long did you serve at it? N.A. (d) If you did not finish it, how long did you serve at it? N.A. U.S.A.  
9. (a) What languages do you speak fluently? ENGLISH + FRENCH (b) What languages do you read well? ENGLISH + FRENCH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?  
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation  
13. 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 employer, if any: Name Address  
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME 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

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer  
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?  
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? N.A.  
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? N.A.

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO  
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) RETURN TO SCHOOL  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. MEDICINE

DATE February 3 1944 SIGNATURE Jos. F. Bittner



FEB 16 1942  
O. S. ...  
R. O. ... L.D.  
S. L. ... P. A. ... [initials]



**CONFIDENTIAL**

No. 3 MEDICAL SELECTION BOARD,

No. 3 INITIAL TRAINING SCHOOL, R.C.A.F., R.C.A.F. M.2

VICTORIAVILLE, N.B. 150M-8-40 (6421)  
H.Q. 1062-10-2

**ROYAL CANADIAN AIR FORCE**

Medical Board held at QUEBEC, P.Q.

Date 6-1-42

FILE NUMBER

R136635

Surname BITTNER Chr. Names JOSEPH-FRANCOIS/ XAVIER/ JEAN  
Nature of Commission M2 1 Date of Birth 18-4-19 Married or Single "S"  
Branch Gen-List Hours Flown NONE  
Address 124 Bergemont Quebec, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown NO  
Severe or "Sick" Headaches, Migraine NO  
Fits or Convulsions of any kind NO  
Sun or Heat Stroke NO  
Head Injury or Concussion (including "knock-out") NO  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
- (ii) LUNG TROUBLE or Consumption NO  
Bronchitis, Pneumonia or Pleurisy NO  
Asthma or Hay Fever NO
- (iii) HEART DISEASE, "Weak or Strained Heart" NO  
Fainting Attacks or Giddiness NO  
Rheumatism, Rheumatic Fever or "Growing Pains" NO  
Frequent Sore Throats or Tonsillitis Tonsillectomy 1938  
Diphtheria, Scarlet Fever or Scarlatina No
- (iv) STOMACH or BOWEL TROUBLE Chronic constipation  
Chronic Indigestion or Pain after Food NO
- (v) KIDNEY or BLADDER TROUBLE NO  
Syphilis or Gonorrhoea NO
- (vi) TROPICAL DISEASE NO  
Malaria NO  
Dysentery NO
- (vii) EYE TROUBLE or Inflammation of Eyelids NO  
Wearing of Glasses Yes 1935 for two months  
Colour or Night Blindness NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears NO  
Deafness, Noises in the Ears, or Dizziness NO  
Frequent Colds in Head, Catarrh or Obstruction 1 cold in head a year  
Prolonged Hoarseness or Loss of Voice NO  
Sea, Car or Train Sickness NO  
Discomfort on Swings, Roundabouts, Switchbacks NO
- (ix) OPERATIONS NO
- (x) Any Illness or Injury not mentioned above NO

Education Senior Matriculation UNIVERSITY 15 months

Present Occupation Nothing Hobbies Hunting Fishing

Previous Service NONE

Athletics Ski Tennis

Habits—Smoking 10 c.a.d. Alcohol NONE

FAMILY HISTORY—Consumption No

Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health Asthma Dead—Cause

Mother Alive—Health Good Dead—Cause

Brothers (2.) Alive—Health Good (0.) Dead—Cause

Sisters (1.) Alive—Health Good (0.) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 6-1-42 Signature Jean P. Bittner Witness De la B. Larher M2



GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique ATHLETIC (b) Mentality ALERT  
 Body Marks, Scars, Deformities Scars on both cheeks  
 Size of Thyroid Gland NORMAL  
 Surgical Abnormalities NONE  
 Results of Wounds, Injuries, Operations NONE

	Date <u>7-1-42</u>	Assessing Room	Date <u>13-5-42</u>	Assessing Room	Date	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
			<u># 3 MSB.</u>				
Height (ins.)	69		70				Date.....
Weight (lbs.)	157 <sup>3</sup> / <sub>4</sub>		155				
Chest Circumference (ins.)	34		35				
Body Build (lbs.)	+12						
LEG LENGTH (ins.)	43		41				
Pulse Rate	{ Sitting	84	72				
	{ Standing 1st	96					
	{ Standing 2nd	84					
	{ After Exercise	108					
	{ Time to Normal	10					
Arterial Walls	soft		N				<i>B.P. border line</i>
Blood Pressure	{ Systolic	144	130				
	{ Diastolic	90	80				
Heart	{ Size	N	N				
	{ Sounds	N	N				
	{ Rhythm	N	N				
Lungs	N		N				
Breath held	64						
Expiratory Force	160						
Vital Capacity (Best of 5)	4800						
Reflexes	{ Knee	N	N				Date.....
	{ Ankle	N	N				
	{ Triceps	N	N				
	{ Abdominal	Pres	N				
	{ Plantar	Flex	N				
Cranial Nerves	N		N				
Balancing Rod	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	N.A.						
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors	{ Fingers	1s 1s					Date.....
	{ Eyelids	Nil Nil					
Abdomen	{ Liver	Nil Nil					
	{ Spleen	Nil Nil					
	{ Muscular Tone	Nil Nil					
Urine	{ Albumen	Nil	N				
	{ Sugar	Nil	N				
Initials of M.O.	<i>de la B</i>		JDCM.				

40 mm. Hg. Test  
 Date 7-1-42 8/8 8.7 /9 8 8/7 7.7/7=50 sec  
 Date  
 Date  
 Date

Remarks by Consultant.



## EYE EXAMINATION

History.....	NEGATIVE	No symptoms.
Visual Acuity	{ R. 20/20, $\frac{+2.50}{c}$ = No manifest hypermetropia { L. 20/20, $\frac{+2.50}{c}$ = " " "	20-20 c. 2.50 Blur..... 20-30 c. 2.50 Blur. c. ph. <sup>20/20</sup>
Colour Vision.....	Normal Ish. 9th Edition	C.V.N. Ishihara #. 9.....
Red, Green.....	no dark room	M.R. Eso. 6 D.....
Diaphragm Test (P.D. = 63 M.M.)	Crowding at -2- 60 Bar at 6.	
Convergence	{ C. = 7 cms. 6 { S. C. = 15 cms. 10	
Accommodation	{ R. 12 11 { L. 11 11	
Cover Test.....	Slight Lat. Div. R.R.	Sl. Con. Dev. RR.....
Fundi and Media.....	no dark room	N
Fields.....	Wide	N
Remarks:		A3B. Borderline M.R. Check. Borderline B.H. Borderline Accom.
	Initials of M.O. <i>JFM</i>	Initials of M.O. JFM.....
	Date 7-1-42	Date 13-5-42.

## EXAMINATION OF EAR, NOSE AND THROAT

History.....	NEGATIVE	16/5/42.....
Hearing	{ R. Ear..... W.V. 20 { L. Ear..... W.V. 20	w. v. 20' w. v. 20'
External Ear, Meatus Membranes	{ R. Ear..... Normal { L. Ear..... Normal	N N
Middle Ear, Eustachian Tubes	{ R. Ear..... Patent { L. Ear..... Patent	N N
Cochlear Apparatus	{ R. Ear..... { L. Ear.....	N N
Vestibular Apparatus	{ R. Ear..... { L. Ear.....	N N
Buccal Cavity	Healthy	N
Teeth.....	Healthy	N
Gums.....	Healthy	N
Pharynx.....	Healthy	N
Nasopharynx.....	Healthy	N
Nose.....	Healthy	N
Larynx.....	Healthy	N
Remarks:		A3B. Borderline M.R. Poor. B.H.
	Initials of M.O. <i>JFM</i>	Initials of M.O. JFM, F/Lt.....
	Date 7-1-42	Date 13-5-42.



HISTORY OF PRESENT CONDITION

Date..... 7-1-42.....

Physical findings: Very good

History: Tonsillectomy in 1938 <sup>X/</sup> Chronic constipation

~~W/V/V/Ve/A/B when course completed.~~

~~A3B~~ A1B A3B *de la B*

#3 M.S.B. 12-5-42.

I hereby declare that I have had no illness etc. since my last M2 exam.

FAMILY: F & M. A & W, 2 B. 1 S. A & W.

