M15821
MALLET
BENOIT

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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 BENOIT MALLET (b) Reg'l. No. M 15821
2. (a) Arm of service Infantry (b) Unit Lincoln (c) Rank Pte
3. (a) Date of birth OCT 20 1915 (b) Have you any dependents? (c) Place of residence at time of enlistment Auburn
4. (a) Place of enlistment Orono, Ontario (b) Date of enlistment 8 Sept 1939

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) 7 years 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? no (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? French - English (b) What languages do you read well? French - 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? None

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 Arthur Dennis Address Leaminghurst, Ont.
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 farm (b) Number of years' experience at this occupation with any employer
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? no (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? yes (b) Do you feel competent to operate a farm? yes (c) If so, in what kind of farming? general
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 5 (c) In what provinces did you have experience? n.b.

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.) actually unemployed
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Farm Owner

DATE Quebec Jan 9th 194.. SIGNATURE Benoit Mallet

29 IF DISCHARGED, ARE YOU NOW WORKING _____ IF SO AT WHAT OCCUPATION _____

40 1/2 Cornilles

Copy to D R

DUPLICATE

DUPLICATE

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit THE EDM TONREGIMENT Regimental Number M/15821

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: MALLET
2. Christian Names: BEN
3. Present address: Room 27 - Salvation Army, Edmonton, Alberta.
4. Date of birth: October 20th, 1915.
5. Place of birth: Canada (Country) New Brunswick (County or Province) St. Simon (Town or Township)
6. Religion (state denomination): Roman Catholic
7. Trade or Calling: Labourer
8. Married, Widower or Single: Single
9. Name of next of kin: Martin Mallet
10. Relationship: Father
11. Address of next of kin: St. Simon, New Brunswick,
12. Have you served in any Naval, Military or Air Force? No.
13. If previous war service, state arm, force and regimental particulars: Nil
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

Duplicate received 18.11.39 Reports wage ARO

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date September 16th, 1939. Ben. Mallet (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Ben Mallet (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Edmonton this 16th day of September 1939

W. G. Bury. Maj. {Signature of Magistrate, Justice or Attesting Officer.

THE EDMONTON REGIMENT {Office or Rank and Unit or appointment.

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

Record of Service of MALLET (Surname) BENJAMIN (Christian Names) Regimental Number M. 15821

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: NIL

Technical: NIL

Languages: FRENCH & ENGLISH

Educational Qualifications

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: No (specify)

*College: NIL

*University: NIL

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment From the Edmonton Regiment and posted to "FR"	Private	16/11/39	R.22.R (CASF)	Quebec P.Que.	81 1.b	2/12/39 Ed. Gimmond Major
	R22eR.	S.O.S. from the active service and posted to Regt'l depot.	Private	1-12-39	ditto	ditto	D.O.Part II No. 85 d/ 7-12-39	Ed. Gimmond Major
	"	S.O.S. of thedepot on attachment to training center M.D. 5	"	8-3-40	"	"	D.O. pt 11no 53	1940
9-3-40	"	T.O.S of CI(R)TC from Regt. Depot	"	8-3-40	"	"	" " " " " 55	9-3-40
21-5-40	"	Ceases to be attached to C.I.(R)T.C.	"	21-5-40	"	"	" " " " " 116	21-5-40

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Benjamin MALLET Date Sept. 16, 1939

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	no	o. Syphilis	no
g. Rupture	yes	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

Ben Mallet
(Signature of Recruit)

Examiner's remarks re above Left inguinal hernia repaired 1937.

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

1. Identification marks or scars. (If operative obtain history.)
Scar left hernia repair.

2. Height 5 feet 7 inches. 3. Weight 136 pounds.

4. Complexion Dark Eyes Brown Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 1¾ inches.

7. Vision, right 20-15 left 20-20 8. Hearing, right W. V. 20 left W. V. 20

9. Condition of mouth and teeth Slight degree of pyrrohoea and dental caries

10. The abnormalities (congenital and pathological) found on examination are as follows
Slight varicocoele left.

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

Special remarks when category lower than A Pulmonary TB.

