BERGERON, GEORGE ERNEST

BURIAL REPORT TO N.K. JUL 8 1946

RETURN TO BUR. OF STAT. AUG 18 1945

ROYAL MESSAGE DESP'D. MAY 29 1945

CAN. MESSAGE DESP'D. MAY 11 1945

Temp BR s[illegible] to N.K. & Map

REBURIAL

Holten Canadian Military Cemetery,
Holten, Holland.

Grave 13, row H, plot 3.

HI & CR Form Despd. OCT 7 1946

Photographs
Despatched
FEB - 3 1949

10M-1-45 (M-4608)

B-626

NO. Rank Major Name BERGERON, George Ernest

Unit Les Fusiliers Mont-Royal Date of death 15th April, 1945.

Died at Holland

Cause Killed in action

Death occurred on strength of Forces H.Q. 558-2-316

N/K Mr. Arhur Bergeron Relationship Father

Address 2007 Mansfield Street, Apt. 17, Montreal 2, Quebec.

Remains buried in Cdn.Mil.Cem. Eelderwodle, Holland Cemetery
MR 202100

Grave location 460471

CHK

OVER

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK Major

SERVICE UNIT Les Fusiliers Mont-Royal (C.A.)

NAME BERGERON, George Ernest

DATE OF BIRTH 17-1-20

DATE OF ENLISTMENT 14-9-42

MARITAL STATUS Single

RELIGION Roman Catholic

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

NAME ADDRESS D.A.B. Mr. Arthur Bergeron,

ADDRESS 2007 Mansfield Street, Apt. 17, Montreal 2, Quebec

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Camrecords - 8520A H.Q.558-2-316

CASUALTY DETAILS Killed in action

DATE 15-4-45

WESTERN EUROPEAN THEATRE OF WAR

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

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

DATE 28-4-45

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

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: BELGERON GEORGES ERNEST (b) Reg'l. No. Prov 2ND Lieuten.
2. (a) Arm of service: Army (b) Unit: LE REG'T DE LEWIS (c) Rank: Prov 2nd Lieut
3. (a) Date of birth: 17-1-20 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Montreal.
4. (a) Place of enlistment: Montreal. Qth. P.Q. (b) Date of enlistment: 14-9-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 19 Yrs (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.): 9 Yrs College 4 Yrs Public school
7. If you attended a university, give name of university and standing or degree secured: 2 Yrs Univ Mont (Sc. Sociales)
8. (a) Did you ever enter upon a trade apprenticeship? Nil (b) If so, for what occupation? -- (c) Did you finish it? -- (d) If you did not finish it, how long did you serve at it? --
9. (a) What languages do you speak fluently? Fr & Eng. (b) What languages do you read well? Eth.

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): Yes (b) At time of enlistment of what trade union or professional society were you a member? No.

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

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

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

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

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

18. Name of employer: Bank of Montreal. Address: Montreal.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Bank
20. (a) Your specific occupation: Accountant (b) Number of years' experience at this occupation with any employer: 5 Yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Nil
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.) Nil Stay in the army
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Same Job.

14-9-42

DATE 194 SIGNATURE

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement? ——

Dans l'affirmative, donnez son nom en entier et son adresse postale ——

(11) Est-ce que votre père vit encore? Oui

Si oui, donnez son nom, son adresse et son emploi A. D. Bergeron 2117 Mansfield Apt 17 — Docteur en Chiropodie

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? ——

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement ——

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? ——

(14) Est-ce que votre mère vit encore? Non

Dans l'affirmative, donnez son nom et son adresse ——

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? ——

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement ——

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? ——

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? Oui

Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:

Degré de parenté un frère et une Soeur

Nom en entier Rene Jean et Françoise Bergeron

Adresse postale 143 St Aid, Maisonneuve P.Q.

Montant de la contribution mensuelle au cours des six derniers mois ——

(18) Êtes-vous assuré? Oui

Si oui, dites dans quelle compagnie? London Life Ass. Co.