EDUCATION: 4 yrs. High School - 4 yrs classical course.

MOTIVATION: Fairly good.

INTELLIGENCE: Average.

EMOTIONAL STABILITY: Average.

GENERAL ADJUSTMENT: Average.

COMMENTS: Was studying for priest leaving this to enlist. - Average candidate.

J.D.C. Macdonald, F/Lt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date..... 7-1-42.....

In the opinion of this Board Candidate is assessed A3B A1B

*M. Piche F/Lt*  
(M. Piche) Flight Lieutenant,

*de la B Fortier M.D.*  
de la B. Fortier, M.D.

**FIT** | Date 16-5-42  
~~FIT~~  
**OBSERVER**  
**W/OPERATOR**  
**A/GUNNER**

**KAMIK** E.E.G. N. 7  
E.C.G.  
L.P.C. 2  
NIGHT VISUAL ACUITY QUALITY *A.*  
Score 16

M.O. *J.D.C. Macdonald F/Lt*

Records Office  
rec'd **AUG 8 1942**  
O. K..... C.I.B.....  
R. C..... N. I.....  
S. L..... P. A.....



## MEMORANDUM FOR

P. 64

Mr. Frank Bittner,.....  
 124 Bergemont Ave.,.....  
 QUEBEC CITY,.....  
 P. QUEBEC,.....

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

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

and the following number quoted:—

H.Q. **J.14746 FD.206**

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

August 2nd, ..... 194.....<sup>3</sup>

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

**BITTNER, Joseph Francois Xavier Jean, No. J.14746**.....

**PILOT/OFFICER, R. C. A. F.**.....



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

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

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

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

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

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

*for (N.O. Seagram) S/Lt.,  
 for (L.M. Firth) Lt.-Col.,  
 Administrator of Estates.*



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Single		
2	Children of the Deceased and dates of their Births.....	nil		
3	Father of the Deceased.....	Frank Bittner	57 yrs	124 Bergemont Ave Quebec, Que
4	Mother of the Deceased.....	Marie Anna Crepeau Bittner	57 yrs	124 Bergemont Ave Quebec, Que
5	Brothers of the Deceased	Full Blood		Georges Bittner 22 yrs 124 Bergemont Ave Quebec, Que.
				Edouard Bittner 19 yrs 124 Bergemont Ave Quebec, Que.
		Half Blood		Harry Bittner 36 yrs St. Anne du Sorel P. Q.
6	Sisters of the Deceased	Full Blood		Suzanne Bittner 13 yrs 124 Bergemont Ave Quebec, Que
		Half Blood		✓
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children

8	Full names of the deceased
9	Date of his birth
10	Place and date of his marriage.
11	Place and date of his parents' marriage.
12	Place where deceased was born.
13	State, in order, the Province, State and/ or Country, and date of death of each deceased relative
14	Nature of employment before enlistment
15	State whether he owned the premises in which he resided, and if so, where situated.
16	Name place where deceased stated he intended to make his permanent home.
17	Did he leave a Will?
18	If married, and domiciled in the Province or in the U.S.A. or in a Country under the laws of which he resided, was there a community of property between spouses, or a contract dealing with property?
19	Did he have a Bank, Post Office or other account, and if so, give name and address of bank, etc. and amount of money in each account.
20	Amount of War Savings Certificates held by him.
21	Amount of Victory Loan Bonds held by him.
22	If deceased had life insurance, name of company, and amount payable under each policy and the person to whom payable. Describe other assets, if any, and value thereof.
23	Is application for Probate or Letters of Administration necessary (see page 1)?
24	Did the deceased after enlistment incur any indebtedness? (a) His own separate board and lodging. (b) Service clothing and equipment. An itemized account for each such debt, hereto, and if same is correct you must sign and "approve" and sign same. If by others, state particulars.
25	Have you or any other relative paid the part thereof? If so, attach itemized account, amount paid, and by whom.

(NOTE:—The Government pays funeral expenses and burial is made Overseas as well as in this country, and if a relative has already paid the expenses, the Government will reimburse him, authorized in the Regulations. Any amount paid by the Government nor is it chargeable against the estate.)



ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Joseph Francois Xavier Jean Bittner
9	Date of his birth	April 18 <sup>th</sup> 1919
10	Place and date of his marriage.	✓
11	Place and date of his parents' marriage.	Sorel, P.Q. May 28 <sup>th</sup> 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sorel P. Q.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Province of Quebec, Canada (b) always (c) (d)
14	Nature of employment before enlistment.	Student in Theology
15	State whether he owned the premises in which he lived and, if so, where situated.	Did not own any premises
16	Name place where deceased stated he intended to make his permanent home.	Province of Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will?	Not that I know of
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	nil
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	I understood he had a bank account in England see spec
20	Amount of War Savings Certificates held by deceased.	none that I know of.
21	Amount of Victory Loan Bonds held by deceased.	none that I know of.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	1 Policy Metropolitan Life Ins. 1,000 since 1931 1 " " " " 1,000 " 1934 Beneficiary Frank Bittner - Father
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none
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.	no

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

ATIONS  
ne relatives that the deceased ever

AGEMENT

Age ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

57 yrs 124 Bergemont Ave Quebec, Que

57 yrs 124 Bergemont Ave Quebec, Que

22 yrs 124 Bergemont Ave Quebec, Que.

19 yrs 124 Bergemont Ave Quebec, Que.

36 yrs St. Anne de Sorel P. Q.

13 yrs 124 Bergemont Ave Quebec, Que

Address of their children



DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* Father of the deceased.

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

Frank Pittner {Signature of Informant  
124 Bergemont Ave, Quebec, Que. Canada Address

CERTIFICATE

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

\*See above. Frank Pittner { 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.

Quebec  
Dated at 12 août this 12<sup>e</sup> août day of août 19 43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } H. Desrochers Qualification parish priest  
Address 601 La Canardiere Ville de Quebec.

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

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

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

*If it is possible, will you kindly advise how long it will take, or when I may expect my son's personal effects, may add that my son was dependent upon me up to the time of his enlistment*

Frank Pittner



SPECIAL RESERVE *LWP*

AIR FORCE No. R.136635 POSTED TO #14 Rec. Centre, Quebec, P.Q. TRADE Pilot or Observer

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname BITTNER FULL Christian Names Jose ~~Joseph~~ Xavier Jean *Frs.*
2. Present Address 124 rue Bergemont, Limoilou, P. Que Telephone 30732
3. Permanent Address 124 rue Bergemont, Limoilou, P. Que
4. Place of Birth Notre Dame de Sorel, Richelieu, P. Que Citizenship Canadian
5. Date of Birth April 20, 1919 <sup>18</sup> Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.	N.A.	N.A.	N.A.

7. Occupation Student 8. Religion Catholic Roman  
State denomination
9. Languages French English F: Very Well E: Well  
State proficiency
10. Next of Kin (Full Name) Frank Bittner Relationship father  
" Address 124 Bergemont St., Limoilou, P. Que
11. Father (Full Name) Frank Bittner Birthplace P. Que  
" Address 124 Bergemont St., Limoilou, P. Que Citizenship Canadian  
" Occupation Locomotive foreman (C.N.R.)
12. Mother (Full Maiden Name) Marie Anna Crepeau Birthplace Sorel, P. Que  
" Address 124 Bergemont St., Limoilou, P. Que Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
N.A.	N.A.	N.A.	N.A.			

R.C.A.F. Records Office A.  
 Rec'd, JAN 13 1942  
 C.I.B.  
 N.I.  
 S. L. P A.

14. Honours, Awards, Mentions None
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.  
When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No  
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No  
If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
20. Are you in debt? No If so, state particulars N.A.

*[Handwritten signature]*



21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	<b>Scred-Hearth Academy Sorel</b>	1928	1931	French
High School—Collegiate Institute, etc.....	<b>St Michel, Jonquieres</b>	1931	1932	French
Technical School High School.....	<b>Chicoutimi Assumption's College</b>	1932	1936	French English
University or School other than above.....	<b>White Fathers of Africa</b>	1936	1941	Sciences- Classical course
Correspondence Courses, etc.....		15 months	1941-1942	Theology

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
<b>N.A.</b>				

23. Flying Experience (in Hours) Solo..... **None**..... Dual **N.A.**..... Passenger **None**.....

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.....