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
7.11.39	X-Ray of Chest Negative. Capt. R.C.A.M.C.	26-3-40	T.A.B-3 Completed P. Roy
4-3-40	Ears, reflexes and urine normal.	18-4-40	Tetanus 1-c P. Roy
11-3-40	Vaccination P. Roy		
11-3-40	Tetanus 1 c P. Roy		
11-3-40	T.A.B 3 P. Roy		
18-3-40	P. Roy		
26-3-40	P. Roy		

25-4-47 DECEASED

PD

AWARDS—CANADIAN ARMY (ACTIVE)

C-13 M

DJB

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
MALLET,	Benoit	M-15821	Pte.	FILE No. 405-M-612 R 22 R

WAR SERVICE BADGE (CLASS) ELIGIBLE

GSC No. 013466(19-6-42) DATE DESPATCHED: RM.12819

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 1939-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO (9-3-50)

Mrs. Rita Mallet, (widow)

ADDRESS 1557 Gravel Street,
Montreal, Quebec.

(1) MEMORIAL BAR
DATE DESP
REGN. NO 2246

(2) MEMORIAL CROSS

C-13 WIDOW Mrs. Rita Mallet

ADDRESS 1557 Gravel Street,
Montreal, P. Q.

(2) DESP. FEB 23 48
REGN No. 484

(3) MEMORIAL CROSS

C-13 MOTHER Mrs. Albina Doiron Mallet

ADDRESS Upper St. Simon, New Brunswick.

(3) Rec'd 16-4-48
DESP. FEB 23 48
REGN No. 485

6134 - 15. 3. 50.

DESP. MAY 3 48
REGN No. 19165

K. 15332*

To be made out in duplicate.

M.D.13

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier MALLET JOSEPH BENOIT
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number M15821

(3) Unit the EDMONTON REGIMENT C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife Nil

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls No

Also their names and ages No

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name Nil

Postal Address Nil

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address Nil

(11) Is your father alive? Yes

If so, state name and address Mallet, Martin
St Simon New Brunswick, Canada

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
No

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. NIL

Also state reason he has no other means of support NIL

(14) Is your mother alive? Yes

If so, state name and address MALLET ALBINA ~~EMERON~~ DOIRON
St Simon New Brunswick, Canada

(15) If your mother is a widow, are you her sole support? No

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. Nil

Also state reason why she has no other means of support Nil

(17) Are you insured? No

If so, in what Company? No

Have you made arrangements for payment of your Insurance Premium? Nil

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Ben. Mallet
(Signature of officer or man)

Date Sept. 16th 1939

Officer Commanding for Edmonton Regiment

Date September 16th, 1939

M.F.M. 7 (Fr.)
5 M—11-36 (9361)
H.Q. 1772-45-18

TROUPES CANADIENNES DE CAMPAGNE

CERTIFICAT DE LIBÉRATION

Les présentes certifient que Ben Maller
(nom en entier)

matricule M-15821 grade soldat

s'enrôla dans le Royal 22e Régiment (C.A.S.F.)

TROUPES CANADIENNES DE CAMPAGNE, à Edmonton Alta., le premier

jour de septembre 1939

Il servit avec le Royal 22e Régiment (C.A.S.F.)

et est maintenant libéré du service pour cause de Inaptitudes physiques au service militaire. D'après les règlements en vigueur. R.O.37 para 10

SUIT LA DESCRIPTION DE CE SOLDAT à la DATE ci-après mentionnée:—

Age 25

Taille 5'7"

Teint noir

Yeux bruns

Cheveux bruns

Marques ou cicatrices

cicatrice d'hernie côté gauche.

x Benoit Maller
Signature du soldat

Date de la libération

ROYAL 22e REGIMENT C.A.S.F. DEPOT
MAI 24 1940
QUEBEC

R. Raymond
Officier qui délivre le certificat

Major
Grade

Date le 24 mai 1940

N.B.—Comme il n'est pas délivré de duplicata de ce certificat, quiconque trouve ce document est prié de le transmettre sous pli non affranchi au Bureau des Archives, ministère de la Défense Nationale, Ottawa, Canada.

