J36018
BRENNAN
HERBERT JOHN

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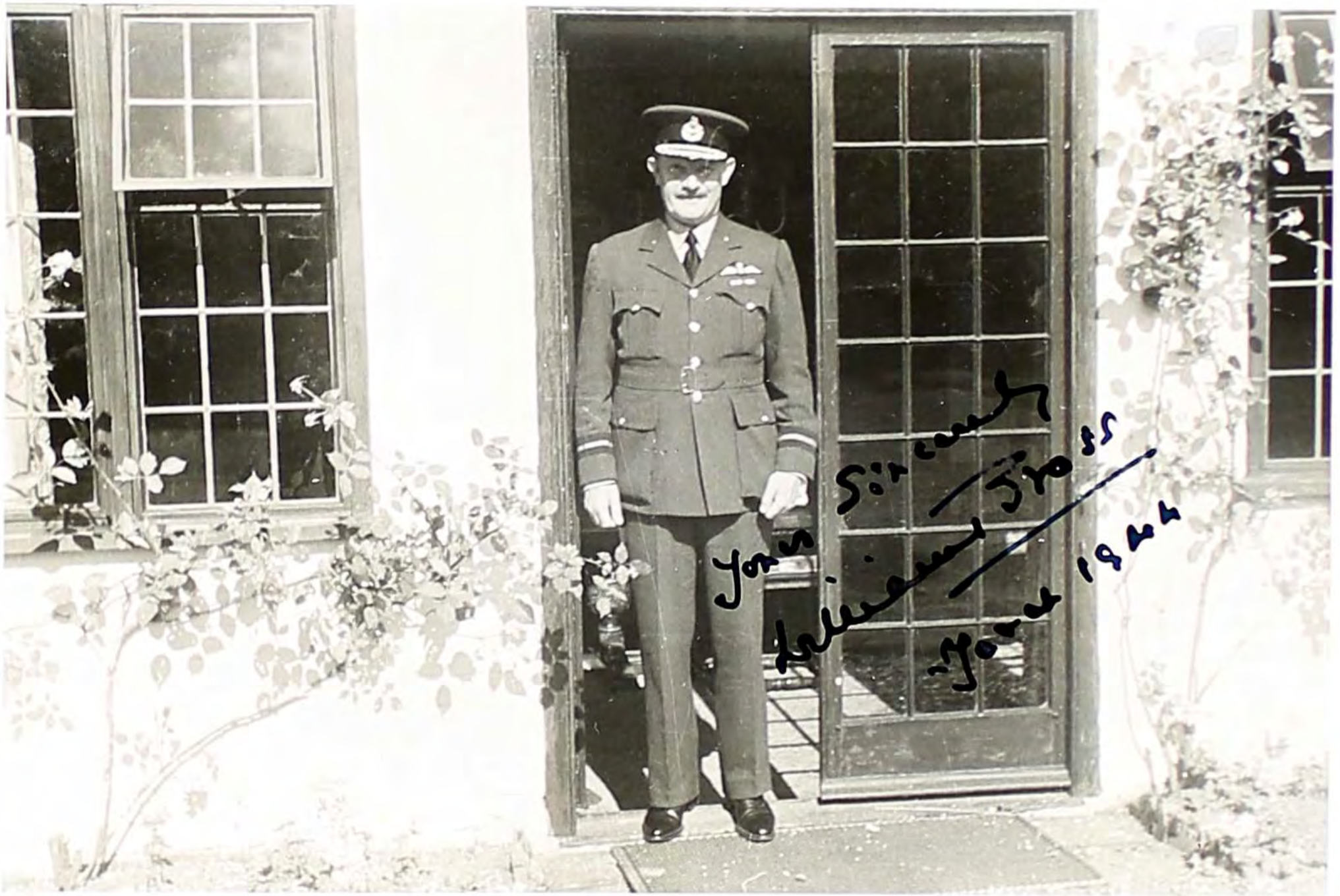
J 36018
B 30

Brennan G.


Yours Sincerely
Arthur Jones
June 1944

P/O Brennan H. 69 Copy to Ottawa 12/6/

6

Officer Commanding, 138 Squadron, Tempsford.

To: Air Ministry, R.A.F. Cas. 73-77 Oxford St. London, W.1.

Date: 2nd June, 1944.

Ref: 138/S.30/101/Air.

Halifax V LL.419 - Missing from operations on the Night of the 31st May/1st June, 1944.

Further to my Casualty Signal T.116 dated 1st June 1944, the above aircraft took off from Tempsford at 23.35 hours on the 31st May 1944, with a number of other aircraft of this Squadron on a special mission.

After the take off no signal of any sort was received from the aircraft, and no plots were reported to us. There is no indication of what happened to the aircraft.

The crew consisted of the following:-

F/O	J.P.Gallagher	J.25456	Pilot(GAPT)
F/O.	E. Carnegie	J.28217	Navigator
F/O.	J.Syrina	J.28634	AIR Bomber
F/O.	G.E.Hamley	152065	Air Bomber
Can.R.164179	Sgt.	Jeffrey E.J.	W/op.A.G.
F/O.	H.Brennan	J.36318	Air Gunner
F/O.	H.Parker	J.37212	AIR Gunner
1384743	Sgt.	Jones G.	F/Engineer.

Sgd: I.D.Bennett,
Wing Commander, Commanding,
138 Squadron, Tempsford.

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full BRENNAN H.J.P. (b) Reg'l. No. R.C. R206594
2. (a) Arm of service RCAF (b) Unit RCAF (c) Rank P/O
3. (a) Date of birth 10-2-1924 (b) Have you any dependents? YES (c) Place of residence at time of enlistment FRAMPTON CO. DORCHESTER QUEBEC.
4. (a) Place of enlistment QUEBEC CITY. (b) Date of enlistment 27-11-42.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13. (b) Were you attending school or college up to the time of enlistment? NO
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.) 8 Grade Public school.
7. If you attended a university, give name of university and standing or degree secured N.A.
8. (a) Did you ever enter upon a trade apprenticeship? N.A. (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English. (b) What languages do you read well? English

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) WORKING (b) At time of enlistment of what trade union or professional society were you a member? N.A.

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? YES.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked FARMING (b) State how long you had worked at this trade or occupation 6 YEARS.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified N.A.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment UNTILL ENLISTMENT
15. Give details of last employer, if any: Name JOHN BRENNAN. Address FRAMPTON CO. DORCHESTER QUEBEC.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMING
17. (a) If your last employment was in a business of your own, state nature and address of business N.A. (b) Date of discontinuing it N.A.

OCT 22 1943

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 JOHN BRENNAN Address FRAMPTON CO DORCHESTER QUEBEC.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMING
20. (a) Your specific occupation FARMING. (b) Number of years' experience at this occupation with any employer 6.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? YES. (c) Do you wish to return to your former employment? NO

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 FARMING (b) Where was ~~FARMING~~ it located? FRAMPTON CO. DORCHESTER QUEBEC
23. (a) Number of years engaged in this business 6 (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO.

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? YES (c) If so, in what kind of farming? NA.
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 6. (c) In what provinces did you have experience? QUEBEC

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 EMPLOYMENT IN AVIATION.