**Reading**

25. Sports engaged in. State: extensively, moderately, occasionally.....

**Ski- Tennis: occasionnally**

**Hunting- fishing.**

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties~~ Flying Duties. ~~###~~

If for Ground Duties, state Air Force trade in which you wish to enlist. **Pilot or Observer.**  
 If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew).  
 (Cross out words not applicable.)

27. Names of at least **4** persons who can give references as to character and ability.

Name	Address	Occupation
<b>Father Gerard Quellet</b>	<b>Postulat des Peres Blancs</b>	<b>Superior</b>
<b>Dr. L.P. Brousseau</b>	<b>Taschereau, Abitibi, P.Q.</b>	<b>Doctor</b>
<b>Lucien Ruelland</b>	<b>Taschereau, Abitibi, P.Q.</b>	<b>Agriculturist</b>
<b>Lucien Goulet</b>	<b>Sorel, P.Que</b>	<b>Juge de paix</b>

28. Other information that may have any bearing on this application.... **None**.....

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory?.... **Yes**.....

I HEREBY CERTIFY that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date..... **January 5th**..... 19 **42**.....

Signature..... *Jean P. Bittner*.....



Electoral District No: 60  
V.A. NO: 15  
Jean Bittner

3

NATIONAL REGISTRATION CERTIFICATE  
PRODUCED

*Chs. Berrin 7/0*

FOR OFFICIAL USE ONLY

(A) Report of Interviewing Officer—

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....*January 5th 1942*.....Signature.....Rank.....

(B) Report of Trade Test—

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

Date.....*January 5th 1942*.....Signature.....Rank.....

(C) DECLARATION MADE BY MAN ON ATTESTATION

I,.....*Jos. Frs. Xavier Jean BITTNER*.....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date.....*January 8th*.....19*42*.....*Jean P. Bittner*  
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I,.....*Jos. Frs. Xavier Jean BITTNER*.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date.....*January 8th*.....19*42*.....*Jean P. Bittner*  
Signature of Recruit

(E) CERTIFICATE OF 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, P.Q.*.....this.....*8th*.....day of.....*January*.....19*42*..

*Chs. Berrin*  
Signature of Officer

*7/0*  
Rank

#14 Recruiting Centre, R.C.A.F.,  
Unit Quebec, P.Q.



FOR OFFICIAL USE ONLY  
CERTIFICATE OF MEDICAL EXAMINATION

Finger Printed  
Date 5-1-42  
Initials JFB  
CPT

Part 1. Information obtained from the applicant—

- 1. Age. 22
- 2. Have you ever suffered from any of the following defects in health?
  - (a) Rheumatism..... no
  - (b) Tuberculosis..... no
  - (c) Bronchitis or Asthma..... no
  - (d) Heart Disease..... no
  - (e) Kidney or Bladder Disease..... no
  - (f) Gastro-intestinal..... Chronic Constipation
  - (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) Bone Fracture..... no
  - (r) Other Disease or Defect..... Tonsillitis 1938

3. Have you ever worn glasses? no

4. Have you had any illness for more than one week's duration. — — — — —

I certify that I have revealed my full medical history and have not withheld any relevant information.

Signature of Applicant  
+ Jean F. Bittner

Examiner's Remarks re above.....

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

- 1. Identification marks or scars (if operative obtain history)..... Scar both cheeks.
- 2. Height..... 5 feet 9 inches.
- 3. Weight..... 157 3/4 pounds.
- 4. Complexion..... Fair
- 5. Color of Eyes..... Brown
- 6. Development { Good, Fair, Poor }..... Fair
- 7. Chest Measurement—Full expiration..... 32 inches
- 8. Hearing—Right..... WU 25 Left..... WU 20
- 9. Vision—Without glasses—Right..... 20/30 Left..... 20/30
- 10. Condition of mouth and teeth..... Good
- 11. Urine—Albumen..... Nil Sugar..... Nil
- 12. Abnormalities (Congenital and Pathological) found on Examination..... None

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category

A3B  
A3B

Any special remarks of the Medical Officers.....

waiting specialist report Re: Vision for flying duties =

7-1-42 - Eye specialist report. Normal vision  
8-1-42 + 37 x Ray neg. (JFB)

Part 2 Cont'd.

- 13. Reflexes N
- 14. Heart N
- 15. Lungs N
- 16. Blood Pressure S. D. 144/90
- 17. Colour Vision NORMAL Ish. 9<sup>th</sup> edition

Date 6-1-42 19.....

De la B. Forner...  
President

Member

Member



AIR FORCE No.

JI4746

R136635

BITTNER

SURNAME

JOSEPH FRANCOIS EXAVIER JEAN

FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE *Dublin*

DATE *8-1-42 / Comm. 9-10-42*

RELIGION

*R.C.*

R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES	
FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
4-5-43	14-5-43		<i>P. Leave</i>	<i>230.T.U. 27/43</i>		<i>S/O</i>	<i>91008. St. John.</i>	<i>23 10 42</i>	<i>91008. 110.</i>		
28-5-43	10-6-43	14	<i>Emb. Leave.</i>	<i>429 Sqn. 10/43</i>		<i>S/O</i>	<i>to Curragh.</i>	<i>27 10 43</i>	<i>5551</i>		
<i>Below Entry amended to read, 27.5.43 to 9.6.43</i>							<i>December to U.K.</i>	<i>5 11 42</i>	<i>5551</i>		
				<i>16/43</i>			<i>T.O.S. 3 P.R.C.</i>	<i>6 11 42</i>	<i>81/15</i>		
							<i>S.O.S. from 3 P.R.C. to 220.T.U.</i>	<i>24 11 42</i>	<i>85/21</i>		
							<i>D.O.S. at 230. T.U.</i>	<i>31 12 42</i>	<i>2/3</i>		
							<i>Att. AAF Stratford</i>	<i>9 3 43</i>	<i>35/43</i>		
							<i>T.O.S. 429 Sqn.</i>	<i>14 5 43</i>	<i>429 Sqn. 8/43</i>		
							<i>S.O.S. 429 Sqn. to RCAF. East Moor</i>	<i>9 6 43</i>	<i>429 Sqn. 12/43</i>		
							<i>Att. No. 311 F.T.U.</i>	<i>19 6 43</i>	<i>311 F.T.U. 15/43</i>		
							<i>CTBA 311 F.T.U.</i>	<i>25 6 43</i>	<i>311 F.T.U. 15/43</i>		
							<i>Att. to No. 1 O.A.D.U. p. O'Sean</i>	<i>25 6 43</i>	<i>10 A.D.U. 12/43</i>		
							<i>Posted to No 424 sqd. o/s from U.K.</i>	<i>26 6 43</i>	<i>424 Sqn. 27/43</i>		
							<i>F/B Killed from 424 Sqn.</i>	<i>10 7 43</i>	<i>CR 347</i>		
							<i>S.O.S. from R.C.A.F.</i>	<i>10 7 43</i>	<i>NWAAF 22/43</i>		
							<i>Posted to Re-inf Pool.</i>	<i>26 6 43</i>	<i>62 Base 47/43</i>		

9  
 ADVISE ENTRIES  
 UNIT RECORDS RETURNED  
 TO CANADA

HONOURS, AWARDS AND MENTIONS		
DATE	AWARD	AUTHORITY
<i>9 10 42</i>	<i>Air Bomber's Badge</i>	<i>91008. 170.</i>

*Embarked 28.10.42*



AIR FORCE No. *J. 14746*  
*R136635*

*Bittner, Joseph Francois Xavier Jean*  
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE *Quebec*  
DATE *8-1-42*  
*Comm. 9-10-42*