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? Oui Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

L. Bergeron 2nd Lieut.

(Signature de l'officier, soldat, ou aviateur)

Date 28/11/42

Officier Commandant A. Leclerc Lt-Colonel

O.C. LE RÉGIMENT DE LAVIS C.A. (A)

Date

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en conséquence les questions qui se rapportent au père ou à la mère.

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M—7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur ....BERGERON GEORGE ERNEST....
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade ....2nd Lieutenant....

(3) Unité ....Régiment de Lévis C.A. (A)....

(4) Êtes-vous marié? ....Non....

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ....—....

(*b*) l'adresse postale actuelle de votre épouse ....—....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ....—....

Sinon, donnez-en les raisons ....—....

....

(7) Êtes-vous veuf? ....Non....

(8) Avez-vous des enfants? ....Non.... Garçons ....—.... Filles ....—....

Noms et âges ....—....

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins ....—....

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom ....—....

Adresse postale ....—....

(VOIR AU VERSO)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO P.E. BERGERON (BROTHER)

ADDRESS: 2007 Mansfield St., Apt. 17,
MONTREAL 2, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO 2378

(2) MEMORIAL CROSS
WIDOW (SINGLE)

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mrs. Viola BERGERON, (Letter) 6-10-45
(DECEASED) (MFM-5) (ENGLISH)

(3)

ADDRESS: 1241 Clesse St., MONTREAL, P.Q.

DESP. OCT 11 1945
REGN No. 21328

6732-23-3-5-d

15-4-45

AWARDS—CANADIAN ARMY (ACTIVE)

04-60471. M

KI

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 558-2-316

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BERGERON	George Ernest		Major.	Les Fus.Mont-Royal.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

Request

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	Issued: 11/01/95 (DV)
France & Germany Star	
~~War Medal~~	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		R. Monty	To be Acting Captain		27-5-44	A/Capt	
			S.O.S., C.A. Canada 18 July 44	UK		A/Capt	91 3 Aug 44
			T.O.S., C.A. Overseas 18 July 44	UK		A/Capt	91 3 Aug 44
			Disembarked 30 July 44	UK		A/Capt	91 3 Aug 44
9 Sep 44	R de	Monty	SOS from R de Monty	UK	15 Sep 44	"	102 15 Sep 44
"	R de	Hull	TOS to R de Hull	"	16 Sep 44	"	53 16 Sep 44
	"	"	9 days P.L. & R.A. 20 to 29 Oct 44	"	—	A/Capt	78 20 Oct 44
		"	S.O.S. to M.2 4 C.I.T.R	"	12-11-44	"	92 - 12-11-44
		4 CITR	TOS FROM 1st Bn LE REGT DE HULL	U.K.	13 Nov 44	"	10/44
	4	CITR	SOS TO X-4 LIST CIC (UKAG/17/17 SER 0-6386/4C)	U.K.	23 Nov	44 "	19/44
			Embarked 24 Nov 44 . Disembarked	NWE	25 Nov 44	A/Capt	84 Dec 44
			and TOS X4	NWE	24 Nov 44	A/Capt	84 Dec 44
	X-4 C IC	11 Bn	To Fus MR		18 Jan 45		20 Jan 45
		FusMR	TOS from X-4 List Inf Gen Unall	Fd	19JAN45	A/Capt	DO 6/JAN 45
CR 36 & MS2		FusMR	TO BE A/MAJ:Lt(A/Capt)G E BERGERON	Fd	27FEB45	A/Maj	DO 15/MAR 45 (ORO 5619)
ORO 5619		FusMR	TO BE Capt:Lt(A/Capt) GE Bergeron	Fd	27FEB45	A/Maj	DO 26/APR 45
3013/290		FusMR	SOS DECEASED KILLED IN ACTION	Fd	15APR45	A/Maj	DO 31 d/30 APR 45

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit 4 DD ~~Lt Regt de Maisonneuve~~ Regimental Number A/Capt

A/MAJOR

1. Surname BERGERON
2. Christian Names George Ernest
3. *Substantive Rank and Appointment A/MAJ 27FEB45
   *Acting Temporary or Local Rank Capt 27Feb45
   giving date 14-6-43