DATE 3-10-43. 1943 SIGNATURE H J Brennan

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full HERBERT BRENNAN (b) Reg'l. No. 206594
2. (a) Arm of service AIR C.B.E.W. (b) Unit 3 M.S. MANING DEPOT (c) Rank A.C.2
3. (a) Date of birth FEBRUARY 16 (b) Have you any dependents? YES (c) Place of residence at time of enlistment FRAMPTON Quebec
4. (a) Place of enlistment NO. 1 RECRUIT. U.E. QUEBEC (b) Date of enlistment NOVEMBER 27 56

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? NO
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.) 8th grade Public school
7. If you attended a university, give name of university and standing or degree secured NA
8. (a) Did you ever enter upon a trade apprenticeship? NA (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? English French (b) What languages do you read well? English

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) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NA

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? Have worked all the time
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Farming (b) State how long you had worked at this trade or occupation six years
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 December
15. Give details of last employer, if any: Name John Brennan Address Frampton Quebec
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
17. (a) If your last employment was in a business of your own, state nature and address of business NA (b) Date of discontinuing it NA

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 BRENNAN JOHN Address FRAMPTON Quebec
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMER
20. (a) Your specific occupation FARMER (b) Number of years' experience at this occupation with any employer FIVE YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? YES (c) Do you wish to return to your former employment? No

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?
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? FIVE (c) In what provinces did you have experience? QUEBEC

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 to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form AVIATION

Records Office
APR 1 1943
Rec'd
C.I.B.
R.C.
P.A.
S.L.

DATE March 20th 1943 SIGNATURE Herbert Brennan

"SPECIAL RESERVE"

CONFIDENTIAL

R.C.A.F. M. 2
300M—4-41 (87)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER R206594

Medical Board held at QUEBEC *Date* Nov. 26, 1942

Surname BRENNAN *Chr. Names* Herbert, John, Patrick
Nature of Commission M2 - *Date of Birth* 10-2-24 *Married or Single* Single
Branch General List *Hours Flown* None
Address Frampton, Dorchester County, P. Que.

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") Knock-out 3 times (boxing)
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 Tonsilitis No - Tonsilectomy
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
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 NO
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 7th Grade
Present Occupation Farmer Hobbies None
Previous Service None
Athletics Boxing - Wrestling - Skiing -
Habits—Smoking None Alcohol Beer (socially)
FAMILY HISTORY—Consumption None Diabetes None Haemophilia None
Nervous Ailments, Mental Trouble, or "Fits" None
Father Alive—Health Good Dead—Cause N.A.
Mother Alive—Health Good Dead—Cause N.A.
Brothers (3.) Alive—Health Good (1.) Dead—Cause Childhood - appendicitis -
Sisters (1.) Alive—Health Good (...) Dead—Cause N.A.

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 accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 26-11-42 *Signature* Herbert Brennan *Witness* Austin Fisher F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Athletic ..... *(b)* Mentality ..... Alert .....
Body Marks, Scars, Deformities ..... None .....
Size of Thyroid Gland ..... Small .....
Surgical Abnormalities ..... None .....
Results of Wounds, Injuries, Operations ..... None .....

	Date 26-11-42	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	68¼			
Weight (lbs.)	136			*Date*
Chest Circumference (ins.)	34½ - 37½			
Body Build (lbs.)	-			
Leg Length (ins.)	-			
Pulse Rate — Sitting	96	96		
Pulse Rate — Standing 1st	108	108		
Pulse Rate — Standing 2nd	96	108		
Pulse Rate — After Exercise	120	120		
Pulse Rate — Time to Normal	15 Secs.	20		
Arterial Walls	Soft			*Date*
Blood Pressure — Systolic	128	130		
Blood Pressure — Diastolic	70	70		
Room Temperature	68			
Heart — Size (in cms.)	N			
Heart — Sounds	N	N		
Heart — Rhythm	N	N		
Lungs — Inspection	N	N		
Lungs — Palpation	N	N		
Lungs — Percussion	N	N		
Lungs — Auscultation	N			
Lungs — Expiratory Force	120			
Lungs — X-Ray				*Date*
Reflexes — Knee	Active			
Reflexes — Ankle	Active			
Reflexes — Triceps	Active			
Reflexes — Abdominal	Active			
Reflexes — Plantar	Active			
Cranial Nerves	Normal			
Balancing Rod	R. L. N.A.	R. L.	R. L.	
Self Balancing	R. L. Steady	R. L.	R. L.	
Tremors — Fingers	Steady			*Date*
Tremors — Eyelids	Sl. - Fi			
Abdomen — Liver	N			
Abdomen — Spleen	N			
Abdomen — Muscular Tone	N			
Urine — Albumen	Negative	Nil		
Urine — Sugar	Negative	Nil		
Initials of M.O.	A.E.F.			

40 mm. Hg. Test ..... 9/101011/755/555/666/66 ..... 70 Secs. .....
Date .....
Date .....
Date .....
Date .....

EYE EXAMINATION

History: Negative

Visual Acuity	R. 20/20, ∓ c 2.50 =	W/no	
	L. 20/20, + c 2.50 = Blurred	W/no	
Colour Vision	Normal Ish. No. 9		
Red, Green	N.A.		
Diaphragm Test (P.D. = 65 mm.)	Orthophoria	Ortho	
Convergence	C. = 7 cms.		
	S. C. = 13 cms.		
Accommodation	R. 8½		
	L.		
Cover Test	Sli lat. div. R.R.	Ortho	
Fundi and Media	-		
Fields	Wide		
REMARKS:			
	Initials of M.O. A.E.F.	*Initials of M.O.* [illegible]	*Initials of M.O.*
	Date 26-11-42	*Date* 29 March 43	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: Negative

Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	Intact		
	L. Ear	Intact		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	(		
Cochlear Apparatus	R. Ear	) Not done		
	L. Ear	(		
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		Healthy		
Teeth		Sound		
Gums		Healthy		
Pharynx		Clear		
Nasopharynx		Clear		
Nose		No obstruction		
Larynx		Clear		
REMARKS:		*Initials of M.O.* AEF	*Initials of M.O.*	*Initials of M.O.*
		Date 26-11-42	*Date*	*Date*

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

26-11-42

Young, clean cut, intelligent candidate, keen and eager to fly, want to be a pilot. Co-operative and steady. Has no history personal or otherwise of major diseases. Good physical condition - seems decided and confident. Should make good aircrew.

A1B A3B (Turret)

(M.Piche) Flt/Lt. M. Piche Flt.

(A.Fisher) F/O. Austin Fisher F/O

" I certify that I have suffered no illness or disability since my last examination.".

Date 29 March/43 Herbert Brennan
Candidate

M.O.

No. 14 Recruiting Centre	No. 5 M.D.
Fit: A1B A3B (Turret) ~~A3B~~ ~~A3B (Vision)~~	A1B A3B (T) A3B A3B (V)
Date. 26-11-42 Austin Fisher F/O M.O.	Date: 3-4-43 M.O.

#1 AGGTS (T)
A1B. 16-7-43
A3B. (T)
A3B.
A3B. (V)

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

DATE AUG 9 1943 CATEGORY APPROVED FIT: A1B A3B (Turret) A3B A3B (Vision)	DATE SEP 17 1943 CATEGORY APPROVED FIT: ~~A1B~~ A3B (Turret) ~~A3B~~ ~~A3B (Vision)~~ On completion of training
SMO	SMO

#9 Bombing & Gunnery School, Mont-Joli, P.Q.