RELIGION *R.C.*

ROYAL CANADIAN AIR FORCE  
**RECORD OF SERVICE**  
OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230  
100M-3-43 (3137)  
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY																		
<i>18-4-19</i>	<i>Richelieu, Que</i>	<i>Canada</i>	<i>British</i>		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>																		
CIVIL EDUCATION					WIFE (FULL MAIDEN NAME) OR HUSBAND																		
PUBLIC SCHOOL		JUNIOR MATRICULATION <i>x</i>			PRESENT ADDRESS (IN PENCIL)																		
HIGH SCHOOL ENTRANCE <i>x</i>		SENIOR MATRICULATION <i>x</i>			PLACE OF MARRIAGE					DATE													
TECHNICAL SCHOOL		UNIVERSITY <i>15 months Theology - while father of Africa</i>			AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)																		
CORR./BUSINESS COURSES		LANGUAGES SPOKEN <i>French, Eng.</i>																					
CIVIL OCCUPATIONS AND EXPERIENCE					CHILDREN																		
<i>9500</i>					NAMES		PLACE AND DATE OF BIRTH			NAMES		PLACE AND DATE OF BIRTH											
PREVIOUS SERVICE					NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)																		
<i>nil</i>					<i>Frank Bittner (Father) 124 Bergemont St. Rimouski, Quebec</i>																		
EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN																							
PLACE AND DATE OF MEDICAL		CATEGORY		PLACE AND DATE OF MEDICAL		CATEGORY		TYPE		FROM		TO		TYPE		FROM		TO					
<i>8-1-42</i>		<i>A/B/3/B</i>																					
OFFICERS					AIRMEN AND AIRWOMEN					OFFICERS, AIRMEN/AIRWOMEN													
RANK, BRANCH AND CATEGORY		DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.						RANK		DATE	AUTH.	TRADE		DATE	AUTH.	COURSE OR TRADE		GRP.	%	PF	DATE
<i>P/O Air Bomb Sq. L.</i>		<i>9 10 42</i>	<i>108/2</i>	<i>11-42 (1/300)</i>														<i>97.0.S.</i>		<i>7/16</i>			<i>2/18/10/42</i>
<i>F.P.O.</i>		<i>9 4 43</i>	<i>556/43</i>																				
COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)																							

ADVISE ENTRIES  
UNIT RECORDS RETURNED  
TO CANADA



AIR FORCE No. **R136635**

**BITTNER, JOSEPH FRANCOIS XAVIER**

ENLISTMENT PLACE *Quebec* RE-ENLISTMENT DATE *8-1-42*

C.R. FILE NUMBER *DR*

J. 14746

**OFFICER**

RECORD OF SERVICE AIRMEN

*Comm 14 8-10-42*

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.			4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.
	<i>Quebec r/c</i>	<i>8 1 42</i>	<i>2001102</i>	<i>A 62</i>	<i>8 1 42</i>	<i>2001102</i>	<i>P.O.</i>	<i>8</i>	<i>8 1 42</i>	<i>2001102</i>	<i>9-1-42</i>	<i>1-2-42</i>	<i>24</i>	<i>Lwp.</i>	<i>2001102</i>
	<i>Quebec r/c</i>	<i>1 2 42</i>	<i>2001102</i>								<i>10-10-42</i>	<i>24-10-42</i>	<i>14</i>	<i>embarkation</i>	<i>9001170</i>
	<i>5 M. S. Lachine</i>	<i>2 2 42</i>	<i>5 M. S. 29</i>	<i>AC</i>	<i>4 7 42</i>	<i>3028158</i>	<i>Air Bomber</i>	<i>8</i>	<i>4 7 42</i>	<i>3028158</i>					
	<i>5 M. S. Lachine</i>	<i>27 3 42</i>	<i>5 M. S. 174</i>	<i>T. 1 Sgt. pd.</i>	<i>9 10 42</i>	<i>9001170</i>	<i>Aircrew (178)</i>		<i>1 7 42</i>	<i>3028161</i>					
	<i>9 M. S. Commercial Pt.</i>	<i>28 3 42</i>	<i>98796</i>				<i>Air Bomber 44</i>		<i>9 10 42</i>	<i>(with 178/211-42)</i>					
	<i>98796</i>	<i>4 5 42</i>	<i>987108</i>				<i>A. Bomber</i>	<i>8</i>	<i>9 10 42</i>	<i>9001170</i>					
	<i>3 M. S. Victoriaville</i>	<i>10 5 42</i>	<i>3978113</i>	<i>P/O 9-10-42 (ADP 15/2-11-42)</i>											
	<i>3128 Victoriaville</i>	<i>4 7 42</i>	<i>3028158</i>	<i>TFO</i>	<i>9 4 43</i>	<i>(with 104/07-6-42)</i>									
	<i>B. 4. S. Jarvis</i>	<i>5 7 42</i>	<i>1031186</i>												
	<i>1 B. 4. S. Jarvis</i>	<i>29 8 42</i>	<i>1 B. 4. S. 232</i>												
	<i>9 A. O. S. St. John's</i>	<i>30 8 42</i>	<i>9001139</i>												
	<i>9001170</i>	<i>23 10 42</i>	<i>9001170</i>												
	<i>14 Depot Halifax</i>	<i>24 10 42</i>	<i>12300</i>												
	<i>Discharged K. R. Act 392(118)</i>	<i>8 10 42</i>	<i>12300</i>												
	<i>Appointed to a Commission</i>														
	<i>S.O.S. 14. 10. to Training Pool</i>	<i>27 10 42</i>	<i>1466.</i>												
	<i>RCAP PRC 22 DTW</i>	<i>24 11 42</i>	<i>20085-97</i>												
	<i>W.S.G. computed</i>	<i>26 9 44</i>													
	<i>Killed in action</i>	<i>10 7 43</i>													
	<i>PCX 779</i>	<i>17 7 43</i>													
	<i>bas/wt</i>														
	<i>Ad to Overseas</i>	<i>27 10 42</i>	<i>6551</i>												

R.C.A.F. FORM R44(B)  
 OVERSEAS  
 ENLISTMENT  
 MARITAL STATUS  
 PRESENT  
 HIGH & TECH. SCHOOL EDUCATION  
 C.O.F. BAR.  
 U.C.  
 RELIGION  
 PREV. SER.  
 PROVINCE OF ENLISTMENT  
 DISCHARGE  
 AC



AIR FORCE No. **R136635**

**BITTNER, JOSEPH FRANCOIS XAVIER JEAN**  
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Quebec RE-ENLISTMENT DATE 8-1-42

C.R. FILE NUMBER SK

**J. 14746 SJ**

**OFFICER**

**RECORD OF SERVICE AIRMEN**

*Comm 9-10-42*

R.C.A.F. FORM R44(B)  
30M-8-41 (637)  
H.Q. 1062-3-58

BIRTH: DATE 18-4-19 PLACE Lichelieu, Que. British CITIZENSHIP 2  
FATHER (FULL NAME) Frank Bittner

BIRTHPLACE In Ontario, Place Unknown  
MOTHER (FULL MAIDEN NAME) Marie Anna Crepeau

BIRTHPLACE Sorel, Que.

8. EDUCATIONAL STANDING  
HIGH SCHOOL ENTRANCE  Que.  
JUNIOR MATRICULATION  Que.  
SENIOR MATRICULATION  Que.  
TECHNICAL SCHOOL  
UNIVERSITY 15 mos. - Theology - white fathers of Africa  
CORRESPONDENCE COURSES

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.  
Not unemployed.  
9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE  
Nil

11. HONOURS-AWARDS, MENTIONS  
Air Bomber's Badge AUTHORITY 9008170 DATE 9-10-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)  
SOLO — DUAL — PASSENGER —

13. RELIGION R.C.

14. LANGUAGES French, Eng.

15. SPORTS Skating, Tennis, Hunting, fishing, Reading

16. SINGLE-MARRIED-WIDOWER SEPARATED-DIVORCED Single  
WIFE (FULL MAIDEN NAME)  
PLACE OF MARRIAGE DATE  
AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT  
REMARKS RANK EFFECTIVE D.R.O.

18. CHILDREN  
CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)  
FULL NAME: Frank Bittner RELATIONSHIP father  
ADDRESS: 124, Bergemont St. D.R.O.  
FULL NAME: Limouilou, Que. RELATIONSHIP  
ADDRESS: D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)  
RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.  
Pay - 1 day  
Subs. alla - 1 day 8 / 42 unpaid

21. ENGAGEMENTS  
TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.  
Duration 8 1 42

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES  
FROM TO DATE D.R.O.  
Dec. gtr + draw stns 2-2-42 50m.D. 29  
Dec. gtr + 2 tr + draw stns 29-3-42 98776

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)  
R60 R79 A B465 X-RAY AFM-13 IDN. CARD  
14-2-42 JAN 29 42 3-2-42  
17/10/42

Date and Place of Signing R40- 26-10-42 14 Sep.