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Que. Canada
5. Date of birth as declared on attestation 17-1-20
   (A)
6. Date of enlistment 14-9-42
7. Place of enlistment Mtl. Sth. Que. Canada
8. Residence at time of enlistment 2007 Mansfield St. #17, Mtl. Que. Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date Single.
13. Trade on enlistment Accountant.
14. Corps, trade and grade
15. (D) Qualifications Lieut (Inf) 13-11-42
16. (E) Miscellaneous entries
    DUT IC (T) 14-11-42
    " IC (W) 21-11-42
    Q1 Instr Dvg. & Im. DU IC (II) IIC (III) 13-2-43
    DII Pltn Weapons 20-7-43

(17) Regiment or Corps: Infantry
"
"

Unit (Battn., etc): ~~R de Lanaudière~~ ~~R de Lanaudière~~ R de Hull

(18) Medical

Category	Date	Authority
"A"	9-9-42	M F M 1
4 Athens	7-10-43	— " —
1111 11	7/10/43	m 7 m 1

(19) Next-of kin (entries to be made in pencil)
Mr Arthur Bergeron
Father
2007 Mansfield St, #17, Mtl. Que. Canada

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

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

Regimental ..... Rank Lieut ..... Sheet No. .....

Name G. E. Dugeron

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
10 Feb 44: S.O.S. Regt. Monty Eff 9 Feb 44 on transfer to D.D. 5	Lieut		R. de Monty	Riker	20	9 Feb 44
Was att to 5DD from le Rgt de Mont'y Rimouski for quarters rations & pay wef 10-2-44 to 1-3-44 Auth Radiogram A860	"	10-3-44	5DD	Lauzon	51	1-3-44
T.O.S this Unit on ceasing to be posted to No. 5 District Depot	"	2 Mar 44	R. de Monty	CAPO 1	36	20 Mar 44
Awarded the C.V.S Medal under CARO 3929	"	14 Mar 44	"	"	57	4 May 44
FURL. 96HRS. LV. R-A & T.W. TO 18JUN44	"	1 JUN44	MONTY DEBERT	D.O. 76		2.6.44
To be Acting Captain.	A/CAPT	27 May 44	"	"	78	20 Jun 44
To be A/Capt. (Auth: CARO 4569 d/10 Jun 44)(For records purposes only)	"	27 May 44	"	"	82	28 Jun 44
S.O.S., C.A. Canada 18 Jul 44	A/Capt		R de Monty	UK	91	3 Aug 44
T.O.S., C.A. Overseas 19 Jul 44	A/Capt		R de Monty	UK	91	3 Aug 44
Disembarked 21 Jul 44	A/Capt	✓	R de Monty	UK	91	3 Aug 44
SOS SOS to R De Hull.	A/Capt	15 Sept 44	R De Monty	UK	102	15 Sept 44
CIO TOS TOS from R De Monty	A/Capt	16 Sept 44	R De Hull	UK	53	16 Sept 44
" SOS SOS to 4 CITR	A/Capt	12 Nov 44	R. De Hull	UK	92	12 Nov 44
M.S.4. TOS TOS from 1st Bn Le Regt de Hull	a/Capt	13 Nov 44	4 C.I.T.R.	UK	10	13 Nov 44
M.S.4. SOS SOS to X4 1ST CIC	a/Capt	23 Nov 44	4 CITR	UK	19	23 Nov 44
M.S.4. Embarked at UK on 24 Nov 44. Disembarked at N.W.E. on 25 Nov 44.	a/Capt	/	X4 Inf Gen Unall	21 a Gp	84	3 Dec 44
M.S.4. SOS SOS X4 C (1D Bn) to Fus M.R.	a/Capt	18 Jan 45	X4 Inf Gen Unall	21 a Gp	20	25 Jan 45
CIO TOS TOS from X4 1st Inf Gen Un	A/Capt	19 Jan 45	Fus M.R.	21 A Gp	6	26 Jan 45
CA49 To be A/Maj	a/Maj	26 Feb 45	Fus M.R.	21 Ab	15	6 March 45
M45 RO-5619 - To be A/Major	A/Major	27 Feb 45				
M45 RO-5619 - To be Capt	Capt	27 Feb 45				

Regimental No..... Rank..... Sheet No.....