NVA 13 A
#1 AGGTS(T)

A1B		N.V.C.
A3B	Turret	N.V.C.
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:		
Date		

7 IT
13

Mrs. Bridget Brennan,
Frampton Co.,
Dorchester, P.Q.

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

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

and the following number quoted:—

H.Q. 36018 FD 144

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

2nd June 194

ESTATES BRANCH JUN 15 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

BRENNAN, Herbert John Patrick F/O

J-36018 R-206594 RCAF O/S

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.

Col.

MG/MM

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
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:

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		John Brennan		
4	Mother of the Deceased.....		Bridget Brennan		
5	Brothers of the Deceased	Full Blood	Edward Lorne Brennan William Alfred Brennan Peter James Francis Brennan Walter John Harold Brennan	39 33 36	Rome New York. Hillside New Jersey Fort Fraser B.C. Died Jan 28. 1919
		Half Blood			
6	Sisters of the Deceased	Full Blood	Dora Brennan McGrath	26	Frampton, Quebec
		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
	Walter John Harold Brennan died ~~Feb 28.~~ 1919 Jan. 28				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Herbert Patrick Brennan
9	Date of his birth.	February 10- 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Frampton, Sept. 26-1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Frampton, Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Prov. Quebec, Co. Dorchester (b) since birth. (c) (d)
14	Nature of employment before enlistment.	Farmer.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Frampton. Quebec.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	yes. not in our custody. Refer to R.C.A.F. Headquarters.
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?	
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.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
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 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.	no.
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.)

(PLEASE TURN OVER)

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

*.....Mother.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....Mrs Bridget Brennan..... {Signature of Informant

.....Frampton P.Q. .....Address

CERTIFICATE

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

See above. .....{Name of informant} is the.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....Frampton.....this.....12th.....day of.....June.....19.40.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....C. Humphrey..... Qualification.....Parish Priest.....

Address.....Frampton Dorchester P.Q.

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

"SPECIAL RESERVE"

AIR FORCE No. R-206594 POSTED TO #14 Recruiting Centre, Que TRADE Aircrew Standard

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BRENNAN FULL Christian Names Herbert John Patrick
2. Present Address Frampton, Dorchester County, P.Q. Telephone
3. Permanent Address Frampton, Dorchester County, P.Q.
4. Place of Birth Frampton, Dorchester County, P.Q. Citizenship Canadian
5. Date of Birth 10 - 2 - 1924 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single
6. Particulars of Children

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

7. Occupation Farmer 8. Religion Roman Catholic (State denomination)
9. Languages French and English (State proficiency)
10. Next of Kin (Full Name) John BRENNAN Relationship Father
    " Address Frampton, Dorchester, P.Q.
11. Father (Full Name) John BRENNAN Birthplace Frampton, Dorchester, P.Q.
    " Address Frampton, Dorchester, P.Q. Citizenship Canadian
    " Occupation Farmer
12. Mother (Full Maiden Name) Briget CLARK Birthplace Frampton, Dorchester, P.Q.
    " Address Frampton, Dorchester, P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

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

R.C.A.F. Records Office DEC 2 1942 C.I.B. N.I. 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.

558-405

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Frampton Public School	1932	1938	7th Grade
High School—Collegiate Institute, etc.				
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
John BRENNAN, Frampton,	Farmer	1938	1942	To join the R.C.A.F.

23. Flying Experience (in Hours) Solo none Dual none Passenger none

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. none

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

Boxing, wrestling, skiing, skating, occasionally

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

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 two persons who can give references as to character and ability.

Name	Address	Occupation
Father Humfrey,	Frampton, Dorchester, P.Q.	Parish Priest
Michael Duff,	Frampton, Dorchester, P.Q.	Plumber
Thomas Moore,	Frampton, Dorchester, P.Q.	Store Keeper
Thomas Collin,	Frampton, Dorchester, P.Q.	Retired Farmer

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 24-11-42 19 Signature Herbert Brennan

Electoral District: 39
Arr. de votation: 2
Herbert Brennan

NATIONAL REGISTRATION CERTIFICATE PRODUCED and surrendered
M. Montambault F/O

3

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

Date.....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.....Signature.....Rank.....

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Herbert John Patrick BRENNAN 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 November 27th, 19 42 x Herbert Brennan
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

I, Herbert John Patrick BRENNAN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date November 27th 19 42 x Herbert Brennan
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 27th day of November 19 42

M. Montambault — Signature of Officer
F/O — Rank
No. 14 Recruiting Centre, RCAF, Quebec, PQ — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 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 No
(g) Rupture No
(h) Varicose Veins No
(i) Flat or Deformed Feet No
(j) Nasal Trouble No
(k) Ear Disease No
(l) Eye Disease No
(m) Epilepsy No
(n) Nervous or Mental Disease No
(o) Syphilis No
(p) Gonorrhoea No
(q) Bone Fracture No
(r) Other Disease or Defect Tonsilectomy

3. Have you ever worn glasses? No.

4. **Have you had any illness for more than one week's duration.** No.

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

Herbert Brennan
Signature of Applicant

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) None

2. Height 5 feet 8 1/4 inches. 3. Weight 136 pounds.

4. Complexion Medium 5. Color of Eyes Green Hair Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 34 1/2 inches

Range of expansion 3 inches

8. Hearing—Right W.V. 20 Left W.V. 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right N 4

Left 20/20 Left N 4

10. Condition of mouth and teeth Healthy and Sound

11. Urine—Albumen Negative Sugar Negative

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 H1B H3B1

Any special remarks of the Medical Officers

26.11.42 - X Ray Report H 1274 - Neg. AEF

Part 2 Cont'd.

13. Reflexes Normal
14. Heart Normal
15. Lungs Normal
16. Blood Pressure S. D. 128/70
17. Colour Vision Normal Est. No 9.

Date November 26 19 42

Austin Fisher F/O
President

Member

Member

H.Q. 6...

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 12300

This is to Certify that

J36010 FLYING OFFICER HERBERT JOHN PATRICK BRENNAN
(Number) (Rank) (Name in Full) (Unit) R.C.A.F.

has been officially reported as missing since the 1ST day

of JUNE, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 21ST day of MAY 1945

(T.K. McDougall)
Group Captain
R.C.A.F. Records Officer.

J036018 BRENNAN HERBERT JP POB

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.			OP WGS	
AWARD	✓		✓						✓	✓	✓				
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED														13/1/47	

24784

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Bridget Brennan (mother)
Frampton,
Co. Dorchester,
P.Q.

Dec.-45

1835

11-10-49

MEMORIAL BAR
DATE DESP.
REGN. NO 3077

JCP252 J-36018

JOHN BRENNAN AND
BRIDGET BRENNAN, 681,345

FRAMPTON,
DORCHESTER CO.,P.Q.

NAME BRENNAN, Herbert John Patrick, FILE NO. ~~XXXXXX~~ J36018

RANK F/O CATEGORY ~~XXXXXXXX~~ PRES.DEAD REG. NO. J36018

DATE OF DEATH: 1 June. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 14-6-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

AUG 21 1945

AUG 20 1945

To Mother and Father-
To Mother and Father-31-5-45

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. John Brennan,
Frampton,
Dorchester Co., Quebec.