22.(A) ADDRESS PRIOR TO ENLISTMENT  
124 Bergemont Limouilou, P. Que.

25409  
23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)  
R60 R79 A B465 X-RAY AFM-13 IDN. CARD  
14-2-42 JAN 29 42 3-2-42  
17/10/42



R.C.A.F. 202  
1944-1945  
H.Q. 202

ROYAL CANADIAN AIR FORCE



SERVICE  
AND  
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE  
ROYAL CANADIAN AIR FORCE, AND  
IT IS TO BE RETURNED ON DEMAND



# ROYAL CANADIAN AIR FORCE SERVICE BOOK

## INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Killed CR 347

1

Air Force No. 14746 Surname BITTNER  
Christian Names (in full) JOSEPH. FRANCOIS. X. JEAN  
Date of Birth 18-4-19 Religion R.C.  
Date of Enlistment/Appointment 9-10-42  
Married (M), Widower (W) or Single (S) S.  
Occupation in Civil Life Student

Signature of Holder Jean F. Bittner

Name and Address of Next-of-Kin (Father)

Mr. Frank Bittner  
124 Ave. Bergefont Québec V. Q.  
Canada

Name, Address, and Relationship of Person to be informed  
of Casualties—

(Aunt) Mrs. J. Ph. Héroux  
185 rue George  
Sorel P. Q. Canada

Certified Correct for M.B. Mackeyre F/LT

Date 8-4-43 Place RCAF O/S H.Q.











IMMUNIZATION PROCEDURES  
VACCINATION

Date	Result	Initials of M.O.

Susceptibility Test	Date	Result
Schick Test.....		
Dick Test.....		

PROTECTIVE INOCULATIONS\*

Nature of Inoculation	Date	Dose	Initials of M.O.
T.A.B.C.	21/5/43	.25 cc	J.P.H.
Tet. Toxoid	27/5/43	1 cc	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

\* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.











## WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.



An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....  
states that he has executed a Will and that the same has been deposited with.....  
at.....  
Signature of Officer.....  
Rank or Appointment.....  
Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....  
Rank or Appointment.....  
Date.....

Date Certificate extracted  
Signature of Officer.....

Unit.....  
To Whom sent.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,  
Sgt., R. 12345,  
R.C.A.F.

Date October 10th, 1942.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,  
Sgt., R. 12345,  
R.C.A.F.

Date October 10th, 1942.

To Whom sent.....  
Unit.....

Date Will extracted.....  
Signature of Officer.....



Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

**WILL**

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....





Département de l'Instruction Publique  
Québec,

VICTOR DORÉ  
SURINTENDANT

W.-P. PERCIVAL  
SECRÉTAIRE ANGLAIS

B.-O. FILTEAU  
SECRÉTAIRE FRANÇAIS

No.....

AU COMMANDANT DE L'AVIATION ROYALE CANADIENNE

Je, soussigné, certifie par les présentes  
que Monsieur Jean F. Bittner  
domicilié à Québec, P.Q.,  
s'est présenté devant moi ce jour et qu'il peut être considéré  
comme ayant fait des études équivalant à celles de la 12<sup>e</sup>  
année (Fifth Year High School) des écoles publiques de cette  
Province.

Donné à Québec, ce Troisième jour de janvier 1942.

*B.-O. Filteau*

Secrétaire,  
DEPARTEMENT DE L'INSTRUCTION PUBLIQUE.

*par H. Miller*  
*officier spécial*

R.C.A.F. Records Office  
Rec'd. JAN 13 1942  
O. K. .... C. I. B. ....  
R. C. .... N. I. ....  
S. L. .... P. A. ....



ROYAL CANADIAN AIR FORCE  
CORPS D'AVIATION ROYAL CANADIEN

PERSONAL HISTORY RECORD  
ANTÉCÉDENTS PERSONNELS

This form enables you to record important points about your experience for the information of officers who will be concerned with your entry into the R.C.A.F. and later with your training.

It is to your advantage to record accurately the particulars asked for since they will aid to plan training in line with your fitness. Incorrect entries are likely to reflect upon the person making them. If any item does not apply, mark it N.A.

Sur cette formule, vous inscrivez les points saillants de votre expérience, qui serviront à renseigner les officiers chargés de l'instruction de votre demande d'admission dans le C.A.R.C., et, plus tard, de votre entraînement.

Vous avez tout intérêt à fournir des détails précis. Ceci permettra de vous donner une instruction conforme à vos aptitudes. C'est se nuire que de donner des réponses inexactes. Inscrivez N.A. à côté des questions qui ne s'appliquent pas à votre cas.

A. IDENTIFICATION - IDENTITÉ

Date.....6-1-42..... Recruiting Station ..... *Québec* .....  
Centre de recrutement

Surname (in print) ..... *BITTNER* .....  
Nom de famille (en caractères d'imprimerie)

Given names (in full) ..... *JOSEPH, FRANCOIS-XAVIER, JEAN* .....  
Prénoms (au long)

Place of birth ..... *SOREL - P.Q.* ..... Date of birth ..... *18 avril 1919* .....  
Lieu de naissance ..... Date de naissance

Duty for which you wish to enlist ..... *Pilote* .....  
Fonction à laquelle vous aspirez

B. EDUCATION - INSTRUCTION

1. Name of school last attended *Théologie (Père Beane)* Town *Everell* Province (State) *Québec*  
Dernière école que vous avez fréquentée Ville Province (État)

2. If you attended High School or University, state the type of course taken:  
Si vous avez fréquenté une école supérieure ou une université, quel cours avez-vous suivi:  
*cours de Collège (4 ans H.S. - 4 ans collège) cours classique*

3. Were you at any time out of school long enough to lose a year? ..... *Non* .....  
Vous êtes-vous absenté de l'école assez longtemps pour perdre une année?  
At what grade? ..... *N.A.* ..... For what reason? ..... *N.A.* .....  
En quel cours? Pourquoi?

4. Circle the highest grade completed: 6 7 8 9 10 11 12 13  
University: 1st, 2nd, 3rd, 4th yr., post-graduate.  
Entourez d'un cercle le chiffre correspondant au cours le plus avancé que vous ayez fini: 6 7 8 9 10 11 12 13 université: 1re, 2e, 3e, 4e année, post-universitaire.

*B.A.* →

R.C.A.F. Records Office  
Rec'd. JAN 13 1942  
O. K. .... C. I. B. ....  
R. C. .... N. I. ....  
S. L. .... P. A. ....



5. At what age did you complete the grade indicated in Question 4? ..... *21 ans 2 mois*  
 À quel âge avez-vous fini le cours indiqué à la question 4? .....

6. Check this line to indicate in which quarter you stood in your class during your last year at school:  
 Top ..... Bottom  
 1st Quarter      2nd Quarter      3rd Quarter      4th Quarter

How many pupils were in your class?.....  
 Indiquez ci-dessous à quel groupe vous apparteniez, quant au rang, dans votre classe, durant votre dernière année d'école:

Tête ..... Queue  
 1er quart      2e quart      3e quart      4e quart

Combien étiez-vous d'élèves dans votre classe?....*22*.....

7. What two school subjects did you do best?.....  
 Enjoy most?.....

Quelles sont les deux matières où vous remportiez le plus de succès?..... *Sciences naturelles (biologie) etc*  
 Qui vous plaisaient davantage?..... *Littérature*

8. What two school subjects did you do least well?.....  
 Enjoy least?.....

Quelles sont les deux matières où vous obteniez le moins de succès?.....  
 Qui vous plaisaient le moins?.....

9. Check this line to indicate in which quarter you stood in your class in mathematics during your last year at school:

Top..... Bottom  
 1st Quarter      2nd Quarter      3rd Quarter      4th Quarter

Indiquez ci-dessous à quel groupe vous apparteniez, quant au rang, en mathématiques, dans votre classe, durant votre dernière année d'école:

Tête..... Queue  
 1er quart      2e quart      3e quart      4e quart

10. Have you done work with figures since leaving school? Give details :  
 Avez-vous travaillé dans les chiffres depuis votre sortie de l'école? Donnez des détails:

..... *N.A.* .....

11. Place a (✓) in the bracket opposite each subject you have studied. If you studied the subject at the University write U in the bracket instead of the ✓  
 Indiquez d'un ✓ dans la parenthèse quelle matière vous avez étudiée. Si vous avez étudié cette matière à l'université, inscrivez U au lieu du ✓ dans la parenthèse.