DUPLICATA POUR DOSSIER.

(T.S.V.P.)

No. M.15821 Rank Private Name MALLET, Benoit

Unit Edmonton Regt. Date of death 25th April, 1947.

Died at Vancouver, B.C.

Cause Pulmonary tuberculosis. Broncho-pneumonia.

Death ~~[illegible]~~ Due. CPC. d 18-12-47 HQ 405-M-612 d

N/K Mrs. Rita Mallet, Relationship Widow

Address 1557 Gravel Street, Montreal, P.Q.

Remains buried in Mountain View Cemetery

Vancouver, B.C.

Grave location Field of Honour. 2-32-4 10M-7-47(M-1371)

CHK

Private memorial erected.

40-54876

M.F.M. 10 (Fr.)
40M—8-39 (1706)
H.Q. 1772-45-18

FORMULE DE TESTAMENT N° 1

À l'usage du soldat qui désire léguer une partie de ses biens meubles à une personne et la balance à une autre personne

Je Benoit Mallet (nom en entier)

matricule M.15821 des troupes canadiennes de campagne

FR. Coy. (unité ou corps) Royal 22e. Régiment CASF (donner le nom de l'unité en entier)

révoque tous testaments que j'ai pu faire avant celui-ci et déclare que le présent testament exprime mes DERNIÈRES VOLONTÉS.

Je donne et lègue mes biens meubles comprenant tous mes biens meubles

(mentionner ici les biens meubles en entier)

à Mr. Gilles Mallet (frère)
St. Simon, New Brunswick

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le **degré de parenté.**

entièrement et le reste de mes biens meubles et tout ce que je puis donner ou puis disposer

(mentionner ici le reste des biens)

à

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le **degré de parenté.**

NOTE.—Si le soldat possède des **biens immeubles,** la formule 10A doit être remplie.

N.B.—Les biens meubles comprennent la solde, les effets, l'argent en banque, les certificats d'actions, etc., en un mot tout, sauf l'immeuble.

EN FOI DE QUOI j'ai ci-après apposé ma signature ce quatrième jour de Decembre A.D. 1939

IMPORTANT
La date et la signature du soldat doivent être écrites de sa propre main.

Benoit Mallet
(*Signature du soldat*)

Signé et reconnu par le testateur en notre présence; nous, en sa présence, et à sa demande, et en présence les uns des autres, avons ci-après apposé notre signature comme témoins.

Signature du 1er témoin: Adelard Bechard
Adresse en entier: 4260 rue Laval, Montreal, P.Q.
Signature du second témoin: Ernest Mullen
Adresse en entier: 842 Church, Montreal, P.Q.

CANADA

CITEZ NO. D.V.A. 405-M-612
R. 4 (B)

Ministère ~~de la Défense Nationale~~
DES AFFAIRES DES ANCIENS COMBATTANTS
Ottawa,

8 janvier, 1948.

Mme Rita Mallet,
1557 rue Gravel,
Montreal, P.Q.

Chere madame:-

Relativement à la mort du regretté militaire désigné ci-dessous, nous désirons nous procurer tous les renseignements possibles relativement à son décès et à son inhumation afin que nos dossiers soient complets.

S'il a été inhumé en Canada, sa tombe a droit d'être surmontée d'une pierre tombale aux frais de l'Etat. Par conséquent, veuillez remplir et nous renvoyer la présente formule en l'insérant dans l'enveloppe ci-jointe qui est déjà adressée et qui ne demande pas d'être affranchie.

Veuillez agréer, madame , l'expression de mes sentiments distingués.

Pour l'adjudant-général,

le directeur des archives,

H.M. Jackson, Lt.-
~~(X.E.X.X.Colonel)~~ colonel.

Numéro matricule M.15821 Grade Soldat Nom Benoit MALLET

Unité Edmonton Regt Date du décès 25 avril,1947 Religion C.R.

Plus proche parent Rita Caron Degré de parenté Epouse

Adresse 1557 Gravel, Montreal, Quebec.