COMMAND:

RELIGION:

10

Presumption of Death - Lapse of Time

Presumption of Death action commenced 20th January, 1945

Prefirm letter to N/K - date N/A

Request to Unit - date Letter 23/JAN/45

Request to Accounts - date Letter No. 5A 31/JAN/45

Reply from Unit - date letter 4/2/45 Returns 4-20 Vol 5

Reply from Accounts - date 5/2/45 Returns 4-22 Vol 3.

Kinagree from (~~N/K~~) (Ottawa) (~~letter~~) (Signal No.) and date M9236 X469 11-4-45 FOR 08

Death of CAN/ J36018 F/O H.J.P. Brennan.

Officially presumed w.e.f. 1st June, 1944.

Submitted for approval - date 18/4/45 M. M. Goldberg Cpl.

APPROVED - DATE 18/4/45 M. Cameron F/L
for RCAF CASUALTIES OFFICER

P.O.D. List to Ottawa No. 74C Date 18/4/45

22/5/45 Jmc.

WRE

BX18736. Personal Effects of No.J36018 F/O BRENNAN, H.J.P.

1 Black Leather Case contg:
9 Shirts.
1 Striped Pyjama Jacket.
10 Collars.
1 Pkt. Snaps.
3 pr. Shorts.
1 Vest.
1 Long Pants.
1 Black Tie.
2 Towels.
8 Handkerchiefs.
1 pr. Brown Leather Gloves.
4 pr. Black Socks.
1 F.S. Cap with Badge.
1 Jock Strap.
2 Brushes.
1 pr. Braces.
1 Dictionary.
3 Canadian 4 cent Stamps.
1 pr. Trousers with Braces.
1 War Service Blouse.
1 Bicycle Lamp.
1 Facecloth.
1 Blue Leather Notecase with zip:
Photos and 2 6d stamps.
1 Clothes Brush.
1 Blue Bag contg:
Mirror, soap, 1 Gillette
Safety Razor in case.
1 Box 2 pr. Laces.
and 2 Kodak Films.
Correspondence.
1 Bundle Keys.
1 Notebook.
1 pr. Braces.
1 pr. Leather Gloves.
3 Pkt. Chic Razor Blades.
1 Black Note Wallet.
1 Writing Case contg:
Notepaper and correspondence.

1 Bundle Correspondence.
2 Paper Wallets snaps.
9 Razor Blades.

2 Cartons contg:
1 Blue Kitbag.
1 Greatcoat.
1 pr. Trousers.
1 Raincoat.
1 Tunic with A.G. Brevet.
1 Blue Leather Belt.
1 Brown Leather Belt.
1 pr. Braces.
1 pr. White Plimsoles.
3 pr. Black Shoes.
1 Housewife.
1 pr. Brown Leather Slippers.
Paper Handkerchiefs.
1 Trunks.
1 Striped Pyjama Trousers.
1 Shirt.
2 Handkerchiefs.
1 Pencil Torch.
1 Wardonia Safety Razor.
7 pr. Black Socks.
3 pr. Woollen Socks.
1 Metal and Rubber Appliance.
1 Cycle Lamp.
1 Gillette Razor in Case.
1 pr. Metal Cufflinks and 2 studs.
and 2 crucifixes in envelope.
1 Slant Stroke Safety Razor.
1 Kitbag Handle and Lock.
1 A.G. Bravet.
1 Menu Card.
2 Shirts.
8 pr. Socks.
1 Pillow Case.
5 Vests.

P.T.O.

2 pr. Pants.
5 Handkerchiefs.
2 Collars.
1 pr. Blue Striped Pyjamas.
1 Long Pants.
1 pr. Sports Shorts.
1 pr. P.T. Shorts.

Original Station inventory signed by H.V.Speed, P/O. dated 2/6/44.

Effects checked at Central Depository 28/6/44 & 11/7/44.

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

R.C.A.F. R. 60
(Revised 1-42)
60M—10-42 (2842)
H.Q. 885-R-60

WILL

(a) Names in full to be written.

(1) (a) I, Herbert John Patric ~~Hubert~~ Brennan of the ~~City~~ ~~Town~~ Village ~~Township~~

of Frampton in the County of Dorchester District

Province of Quebec FARMING (Civil Occupation)

a member of the Royal Canadian Air Force, Number R206594 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc.
(b) Insert the name of beneficiar(y)(ies) in full.
(c) Insert the address(es) if known.
(d) Here state "all of my estate" or the particular articles or money intended to be given.

See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Mother

(b) Mrs Briget Clark.

(c) Frampton Co Dorchester Quebec

(d) all of my Estate

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:

(a)

(b)

(c)

Name and address of Executor.

(4) I appoint Mrs John Brennan (Name) Frampton Co Dorchester Quebec (Address)

to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 30th day of March 1943.

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.

Herbert Brennan (Signature of Testator)

First Witness sign here.

(5) J. Garvey (Signature)
5676 Mc Lynn Ave.
Montreal Que (Permanent Home Address)
Clerk (Occupation)

Second Witness sign here.

P. McDonald (Signature)
35 Laporte St. Quebec P.Q. (Permanent Home Address)
Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

R.C.A.F. Records Office
Rec'd APR 28 1943
O. K. C.I.B.
R. C. N. I.
B. P. A.

(OVER)

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

(c) 26 Cherry Ave., Ottawa, Ont.

(d) all my estate.

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**

and my household goods and effects."

"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont., the balance of my estate" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them".

(3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.

(4) **Do not omit to date the will.** You are to **sign** the will with your usual signature in the presence of **two witnesses,** each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

(5) Any additions or alterations to this Will must be initialled by the Testator and both Witnesses.

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the 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 set out in his will.

To be completed only by personnel who have previously executed a Will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....

(Name and address in full)

.....

.....

(Signature)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J36018 (~~R206594~~) RANK F/O UNIT 138 SQDN OVERSEAS

TRADE A/G (G.L.)

NAME BRENNAN, HERBERT JOHN PATRICK

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR JOHN BRENNAN

RELATIONSHIP FATHER

ADDRESS FRAMPTON. CHX CO. DORCHESTER. QUE.