- |                      |     |                      |     |                               |       |
|----------------------|-----|----------------------|-----|-------------------------------|-------|
| Algebra              | (✓) | Physics              | (✓) | Electricity                   | ( )   |
| Algèbre              | ( ) | Physique             | ( ) | Electricité                   | ( )   |
| Geometry             | (✓) | Woodwork             | ( ) | Sheet metal                   | ( )   |
| Géométrie            | ( ) | Menuiserie           | ( ) | Tôle                          | ( )   |
| Analytical Geometry  | (✓) | Machine Shop         | ( ) | Other shops (state which)     | ( )   |
| Géométrie analytique | ( ) | Atelier de mécanique | ( ) | Autres ateliers (dire lequel) | ( )   |
| Trigonometry         | ( ) | Welding              | ( ) | .....                         | ..... |
| Trigonométrie        | ( ) | Soudage              | ( ) | .....                         | ..... |
| Forging              | ( ) | Forge                | ( ) | .....                         | ..... |



12. Have you carried on any special studies (night school, correspondence courses, etc.)? State (a) what these studies were, (b) the purpose for which they were undertaken, and (c) whether the course was completed.

Avez-vous suivi des études spéciales (cours du soir, par correspondance, etc.)? Dites (a) quelles études, (b) le but que vous vous proposiez, et (c) si vous avez fini le cours.

..... *N.A.* .....

**C. JOBS - EMPLOIS**

13. List below the last three jobs you have had since leaving school and give the information asked for about each. Commence with your last job and work back to the earlier ones.

Enumérez ci-dessous les trois derniers emplois que vous avez occupés depuis votre sortie de l'école et donnez sur chacun les détails requis. Commencez par votre dernier emploi et remontez aux autres.

EMPLOYER AND PLACE EMPLOYEUR ET LIEU	WHAT DUTIES PERFORMED NATURE DES FONCTIONS	DATE AND MONTHLY EARNINGS DATE ET SALAIRE MENSUEL		REASONS FOR LEAVING MOTIFS DU DÉPART
		Start Début	End Fin	
<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>

14. List below paid jobs you did while attending school or during vacation. Start with your last job.

Enumérez ci-dessous les emplois rémunérateurs que vous avez remplis, tout en suivant la classe, ou durant vos vacances. Commencez par votre dernier emploi.

NAME OF JOB GENRE D'EMPLOI	HOW LONG YOU WORKED AT IT DURÉE	WHAT USE YOU MADE OF EARNINGS CE QUE VOUS AVEZ FAIT DU SALAIRE
<i>Commis + "Time-Keeper" (Work-Train C.N.R.)</i>	<i>1/2 mois</i>	<i>aider payer mes études</i>

15. If any of your jobs have involved long hours, heavy work, excessive heat or cold or other difficulties, describe these circumstances.

Si ces emplois comportaient de longues heures, un travail ardu, l'exposition à une chaleur ou à un froid intenses, ou d'autres difficultés, donnez des détails.

..... *Fortes chaleurs de juillet au ~~très~~ grand air.* .....



16. Before you decided to enlist, what kind of work were you looking forward to in future years?

Avant de vous décider de vous enrôler, quelle profession désiriez-vous exercer plus tard?

..... *Medicine ou Marine (Navy)* .....

17. What steps have you taken to aid in reaching this goal?

Quelles dispositions avez-vous prises pour atteindre ce but?

..... *1 an de cours - pré-médical* .....

D. AVIATION

18. Which of the following have you done?

Parmi les initiatives suivantes, indiquez celles qui ont retenu votre attention:

- (a) Reading about aviation (check) : Popular magazines .... Magazines populaires
- Lecture sur l'aviation Technical magazines.... Magazines spécialisés
- (indiquez d'un Books .... Livres *signés mes*

Name one publication in each case that you have checked..... *Publié (Popular Mechanics)*

- (b) Making model airplanes? Non flying models () Gliders(....) Elastic powered() Gas powered (....) NO. competitions entered.....

Fabrication de modèles d'avions: Modèles non-volants(....) Planeurs(....)

Mûs par bande élastique(....) Mûs à l'essence (....) Nombre de concours

auxquels vous avez participé.....

- (c) Taking course of ground instruction? Name of school..... *NA*
- Subjects..... *NA*.....No. lessons..... *NA*

Cours d'instruction au sol. Nom de l'école.....

Matières.....Nombre de leçons.....

- (d) Flying? No. passenger flights.....Hours dual instruction.....
- Solo.....License.....

Vol effectif. Nombre d'envolées comme passager..... *NA*.....Nombre d'heures d'instruction (double commande)..... *NA*.....Solo..... *NA*.....Brevet..... *NA*.....

- (e) Take part in Air Cadet work..... *NA*.....For how long?..... *NA*.....
- Participation au travail des cadets de l'air.....Combien de temps.....

19. What special steps, if any, have you taken to prepare for entry into the R.C.A.F. Le cas échéant, dites quelles dispositions spéciales vous avez prises pour préparer votre admission dans le C.A.R.C.

..... *NA* .....



E. RECREATION - SPORTS ET RECREATION

20. List below not more than three team sports or athletic competitions in which you have taken part.

Ci-dessous, énumérez au plus trois équipes sportives dont vous avez fait partie, ou trois concours athlétiques auxquels vous avez participé.

Name of sport Sport	Teams on which you have played or competitions you have entered. Equipes pour lesquelles vous avez joué ou concours auxquels vous avez participé	Accomplishments of your team or awards you have won personally. Succès de votre équipe ou prix que vous avez obtenus personnellement
<del>Star</del> <del>Swimming</del>	NA NA	NA NA

21. Check each activity in which you have fair proficiency:

Indiquez d'un le sport dans lequel vous êtes assez bien versé:

- |                  |     |                   |     |
|------------------|-----|-------------------|-----|
| Motor cycling    | ( ) | Sailing           | ( ) |
| Motocyclette     | ( ) | Canotage à voiles | ( ) |
| Motor boating    | ( ) | Marksmanship      | (✓) |
| Canot-automobile | (✓) | Tir               | ( ) |
| Aquaplaning      | ( ) | Skiing            | (✓) |
| Aquaplane        | ( ) | Ski               | ( ) |
| Swimming         | (✓) | Riding            | ( ) |
| Natation         | ( ) | Equitation        | ( ) |
| Car driving      | (✓) | Diving            | ( ) |
| Automobile       | ( ) | Art de plonger    | ( ) |

22. Do you give much attention to making or repairing things in your spare time?  
Give details.

Consacrez-vous beaucoup de vos loisirs à fabriquer ou à réparer des objets?  
Donnez les détails.

*J'aime bien à réparer des commutateurs électriques, etc  
quand ils sont brisés à la maison. -*

23. On what other pastimes or hobbies do you spend your leisure time?

À quels autres passe-temps ou occupations favorites employez-vous vos loisirs?

*Camping - hunting - mountain climbing -  
reading - etc*



F. FAMILY - FAMILLE

24. Are both your parents living? *Yes*.....If not, state which is dead.... *NA*.....  
and the year of death.... *NA*.....

If both are living, do they maintain a home together? *Yes*.....Are they separated? *NA*.....

Divorced? *NA*.....

Vos père et mère vivent-ils?.....Si non, dites lequel est décédé.....  
et l'année de sa mort.....

Si tous deux sont vivants, habitent-ils ensemble?.....Sont-ils séparés?.....

Sont-ils divorcés?.....

25. What is your father's occupation?..... *Locomotive Foreman (C.N.R.) at L'Anjou (Quebec)*.....

Quelle est la profession de votre père.....

26. Have any of your brothers flying experience?..... *NA*.....

Avez-vous un frère ou des frères qui ont pratiqué l'aviation?.....

G. SPECIAL QUALIFICATIONS - APTITUDES PARTICULIÈRES

27. Have you had previous experience in the Navy, Army, Air Force, Cadets, etc?  
Give details below.

Avez-vous déjà fait du service dans la marine, l'armée, l'aviation militaire, les cadets, etc? Donnez les détails ci-dessous.