Lieu du décès Tuberculosis Control Unit, Vancouver,B.C. Cause du décès Pulmonary Tuberculosis Bronchopneumonia

Nom du cimetière Was buried by Canadian Legion, believe cemetery is Mountain View Field of Honor, Vancouver,B.C.

Lieu du cimetière Vancouver,B.C.

Endroit où est située la tombe dans le cimetière Ne suis pas au courant de cela.

Y a-t-il déjà un monument quelconque sur la tombe? Non

Description et observations relativement au monument, s'il y en a un.

Signature du déclarant Mrs. Rita Mallet

Adresse 1557 Gravel

Montreal, Que.

Nat. Def. A-168-B
15M-12-40-(M150)

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

[redacted] DU MILITAIRE DÉFUNT — Benoit (PRÉNOMS) — MALLET (NOM)

No DU REGISTRE D.24975

No DU DOSSIER

BÉNÉFICIAIRE Mrs. Rita Mallet,

ADRESSE 1557 Rue Gravel, MONTREAL, Que.

DATE 16-9-49

No MATRICULE M-15821

GRADE DÉFINITIF Pte.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ — DATE DE LIBÉRATION 24-5-40

	$	¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION — NOMBRE DE JOURS 251/30 ÉQUIVALANT À 8 PÉRIODES COMPLÈTES @ $7.50	60.00	
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION — NOMBRE DE JOURS — MOINS — JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À — JOURS @ 25 CENTS PAR JOUR — VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION		
	60.00	

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

SOLDE $

INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $

SOLDE SUPPLÉMENTAIRE $

$

$

ALLOCATION FAMILIALE MILITAIRE 1/30 DE $_____ $_____

TOTAL $ ×7 = $

NOMBRE DE JOURS_____/183 ×$

D. GRATIFICATION DE SERVICE DE GUERRE	60.00	
E. DÉDUCTIONS — PAIEMENT EN TROP DE — SOLDE ET ALLOCATIONS $ — ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $ — AUTRES DÉDUCTIONS $		
F. MONTANT TOTAL PAYABLE	60.00	

G. VOTRE PART DE LA GRATIFICATION EST 100%

ALLOCATION FAMILIALE MILITAIRE QUI VOUS EST VERSÉE $_____ DE $ =$

MONTANT TOTAL DE L'ALLOCATION FAMILIALE MILITAIRE VERSÉE $

ΔT

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B ET C

EN W Caldwell 17-9-49 Capt.

DVA 405-M-612
R.3(d).

OTTAWA, Canada,
le 12 janvier 1948.

Mme Albina Doiron Mallet,
St-Simon,
Nouveau-Brunswick.

Madame,

L'honorable ministre des Affaires des anciens combattants tient à vous exprimer ses sincères condoléances à l'occasion du décès de votre fils, le soldat Benoît MALLET, matricule M-15821, décès qui a été signalé à notre ministère récemment.

Vu que la mort de votre fils se rattache à son service dans l'armée active du Canada, vous recevrez sous peu une croix du Souvenir en argent. Cette croix vous est offerte par le gouvernement canadien comme faible marque de reconnaissance pour le sacrifice que vous avez fait.

Veuillez agréer, Madame, mes respectueuses salutations.

Directeur suppléant
des Archives des
services de guerre.

/BP

DVA M-15821
R.3(d).

OTTAWA, Canada,
le 5 mai 1948.

Mme Albina Doiron Mallet,
Upper St-Simon,
N.-B.

Chère Madame Mallet,

Pour faire suite à votre lettre du 20 avril, je dois vous informer que la Croix du Souvenir, donnée en commémoration des services rendus par votre fils, le soldat Benoît MALLET, matricule M-15821, vous fut expédiée, sous pli recommandé, le 23 février 1948, à St-Simon, Nouveau-Brunswick, et qu'elle nous fut retournée le 16 avril.

Je vous renvoie ce Souvenir, encore sous pli recommandé, à Upper St-Simon, N.-B.

Veuillez agréer, Madame, mes respectueuses salutations.

A. C. Chadwick,
pour le Directeur
des Archives des
services de guerre.

/BP