FATHER'S NAME MR JOHN BRENNAN

ADDRESS FRAMPTON. CO DORCHESTER. QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS BRIGET BRENNAN

ADDRESS SAME AS FATHERS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT FARMER FRAMPTON. DORCHESTER CO. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION FARMER

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAIL LETTER---------d-18-APRIL-45

PREVIOUSLY REPORTED "MISSING" 1-JUNE-44 AFTER AIR OPERATIONS (OVERSEAS) (SPECIAL OPERATIONS)

NOW "PRESUMED DEAD" 1-JUNE-44 FOR OFFICIAL PURPOSES

ESTATES BRANCH MAY 28 1945 H. Q. OTTAWA NATIONAL DEFENCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 22-MAY-45

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
DM-6-44 (4664)
Q. 885-R217
TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

72226

AIR FORCE No. ~~R.~~ 206594

SURNAME: BRENNAN, FULL CHRISTIAN NAMES: HERBERT JOHN PATRICK

ENLISTMENT — PLACE Quebec, P.Q. — DATE 27-11-42

RE-ENLISTMENT

C.R. FILE NUMBER AR

J.36018

OFFICER RECORD OF SERVICE AIRMEN

Comm 17.9.43

R.C.A.F. FORM R44 (B) 20M-7-42 (2429) H.Q. 885 - R-44B

1. POSTING (INDICATE S.O.S. AND T.O.S.) Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	14 R/C Quebec.	27	11	42	Q.R/C 120
SOS	14 R/C Quebec	28	3	43	14 R/C 39
TOS	5 M.D. Lachine	29	3	43	5 M.D 46
SOS	5 M.D. Lachine Que.	23	5	43	5 M.D 122.
TOS.	3 F.T.S. Arnprior Ont.	24	5	43	3 F.T.S 124
SOS	3 F.T.S Arnprior Ont	30	5	43	3 F.T.S 128
TOS	9 P.A.E & M.C. Bell Q.	31	5	43	9 P.A.E 23
SOS	9 P.A.E & M.C. Bell	25	6	43	9 P.A.E 26
TOS	1 A.G.T.S. Quebec	26	6	43	1 G.T.S. 105
SOS	1 A.G.T.S. Quebec.	7	8	43	1 G.T.S. 139.
TOS	9 B.G. Mont Joli Que.	8	8	43	9 B.G.P 192
SOS	9 B.G.P. Mont Joli	1	10	43	9 B.G.P 224A
TOS	1 Y.D. Halifax	2	10	43	1 Y.D. 236
Discharged under KR(Air) 392(18)		17	9	43	1 Y.D 236
TOS	1 Y.D. Halifax pr appt	17	9	43	1 Y.D 236
SOS	1 Y.D. Halifax 3 PRC	22	10	43	1 Y.D 264
Missing 1 June 44 - PCX 451 a/1 June 44. Presumed Dead - DCL 1033 a/28 May 45					
COMPLETED		26	6	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	27	11	42	Q.R/C 120
LAC.	7	8	43	1 G.T.S. 139.
T/Sgt. (pd)	17	9	43	9 B.G.P 224A
P/O 17.9.43 (A.P.R. 182/11.10.43) TS				
170 17-3-44 (APR 136/30-5-44)				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
26-11-42	R/100	6.B03BT	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	S	27	11	42	Q.R/C 120
Aircrew	A.4.	15	4	43	5 M.D. 80
AG GR 1E00		17	9	43	(A.P.R. 182/11.10.43)
A.G. Sp Gr.		17	9	43	9 B.G.P 224A

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Cate (A.G.)		9 B.G.P 224A

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
28-11-42	1-8-43		L.W.P.	Q.R/C 120
58				
18-9-43	2-10-43	14	Embarkation	9 B.G.P 224A

R.C.A.F. OVERSEAS | ENLISTMENT | MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OF E. | BAP. | U.C. | PRES. | R.C. | HEB. | MIS. | PRO. | OTHER | RELIGION | PREV. SERV. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. ~~R.206594~~

BRENNAN, HERBERT JOHN PATRICK
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Quebec P.Q. DATE 27-11-42
RE-ENLISTMENT

C.R. FILE NUMBER PR

J.36018 R 88

OFFICER RECORD OF SERVICE AIRMEN

Comm 17-9-43

R.C.A.F. FORM R44 (3)
20M-7-42 (2429)
H.Q. 885 - R-449

7. BIRTH: DATE — PLACE — CITIZENSHIP 2

10-2-24 Frampton, P.Q. British

FATHER (FULL NAME) John Brennan

BIRTHPLACE Frampton, P.Q.

MOTHER (FULL MAIDEN NAME) Buget Clark

BIRTHPLACE Frampton, P.Q.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x P.Q.
JUNIOR MATRICULATION
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES

0

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.

Farmer - John Brennan - 1938-42

0900

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air gunners Badge	9 Bep 224A	17-9-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R.C.

1

14. LANGUAGES Eng French

3

15. SPORTS Boxing, wrestling, skiing, skating.

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Single

WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)

1

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: John Brennan — RELATIONSHIP Father
ADDRESS: Frampton Dorchester, P.Q. — D.R.O.
FULL NAME: — 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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	27 11 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

Date and Place of Signing R 40

22.(A) ADDRESS PRIOR TO ENLISTMENT

Frampton Dorchester Co., P.Q.

21800

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) 047

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	K X
2.4.43	3-12-42 / 31-9-43					

AIR FORCE No. J36018 ~~R 206594~~

"SPECIAL RESERVE"

SURNAME: Brennan

FULL CHRISTIAN NAME: Herbert John Patrick

ENLISTMENT/APPOINTMENT
PLACE #14 RC Quebec
DATE 27-11-42
comm. 17.9.43

RELIGION: RC

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

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
10-2-24	Frampton	Canada	canadian	canadian

CIVIL EDUCATION

PUBLIC SCHOOL Grade 8 Quebec.	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN french - english

CIVIL OCCUPATIONS AND EXPERIENCE

farmer 38-42

PREVIOUS SERVICE

N.A

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
#14 RC Quebec 26-11-42	A1B A3BT		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED Single

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs. John Brennan (Mother)
Frampton, Dorchester Co. Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O GL SR BR "G"	17 9 43	BN 2136	
T/FO 13884 16.	17 3 44	947/44	

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	27 11 42		Aircrew S/D	27 11 42	
4AC	7 8 43	DR0139	Aircrew		DRO
T/Sgt (Pd)	17 9 43	DR0224A	G.D.	15 4 43	90/43

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Air Gunner	Sp.		P	17 9 43

NO MORE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. ~~R 206594~~ f 36018

SURNAME: Brennan

FULL CHRISTIAN NAME: Herbert John Patrick

ENLISTMENT/APPOINTMENT — PLACE #14 RC Quebec — DATE 27-11-42

RELIGION: RC

[redacted] A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
28-11-42	28-3-43	130	O.L.W.P.	Reg 1178
18-9-43	2-10-43	14	Embarkation	DRO 224A
Issued SLTW #C302392 d/17-9-43				DRO 224A
6.11.43	13.11.43	7	Prin Leave.	3.P.R.C. 10/43
1.3.44	18.2.44	18	Prin Leave.	23.O.T.U. 15/44
15.5.44	23.5.44	10	Prin Leave.	138 Sqn 1.5/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
17 9 43	Categorized AG	DRO 224A

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
17 9 43	Air Gunners Badge	DRO 224A