UNIT Unité	Date of service Date de service	Rank Grade	Duties Fonctions	Special courses and certificates held Cours spéciaux et certificats obtenus	Reason for discharge Motifs de la libération
<i>1334 à Fonguire P.Q. academi St-Michel</i>	<i>octobre 1931 juin 1932</i>	<i>(1932) cadet- Lieutenant</i>			<i>fin d'année scolaire</i>



28. List any positions of leadership you have held, such as captain of a team, president of your class, secretary or representative of a group.

Énumérez les postes de commande que vous avez occupés, tels que capitaine d'équipe, président de votre classe, secrétaire ou représentant d'un groupement.

*Président de cercles littéraires — aussi Forum (oratoire - discours - débats)*

29. With what languages other than English are you acquainted? State whether you read, write, or speak such languages, and how well?

Hors le français, quelles langues connaissez-vous? Dites si vous lisez, écrivez ou parlez ces langues, et dans quelle mesure.

*Français — Anglais (je le lis, comprends, et l'écris très bien. Je le parle aussi assez couramment pour dire ce que je veux — évidemment pas aussi bien qu'en français)*

30. Do you hold a St. John Ambulance Association Certificate or any comparable one? Détenez-vous un certificat de l'Association ambulancière Saint-Jean ou quelque autre certificat semblable?

*NA*

31. List the important points in your case which you consider as assets in performing duties for which you wish to enlist.

Énumérez les points importants que vous jugez de nature à vous aider dans l'exercice des fonctions auxquelles vous aspirez.

*Very strong liking — will power —*



SPECIAL RESERVE  
ROYAL CANADIAN AIR FORCE  
INTERVIEW REPORT

Appendix "D"  
M. 20/10

1. SURNAME ..... BITTNER .....
2. CHRISTIAN NAMES ..... Joseph Francois Xavier Jean .....
3. APPLYING FOR ENLISTMENT AS ..... Pilot or Observer .....

SELECTION BOARD

4. PERSONNEL OFFICER  
Education .....
- A to L Score ..... 44 .....
- ASSESSMENT: (Educational Standing: Ability to Learn: Personal Background)

NO OFFICER AVAILABLE

RECOMMENDED FOR .....  
SUITABLE FOR COMMISSION .....

Signed

5. MEDICAL OFFICER  
Medical Category ..... A-1-B ..... A-3-B .....
- ASSESSMENT: (Physical: Temperamental)

(a) Very good. (b) Suitable for Aircrew.

RECOMMENDED FOR:..... Pilot or Observer .....

SUITABLE FOR COMMISSION ..... Yes .....

*W. Dubé*  
Signed

6. INTERVIEWING OFFICER  
ASSESSMENT: (General Fitness) Good appearance - Well Educated - Bilingual  
Polite - Bright lad and keen to join the Service as Aircrew.

RECOMMENDED FOR ..... Pilot or Observer .....

SUITABLE FOR COMMISSION ..... Yes .....

Signed

*Chs. Bourcier*

FOUND ACCEPTABLE FOR ..... Pilot or Observer .....

DATE:

A.F.M. 5  
24.12-41

R.C.A.F. Records Office	
Rec'd. JAN 13 1942	
O. K. ....	C. I. B. ....
R. C. ....	N. I. ....
S. L. ....	P. A. ....

*W. J. ...*  
Commanding Officer  
No. 14 Recruiting Centre,  
R.C.A.F. Quebec, P.Q.



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

*MW* **4**  
AIR

DECEASED  
MEMBER'S  
NAME

**Joseph F.X.**

(CHRISTIAN NAMES)

**Bittner**

(SURNAME)

REGISTER NO.

**23101**

FILE NO.

**13 Aug/45**

DATE

**J14746**

SERVICE NO.

**F/O**

PAYEE

**Receiver General of Canada,**

ADDRESS

**Director of Estates,  
Ottawa, Ont.**

FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

**10 July/43**

**10 July/43**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **525** EQUAL TO **17** COMPLETE PERIODS AT \$7.50  
30

**\$127.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **257** LESS **15** INELIGIBLE DAYS, EQUAL TO **242** DAYS @ 25C. PER DAY

**60.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	<b>7.00</b>	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	<b>1.70</b>	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	<b>8.70</b>	X7 = \$ <b>60.90</b>
NO. OF DAYS		<b>257</b>	X\$ <b>60.90</b>
		<b>183</b>	

**85.53**

D. WAR SERVICE GRATUITY

**273.53**

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

**273.53**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

*P. & A. Bal. Trans. = \$*  
*Trust Account*  
*Journal Voucher # 6139*

**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 **JFM** CHECKED BY **FW**

TREASURY  
CHECKED BY *[Signature]* DATE **16/8/45**

*[Signature]*  
SERVICE REPRESENTATIVE



Treasury Office.  
Air Force Services  
OTTAWA. - CANADA.

Rec'd. AUG 14 1945

P. & A. SECTION



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county <b>OVERSEAS</b>		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.....		<b>BITTNER</b>																	
		Given names.....		<b>JOSEPH FRANCOIS XAVIER JEAN</b>																	
4. RESIDENCE		Street.....		<b>Avenue Bergenont</b>																	
		Official name of civil municipality or township.....		<b>Quebec City</b>																	
		Municipal county.....		<b>Quebec</b>																	
		Province.....		<b>Quebec</b>																	
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)															
<b>Male</b>		<b>Canadian</b>				<b>Single</b>															
9. If married give name of wife or husband of deceased																					
10. BIRTHPLACE (Province or Country) <b>Quebec</b>																					
11. DATE OF BIRTH <b>April 18th 1919</b>																					
12. AGE OF DECEASED																					
Years		Months		Days		If less than one day old															
<b>24</b>		<b>2</b>		<b>22</b>		hrs. or min.															
OCCUPATION		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.																			
		<b>Air Bomber</b>																			
		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.																			
		<b>R.C.A.F.</b>																			
		15. Date deceased last worked at this occupation																			
		<b>July 10/43</b>																			
		16. Total years spent in this occupation																			
		<b>Two</b>																			
17. NAME												18. BIRTHPLACE (Province or Country)									
FATHER												MOTHER (Maiden Name)									
<b>Bittner, Frank</b>												<b>Ontario</b>									
<b>Crepeau, Marie Anna</b>												<b>Quebec</b>									
19. Place of burial, cremation or removal																					
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.....19.....																					
(Month) (Day) (Year)																					
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																					
22. Date of death..... <b>July 10th 1943</b>																					
(Month) (Day) (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 <b>Killed during air operations</b>																					
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																					
(a).....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:—																					
<b>Accident</b> <b>July 10th 43</b>																					
Accident, suicide or homicide.....Date.....19.....																					
<b>Killed during air operations</b>																					
Manner of injury.....(How sustained)																					
Nature of injury.....																					
Specify whether injury occurred in <b>public place</b>																					
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.)												29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.									
<b>For (R.C.A.F. Records Officer)</b>																					
This signature authorizes the collector to accept this form as authentic.												(Voir l'autre côté pour le français)									



# ROYAL AIR FORCE.

Form 551.

## OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM.

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I. P.406425)

1. Surname BITTNER Christian Names (in full) Jean Francois  
Rank P/O. Number J.14746 Unit 424 (R.C.A.F.) Squadron  
Date and time of accident 10.7.43. 21.50 hrs. Place of accident 424 Airfield.

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Wellington Medium Bomber Mark X HE 536.

While taking off on an operational flight the tire blew out on the port wheel causing the aircraft to crash. The bomb exploded disintegrating the aircraft.

R.C.A.F. RECORDS SECTION  
Rec'd SEP 28 1948  
O. K. ...  
R. C. ...  
S. L. ...

3. (a) Description of injuries :—

Disintegration of whole body.

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

(i) Killed. (ii) .....

(c) Whether (i) admitted to hospital or (ii) provided with medical comforts (see para 2312 K.R. & A.C.I.)

(i) N.A. (ii) .....

Date 11.7.43. Signature of Medical Officer (Sgd) Ewart Lindsay F/L.



4. Commanding Officer's statement :—

(a) Was the injury sustained

(i) In the performance of air force duty?.....Yes.....

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? .....No.....

(iii) On leave?.....No.....

(b) If the answer to (a) (ii) is in the affirmative state

(i) By whom was the game, etc., organised and under whose authority?.....

(ii) The nature of the game, etc., (e.g., football).....

(iii) Was the officer or airman detailed to take part in it (a) as a member of an air force team, or (b) to compete as an individual? .....(a).....(b).....