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#14 RC Quebec		27 11 42	Reg 1178
SOS	#14 R.C.	5 MD	28 3 43	M.O. 13
TOS	#5 M.D.		29 3 43	DRO 76/43
SOS	5 MD	#3 F.I.S	25 5 43	DRO 122/43
TOS	#5 MD	#3 F.I.S	24 5 43	DRO 124
	Lachine	Arnprior		
SOS	#F.I.S.	#9 PAED	30 5 43	DRO 128
	Arnprior	Montreal		
SOS	#9 PAED	#1 AGGTS	25 6 43	DRO 26/43
SOS	#01 AGGTS	#09131G	7 8 43	DRO 139.
~~SOS~~	~~#9 PAED~~	~~#1 AGGTS~~	~~2 10 43~~	~~DRO 224A~~
	~~Montreal~~	~~6 RAF O.T.U.~~		
SOS.	#9 BTGS	#1 YD	1 10 43	DRO 224A
	1 Y.D.	3 PRC	22 10 43	" 266
	Emb.	Halifax	22 10 43	
	Disemb.	U.K.	30 10 43	
	INT. CIST 3 (RCAF)	P.R.C.	31 10 43	
S.O.S.	from 3.P.R.C.	to 23.O.T.U.	16 11 43	3.P.R.C. 16/43 23.O.T.U. 6/43
O.L.H.	to (Sat)	R.A.F. Stratford	29 12 43	23.O.T.U. 2/44
TOS	to 61. Base.	from 23.OTU	19 3 44	61. Base. 22/44 23 OTU. 19/
Delt	from. 61. Base.	to Dallin B. Sch.	19 3 44	61. Base. 22/44
			28 3 44	61. Base. 24
Delt	from. 61. Base.	to 1666 C.U.	28 3 44	61. Base. 24
			30 4 44	1666 C.U. 43.
Posted	to 138 Sq.		30 4 44	1666 C.U. 43 - 61 Base. 41
F/B	Missing	from 138 Sqd.	31 5 44 / 1 6 44	138 Sqn 1/44 / 138 Sqn 16 CR477
TOS.	RCAF. N/E.W. (Missing)		2 6 44	AFR01488/44. N/E.U. 65/44. 138 Sq 16
PRESUMED	DEAD		1 6 44	~~CR768~~
SOS	UK	N/EU	1 6 44	UK ~~N/EU~~ ~~UK~~

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Ext to cont flying pay 8-8-43	DRO 192

NO ADDITIONAL ENTRIES

UNIT RECORDS RETURNED TO CANADA

Embarked

22.1

CONFIDENTIAL. R.A.F. Sub-Form 5037.

R.A.F. TRAINING REPORT.

AIR GUNNER

NO. 23 OPERATIONAL TRAINING UNIT.

1. Surname Brennan Christian Names Herbert John Patrick

2. Number 536018 3. Rank P/O 4. Course No. 42

5. Posted from ..... 6. Date commenced course 16-11-43 7. Date Course ended 28.2.44 8. Posted to 61 Base

9. GROUND WORK		
Subject	Marks Allotted	Marks Obtained
(a) Aircraft Recognition Range Estimation	200	182
(b) Guns	200	140
(c) Reporting, Fighting Control	200	124
(d) Sighting, including practices on GMSS	200	118
(e) Turrets: drill and components	200	144
TOTAL	1000	708
Per Cent		70.8

10. AIR WORK.			
Subject		Day	Night
Cine-Camera Gun, exercises completed		11	
Cine-Camera Gun, assessment		10	
Air Firing Exercises Completed	Air/~~Ground~~ air	1	3
	Air/Sea		
Per Cent hits, Air-to-Air		34	
Air Firing ...	Marks Allotted	Marks Obtained	
	1000		

11. EQUIPMENT USED

Type of Aircraft	Type of Guns In Air	Type of Guns On Ground	Type of Turrets In Air	Type of Turrets On Ground
Hellington	Browning	Browning	7.N5 .20	7N5 .16 .20 BPA BPE

12. Flying experience at OTU	Day	Night	Total
	54.20	50.20	104.40

13. Ability as Fighting Controller	Exceptional	Good	Average	Poor
		X		

14. REMARKS:

Above average. Has taken keen interest in course and shown good crew discipline. Expected to prove efficient squadron gunner.

Date 28.2.44

Signed ....H.C. Wilkes S/Ldr. O.A.I.
for Officer Commanding.

CONFIDENTIAL

R.C.A.F. FORM 5000A

RECAPITULATION OF TRAINING AND PERSONAL ASSESSMENTS FOR COMMISSIONING PURPOSES

1. SURNAME ..... BRENNAN ..... CHRISTIAN NAMES ..... Herbert John Patric .....

2. NUMBER ..... R206594 ..... RANK ..... LAC .....

	(1) % of Training Marks Attained Ground Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
PILOTS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
EFTS	.....	.....	.....	.....	.....	.....	.....	.....
SFTS	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
AOS or AND	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS "B"								
ITS	.....	.....	2	.....	.....	.....	.....	.....
B&G	.....	.....	.....	.....	.....	.....	.....	.....
AOS or ANS	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS "W"								
ITS	.....	.....	.....	.....	.....	.....	.....	.....
W/S	.....	.....	.....	.....	.....	.....	.....	.....
AOS or ANS	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		
AIR BOMBERS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
B&G	.....	.....	2	.....	.....	2	.....	.....
AOS or ANS	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		

(See reverse side)

	(1) % of Training Marks Attained Ground Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
W.A.G.s W/S	.....	.....	5	.....	.....	5	.....	.....
B&G	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		
AIR GUNNERS B&G	80.5 86.0	166.5	.....	166.5	89.0	.....	89.0	255.5
			TOTAL	166.5		TOTALS	89.0	255.5

INSTRUCTIONS FOR USE OF FORM 5000A (RE/CAP SHEET)

Following instructions are issued for your guidance in completing this Form:

Column 1

(a) Enter % of ground marks attained.
(b) Enter % of air marks attained.

Column 2

Percentage of ground marks plus percentage of air marks.

Column 3

The weighting factor by which Column 2 is to be multiplied.

Column 4

Result of Column 2 multiplied by the weighting factor in Column 3. This figure to be entered under Column (g) of Class Report.

Column 5

Percentage of character and leadership marks attained.

Column 6

Weighting factor by which Column 5 is to be multiplied.

Column 7

Result of Column 5 multiplied by the weighting factor in Column 6. This figure to be entered under Column (i) of Class Report.

Column 8

Result of Column 4 added to Column 7. This figure to be entered under Column (j) of Class Report.

	(1) % of Training Marks Attained Ground Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
W.A.G.s W/S	.....	.....	5	.....	.....	5	.....	.....
B&G	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		
AIR GUNNERS B&G	80.5 86.0	166.5		166.5	89.0		89.0	255.5
	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL	166.5		TOTALS	89.0	255.5

INSTRUCTIONS FOR USE OF FORM 5000A (RE/CAP SHEET)

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(b) Enter % of air marks attained.

Column 2

Percentage of ground marks plus percentage of air marks.

Column 3

The weighting factor by which Column 2 is to be multiplied.

Column 4

Result of Column 2 multiplied by the weighting factor in Column 3. This figure to be entered under Column (g) of Class Report.

Column 5

Percentage of character and leadership marks attained.

Column 6

Weighting factor by which Column 5 is to be multiplied.

Column 7

Result of Column 5 multiplied by the weighting factor in Column 6. This figure to be entered under Column (i) of Class Report.

Column 8

Result of Column 4 added to Column 7. This figure to be entered under Column (j) of Class Report.

CONFIDENTIAL

R.C.A.F. FORM 5000A

RECAPITULATION OF TRAINING AND PERSONAL ASSESSMENTS FOR COMMISSIONING PURPOSES

1. SURNAME ..... BRENNAN ..... CHRISTIAN NAMES ..... Herbert John Patric .....

2. NUMBER ..... R206594 ..... RANK ..... LAC .....

	(1) % of Training Marks Attained Ground Air	(2) Training Index	(3) Multiply by Weight Factor	(4) Final Training Index	(5) % of C&L Marks Attained	(6) Multiply by Weight Factor	(7) Final C&L Index	(8) Total Index
PILOTS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
EFTS	.....	.....	.....	.....	.....	.....	.....	.....
SFTS	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
AOS or AND	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS "B"								
ITS	.....	.....	2	.....	.....	.....	.....	.....
B&G	.....	.....	.....	.....	.....	.....	.....	.....
AOS or ANS	.....	.....	2	.....	.....	2	.....	.....
			TOTAL			TOTALS		
NAVIGATORS "W"								
ITS	.....	.....	.....	.....	.....	.....	.....	.....
W/S	.....	.....	.....	.....	.....	.....	.....	.....
AOS or ANS	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		
AIR BOMBERS								
ITS	.....	.....	2	.....	.....	.....	.....	.....
B&G	.....	.....	2	.....	.....	2	.....	.....
AOS or ANS	.....	.....	.....	.....	.....	.....	.....	.....
			TOTAL			TOTALS		

(See reverse side)

CONFIDENTIAL

R.C.A.F. FORM 5035

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 9 BOMBING AND GUNNERY SCHOOL

1. SURNAME: BRENNAN CHRISTIAN NAMES: Herbert John Patrick

2. NUMBER: R206594 3. RANK: LAC 4. COURSE NO: 60

5. POSTED FROM: #1AGGTS 6. DATE COURSE COMMENCED: Aug 9/43 7. DATE COURSE ENDED: Sept 17/43 8. POSTED TO: No. 1 "Y" Depot, Halifax, N.S.

9. AIRCREW TRADE: Air Gunner 10. HEIGHT: 5' 9" 11. GIRTH: 34"

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
Battle	V.G.O.	V.G.O.	400	Bristol	Bristol	1000	15:00
		Browning			B.P.		
					F.N.		

13. GROUND WORK

SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	154
GUNS (PRACTICAL)	100	89
SIGHTING (~~WRITTEN~~) XX ORAL	250	197
TURRETS (PRACTICAL)	200	155
A/C RECOGNITION	150	135
SIGNALS	100	75
TOTAL	1000	805
PERCENTAGE		80.5

14. AIR WORK

FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		22:30	
NO. CINE EX. COMPLETED		3	
ROUNDS FIRED	AIR TO GROUND	400	
	AIR TO AIR	3225	
% HITS AIR TO AIR		4.1	

AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
	1000	860

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	89

16.

DEGREE OF SUITABILITY FOR FURTHER TRAINING	0 NOT AT ALL SUITABLE	1 MODERATELY SUITABLE	2 DEFINITELY SUITABLE	3 EXTREMELY SUITABLE
AS A GUNNERY INSTRUCTOR		x		

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Position 3 in a course of 117. Very good student mentally alert. Is confident & displays initiative. Keen, reliable, cO-operative and a good leader.

DATE:- September 17/43.

(H.P. Crabb) G/C. OFFICER COMMANDING
NO. 9 BOMBING & GUNNERY SCHOOL

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~SGT~~ No. ~~R206594~~ J34018 NAME BRENNAN, H.J.P.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	2ND PILOT (B) Hrs	Mins	DUAL (C) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	Mins	2ND PILOT (E) Hrs	Mins	DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	2ND PILOT (H) Hrs	Mins	DUAL (J) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	Mins	2ND PILOT (L) Hrs	Mins	DUAL (M) Hrs	Mins	CREW DUTIES OBSERVER (N) Hrs	Mins	AIR GUNNER (O) Hrs	Mins	OTHER (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
#9 B&G School, Mont Joli, P.Q.																																				
Sept. 17/43																													22	30					22	30

C.P. MacQueen
~~Adjt.~~
for C.O., No. 9 B & G School, R.C.A.F.

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK..... NO..... NAME.....

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT															
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER					
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins

INTAKE NO: 137

OFFICERS/ALL RANKS AND TRADES
ARRIVAL REPORT.

Airman's Number R206594 Trade A.G.

Officer's Number J.36018 Rank P/O Surname BRENNAN

Christian Names (in full) HERBERT JOHN PATRICK

Religion:- R.C. Date and Place of Birth 10-2-43 FRAMPTON N. CO. DORCHESTER QUEBEC.

Date and Place of Appointment to Commissioned Rank 17-9-43

9 BOMBING & GUNNERY SCHOOL MONT JOLI CANADA

~~Married or~~ Single Wife's Maiden Name N.A.

Date and Place of Marriage N.A.

Next of Kin:- Relationship MOTHER Name MRS JOHN BRENNAN

Address FRAMPTON CO. DORCHESTER QUEBEC CANADA

Father's Name:- (in full) JOHN BRENNAN

THIS FORM FOR USE BY RECORDS SECTION ONLY.

TRAINING REPORT

AIR GUNNER

No. 1666 H.C.U. R.C.A.F. WOMBLETON

Name Brennan H. J.

Number LT36018

Rank P/O

Posted from 23.O.T.U Posted To

Commenced Course 28-3-44 Ended Course 29-4-44

Exam. Marks Sighting 92%

Browning 100

Gunnery 82

Air Training Air to Air Firing 2 Hits

Fighter Affiliation 2 Hits

Assessment Remarks:

A keen conscientious type of gunner.

R.J. Wagner F/LT
GUNNERY LEADER

CONFIDENTIAL. R.A.F. Sub-Form 5037.

R.A.F. TRAINING REPORT.

AIR GUNNER

NO. 23 OPERATIONAL TRAINING UNIT.

1. Surname Brennan Christian Names Herbert John Patrick

2. Number 536018 3. Rank P/O 4. Course No. 42

5. Posted from ..... 6. Date commenced Course 16-11-43 7. Date Course ended 28-2-44 8. Posted to 61 Base.

9. GROUND WORK		
Subject	Marks Allotted	Marks Obtained
(a) Aircraft Recognition Range Estimation	200	182
(b) Guns	200	140
(c) Reporting, Fighting Control	200	124
(d) Sighting, including practices on GMST	200	118
(e) Turrets, drill and components	200	144
TOTAL	1000	708
Per Cent		70-8

10. AIR WORK.			
Subject		Day	Night
Cine-Camera Gun, exercises completed		11	
Cine-Camera Gun, assessment		10	
Air Firing Exercises Completed	Air/~~Ground~~ Air	1	3
	Air/Sea		
Per Cent hits, Air-to-Air		3.1	

Air Firing...	Marks Allotted	Marks Obtained
	1000	

11. EQUIPMENT USED

Type of Aircraft	Type of Guns In Air	Type of Guns On Ground	Type of Turrets In Air	Type of Turrets On Ground
Hallington	Browning	Browning	F.N 5 .20	F.N 5 .16 .20 B.P.A. B.P.E.

	Day	Night	Total
12. Flying experience at OTU	54.20	50.20	104.40

	Exceptional	Good	Average	Poor
13. Ability as Fighting Controller		X		

14. REMARKS:

Above average. Has taken keen interest in course and shown good crew discipline. Expected to prove efficient squadron squadron gunner.

Date 28.2.44

Signed W.G. Wilkes S/Ldr. C.A.I.
for Officer Commanding.