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv.) For what service event was the practice held? .....

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....

(vi) If so, under what authority and supervision? .....

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot? .....

(c) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2) ).....

(d) Was the injury due to his own fault, i.e., did it arise from negligence or misconduct or any blameworthy cause within his own control? ...No.....

If so, state in what way.....N.A.....

(e) Was anyone else to blame? If so, give name and particulars.....No.....

(f) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place .....No.....

(ii) An investigating officer?.....

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(g) In the case of an airman, if the answer to question (d) is in the affirmative, state whether hospital charges have been or will be recovered (see K.R. 2312.)

Signature..(Sgd)..George H. Roy.....W/C.....

Date...11.7.43.....194..... Commanding 424 (B.G.A.F.): Squadron.....







NAME BITTNER, Joseph Francois Xavier Jean FILE NO. J14746

RANK F.O. AIR BOMBER CATEGORY KILLED REG. NO. J14746

DATE OF DEATH: 10-JULY-43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 19-AUG-43 ROYAL MESSAGE: FEB 21 1944 MEMORIAL CROSS TO CHAPLAIN:

FEB 19 1944  
DEL'D TO MOTHER:

To Mother & Father

DEL'D TO WIFE:

18535

Mr. & Mrs. Frank Bittner,  
124 Bergemont Avenue,  
Quebec City, Quebec.

COMMAND: No. 3

RELIGION: R.C.



*Pack file*

J.14746 (RO)

Ottawa, Ont.,

14th Apr. 1947

R E G I S T E R E D

Mrs M.A. Bittner,  
124 Bergemont Ave.,  
Quebec City, Que.

Re: ~~J.P. Bittner (J.14746)~~

The enclosed log book which is part of the service estate of the above named is passed herewith for your retention.

Yours truly,

*W.A. Dicks*

(W.A. Dicks)  
Wing Commander,  
for Chief of the Air Staff.

Encls. 1





le 27 septembre

6

RECOMMANDÉE

Madame Marie A. Bittner,  
124 avenue Bergemont,  
Québec, P.Q.

Chère madame Bittner:

C'est pour moi un heureux privilège que de pouvoir vous faire parvenir les ailes emblématiques et le certificat reconnaissant les éclatants services rendus par votre fils, le sous-lieutenant d'aviation J.F.X.J. Bittner.

Les plus belles paroles, je le comprends parfaitement, ne sauraient alléger votre chagrin; j'ai le ferme espoir, toutefois, que ces "Ailes", emblème d'opérations militaires contre l'ennemi, seront pour vous un précieux memento, rappelant le sacrifice, sur l'autel de la Liberté, d'une vie encore à son printemps, pour la défense du Foyer et de la Patrie.

Sincèrement,

W.A. Dicks,  
Capitaine de groupe,  
Officier préposé aux registres du C.A.R.C.



Royal Canadian Air Force  
Estates Branch  
Ottawa Canada

Aug 14<sup>th</sup> 1944

your file Q. J. 14746 F.D. 206

Bittner Joseph Francois Xavier Jean P/O (Deceased)  
No. J. 14746 R. C. A. F.



Director of Estates

Dear Sir

your letter Aug. 1<sup>st</sup> re my son's diary  
you advised in your letter of March 23<sup>rd</sup> that my son's  
diary was being sent by security mail under separate cover  
from the Middle East to the United Kingdom and when received  
at the Branch it would be forwarded to me, and in your  
letter of Aug 1<sup>st</sup> you state that Overseas Headquarters advise  
that the diary was included with the personal effects  
which <sup>were</sup> sent from Overseas and which I received.

This must be an error as what I received was only  
a synopsis, or resume of the original diary, ~~not~~ written,  
and left in England just before my son left for the  
Middle East and his last entries. Inote "Copie  
seulement. - le original me suit it sera tenu - up to date - avec  
photos & etc." This entry made on June 17<sup>th</sup> 1943 Therefore  
the diary has not been received but is still overseas.  
As we value this diary very highly would greatly appreciate  
receiving same complete with photos as soon as it can

over



See located and released from Headquarters

Would also appreciate hearing further regarding my son's  
watch, and money that was to his credit overseas

Yours truly

See next  
folio down

Frank Pittner  
124 Bergemont Ave  
Quebec, Que.



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J14746** RANK **T/O** TRADE **AIR/BOMB (GEN LIST)** UNIT **424 RCAF SQDN**  
**(R136635)** S **E NAAT REAR (OVERSEAS)**  
 NAME **BITTNER, JOSEPH FRANCOIS KAVIER JEAN**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

MARITAL STATUS **SINGLE** WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? **NO**

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. FRANK BITTNER, (FATHER)** NAME ADDRESS D.A.B. **AGREES**  
 ADDRESS **124 BERGEMONT AVE., QUEBEC CITY, QUE.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. F. BITTNER, (FATHER)** ADDRESS **124 BERGEMONT AVE., QUEBEC CITY, QUE.**

RELIGION **RC.** CANADIAN **YES** FRENCH CANADIAN OTHER

PARENTS NAMES **MR. & MRS. FRANK BITTNER,** FATHER LIVING ON ENLISTMENT **YES**  
 ADDRESS **124 BERGEMONT AVE., QUEBEC CITY, QUE.** MOTHER LIVING ON ENLISTMENT **YES**

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? **YES/NO** IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO  
 IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED? **N.A.**

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . .

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO  
 IF SO, GIVE PERIOD OR PERIODS: . . . . .

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . .

AUTHORITY CAS. SIG. NO. **AIR MIN KWY-----PCX779-----d-17-JULY-43**

12754

CASUALTY DETAILS:

**"KILLED" 10-JULY-43 DURING AIR OPERATIONS (OVERSEAS)**

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/NO M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO  
**(1 WILL & 1 LOCATION OF A WILL)**

NEXT OF KIN ADVISED **18-JULY-43**

DATE **26-JULY-43**

*E. G. Hingle*  
 FOR CHIEF OF THE AIR STAFF



Read this whole Form and Instructions on other side before commencing to complete.

# WILL

R.C.A.F. R. 60  
40M-5-41 (225)  
H.Q. 1062-3-45

(1) I, JOSEPH FRANCOIS XAVIER JEAN BITTNER of the 

City
Town
Village
Township

Last Permanent Civilian Address

of Quebec in the County of Quebec in the District of Quebec

Province of Quebec, Student (Civil Occupation)

a member of the Royal Canadian Air Force, Number R/136635 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of beneficiaries and (d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother  
Marie Anna Brepeau Bittner,  
124 Bergemont Ave.,  
Quebec,  
P.Q.

all my Estate

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Marie Anna Brepeau Bittner (Name) Same as above (Address), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of February 1942.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Joseph F. Bittner  
(Signature of Testator)

First Witness sign here.

(5) J. G. H. Lepine (Signature)  
#5 M. Depot Lachine, P.Q. (Address)  
Clerk (Occupation)

Second Witness sign here.

Romeo Gignon (Signature)  
#5 M.D. Lachine Que (Address)  
Clerk (Occupation)

(Witnesses are not to be beneficiaries.)



(OVER)



To be made out in duplicate

M.F.M. 5  
50M-8-41 (1292)  
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN  
ARMY (AF) 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 Canadian Army (AF) 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 individual's new unit.

(1) Name of Officer or Other Rank... BITTNER - Jos. FRANCOIS - XAVIER - JEAN  
(Surname first—Christian names in full—Block capitals)

Pilot Officer

(2) Regimental or Official Number and Rank... Can. J 14746

(3) Unit... # 1 "Y" Depot Halifax N.S.

(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?.....

(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]

Office  
NOV 20 1942  
N I  
P. A.



(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?.....

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

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

If so, state name and address, occupation *FRANK BITTNER - car + locomotive Foreman - CN Ry. 124 ave Bergemont - Quebec City - P.Q. - Canada -*

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to 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 *Marie - Anna CREPEAU - same address as (11) above*

(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?..... 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?..... *Yes*

If so, in what Company? *Metropolitan Life Ins. Co.*  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... *Yes*  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

*J. F. Bittner*

(Signature of officer or man)

Date *Oct. 25th 1942*

*F. A. Groves P/O*

*sw* Officer Commanding *No. 14 Depot, B.C.A.F.*

Date *25-10-42*

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.