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

/5. 4 AIR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Herbert J.P. (CHRISTIAN NAMES) Brennan (SURNAME)

REGISTER NO. D-180-19

FILE NO. 21146

DATE 11 Oct/45

SERVICE NO. J.36018

FINAL RANK OR RATING F/O

DATE OF DISCHARGE 1 June/44

PAYEE Mrs. Bridget Brennan,

ADDRESS Frampton, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 1 June/44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 432/30 EQUAL TO 14 COMPLETE PERIODS AT $7.50	105.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 224 LESS 12 INELIGIBLE DAYS, EQUAL TO 212 DAYS @ 25C. PER DAY	53.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE	
	PAY $ 7.00	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70	
	ADDITIONAL PAY $	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83	
	TOTAL $ 9.53 ×7 = $ 66.71	
	NO. OF DAYS 224/183 ×$ 66.71	81.66
D. WAR SERVICE GRATUITY		239.66
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		239.66

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 25.00 OF $ 239.66 =$ 239.66

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 25.00

R... Rec'd OCT 22 1945 ... Division
B. K. ... C.
R. C. ... N. I.
E. L. ... P. A.

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
PEN	JFM

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

Declaration on file changing name from John Herbert Patrick Brennan to Herbert John Patrick Brennan.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

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: BRENNAN (Block letters)

Given names: HERBERT JOHN PATRICK

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Frampton.

Municipal county: Dorchester County. Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: February (Month) 10th (Day) 1924. (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: June 1/44.

16. Total years spent in this occupation: two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Brennan, John.	Quebec.
MOTHER (Maiden Name)	Clark, Briget.	Quebec.

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 1st (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

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

(a) Previously reported missing after air operations

due to

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

(b) now for offidal purposes

due to

(c) presumed dead.

II

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

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

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

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

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: June 1st 19 44.

Manner of injury: (How sustained)

Nature of injury: Presumed killed during air operations.

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

Signed: ....M.D.

Address: Date: ....19....

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

Leo Kennedy

For (R.C.A.F. Records Officer)

This signature authorizes the collector to accept this form as authentic

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

(Voir l'autre côté pour le français)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) 19..... (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès..... (jour) (mois) 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le

.....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate
Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b).....

dû à

(c).....

II

Autres conditions morbides (importantes seulement) **ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.**

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

OFFICERS' STATEMENT AT EMBARKATION

1. Next of Kin (give full Christian names) MRS JOHN BRENNAN

Address FRAMPTON Co. DORCHESTER QUEBEC ...Relationship MOTHER

2. Name of person to be Notified in Case of Casualty.....

MRS JOHN BRENNAN

Address FRAMPTON Co. DORCHESTER QUEBEC

3. Single, Married, Widower, Divorced, Separated? Single

Full Christian names of wife.....

Address.....

4. Parent's name (If living, Give full Christian nemes)

Mother, BRIGET BRENNAN

Address FRAMPTON Co. DORCHESTER QUEBEC

Father JOHN BRENNAN

Address FRAMPTON Co. DORCHESTER QUEBEC

5. Permanent home address FRAMPTON Co. DORCHESTER

6. Religion (State denomination, eg. C. of E., R.C., U.C., etc.) R.C.

7. Commission Script to be sent to:/

(a) Overseas.....

.....

(b) Next - of - Kin or other person in Canada (state name and address of person to whom sent)

MRS JOHN BRENNAN

FRAMPTON Co DORCHESTER QUEBEC.

Signature and Rank of Officer P/O Brennan H.T.

Date 3-10-43

R.C.A.F. No
Rec'd OCT 23 1943
O. K. C.I.B.
R. C. N. I.
S

(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? N.A.

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

(11) Is your father alive? YES

If so, state name and address, occupation JOHN BRENNAN FRAMPTON CO. DORCHESTER QUEBEC (RETIRE FARMER

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

(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. N.A.

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

(14) Is your mother alive? YES

If so, state name and address MRS. JOHN BRENNAN FRAMPTON CO. DORCHESTER QUEBEC.

(15) If your mother is a widow, are you her sole or partial support? N.A.

(16) If sole or partial support of ~~widowed~~ mother—state what amount per month you have given her prior to appointment or enlistment N.A.

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? N.A.
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 N.A.

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? NORTH AMERICAN LIFE
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N.O.
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.

Herbert Brennan
(Signature of officer or man)

Date 3-10-43

H. Groves F/L
for Officer Commanding No. 1 "Y" Depot, Halifax, N.S.

Date 4-10-43

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.

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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 BRENNAN
(Surname first—Christian names in full—Block capitals)
HERBERT JOHN PATRIC

(2) Regimental or Official Number and Rank

(3) Unit R.C.A.F.

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? N.A

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

Names and ages N.A.

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

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

Name N.A

Postal Address

OCT 22 1943
C.I.B.
N.I.
R.C.
S.L.

[SEE OTHER SIDE]

"SPECIAL RESERVE"

Applicant for AIRCREW (x) or for GROUND DUTIES ( ) DATE 24-11-42

1. Name BRENNAN HERBERT JOHN PATRICK 2. Number R-206594

3. Education: Highest standing attained, Province and course (e.g. XII, Ont, Tech)
8th grade - Quebec - Elementary (Dates of last school attended) From 1932 to 1938

4. Tests: (a) C.T. 36 (Form CT.4) (b) E.A.T. (Form) (c) C.A.T.
(d) M.A.T. (e) Cl.A.T. (f) Compensating factors if any
(g) Suitable for AIRCREW (x) or GROUND DUTIES ( ) (State Trade)
Aircrew Standard

J.R. PLEAU, Sgt.
Signature

5. Civil Experience: (In chronological order by years, without intervals)

Employer & Place	Details of Duties	From	To
John Brenna, Frampton, PQ	Farmer	1938	1942

6. Details of Service or Similar Training: (e.g. military, auxiliary, COTC, cadets)
None

7. Hobbies & Sports: In school years Boxing, wrestling.
In civil life Boxing, Skiing, Skating.

8. Other qualifications: (e.g. Languages, First Aid, Knowledge of Typing, Mechanics)
English & French

9. Age 18 Height 5' 8¼" Weight 136 Visual Acuity 20/20 20/20
Colour Vision Normal Medical Category A1B A3B (T)
(Mark X as applicable) M.O.'s ASSESSMENT

Fit - A1B (x)
A3B (Turret) (x)
A3B ( )
A3B (Vision) ( )
Ground Duties ( )
M.2 Exam not given (State reason)

Austin Fisher, F/O
Signature

10. Interviewing Officer's Assessment
Well mannered - clean cut young man -good personality - eager to fly - wants to report at the beginning of August only in order to help his father on the farm until then.

Recommended for Aircrew Standard M. Montambault, F/O
Signature

This space for use of Selection Board at "M" Depot
SELECTED FOR

Signature

No. "M" Depot Selection Board

FOUND SUITABLE FOR
Aircrew Standard.

R.C.A.F. Records Office
DEC 2 1942

M. Montambault F/O
(C.E.A. Fournier) Flight Lieutenant,
Commanding Officer,
for S.L.P.A.
Quebec Recruiting Centre, R.C.A.F.,
Quebec, P.Q.

Note: Information called for on the reverse side of this form is also to be provided when submitting applications under Manning Order M.10/25