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name.....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Killed	C Capt.	15 Ap. 45	FMR.	CLA Stg.		
SOS. SOS. Deceased. Killed in action.	a/Major	15 Ap. 45	FMR.	21 a gp.	31	30 Ap. 45

État de service du N° -- (Statement of the Service of No.) Grade /Lieut. (Rank) Feuille N° 1 (Sheet No.)

Nom BERGERON C.E. (Name)

M.F.M. 1 & 2 (a) Fr.
20M—11-40 (7978)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
		Qualifié au A.I.T.C. A-13 Driver i/c	2/Lieut.	14-11-42	R.deL.	Valcartier.	D.O. PT.NO.86	20-11-42
		Class III (T) le 14 nov.1942						
		Qualifié au A.I.T.C. A-13 Driver i/c	"	21-11-42	"	"	" " 88	25-11-42
		Class III (Wheeled) à compter du 21-11-42						
		Granted L.O.A. from 22-12-42 to 27-12-42	"	"	"	"	" " 100	22-12-42
		Détaillé pour devoir à la Citadelle de Québec, P.Q.	"	1-12-42	"	"	" " 91	1-12-42.
		Retour de devoir de la Citadelle, de Québec, P.Q.	"	7-12-42	"	"	" " 2	5-1-43.
		Attaché pour toutes fins excepté solde au A.D.& M. School, Woodstock, Ont (Tracked Vehicle).	"	13-1-43	"	"	" " 8	13-1-43.
		Ceases to be att for all purposes ~~to~~ exc pay to S-5 Cdn. D & M School Woodst.	"	15-2-43	"	"	32	17-2-43
		Adm to Mil Que. Hosp.	"	19-2-43	"	"	" 35	20-2-43
		Qual I Instr. Driving ~~XXXXs~~						
		" I " Maint						
		" II Driver i/c	"	13-2-43	"	"	" 49	8-3-43
		" III Motorcycle		13-2-43	"	"	" 42	1-3-43
		Back from Mil. Que. Hosp.	"	23-2-43	"	"	" 37	23-2-43
		A.D.& M. Woodstock "Tracked						
		Instr. Driv. Class I						
		Imstr. Maint. " II						
		Driver i/c. " III	"	13-2-43	"	"	" 42	1-3-43
		Qual. Inf. Lieut. to A-13	"	13-11-42	"	"	" 44	3-3-43
		Prom to Lieutenant. ~~XXXXX~~						
		Auth: H.Q. 558-2-316	"	14-4-43	"	"	" 82	19-4-43
		Att. pour toutes fins excepté solde au S-3 C.S.A.S. Long Branch, [illegible] sur un cours de Platoon Weapons.	"	25-6-43	"	"	" 132	23-6-43
		Auth: Q:13-5-5-(G) d/ [illegible]-43						

État de service N° .....
Statement of the Service

Grade .....
Rank

Feuille N° .....
Sheet No.

Nom .....
Name

M.F.M. 1 & 2 (a) Fr.
20M—11-40 (7978)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
		Cesse d'être attaché pour toutes fins excepté solde au S-3 C.S.A.S. Long Branch.	LIEUT	30-7-43	RDL	Rimouski	DO 162	2-8-43
		Attaché pour rations et quartiers au Mess des Officiers du No.5 V.T.S. Rimouski, P.Q. AUTH: O.C. Rimouski Camp, P.Q.	"	**6-8-43**	"	**Rimouski**	" **166**	**10-8-43**
		Qual.Q:ii. lorsqu'ayant suivi un cours de platoon weapons" au S-3,C.S.A.S. Long Branch.Ont.	"	20-7-43	"	"	" 179	26-8-43
		Cesse d'être att. pour quartiers et rations au No.5 V.T.S. Rimouski, (Mess des Off.)	"	1-10-43	"	Valcartier	206	5-10-43
		SOS. R. DE LEVIS C.A.(A) sur transfert au A.I.T.C. A-13 Valcartier Camp.	"	15-10-43	"	Valc.	" 218	20-10-43
		ATTACHED TO A.I.T.C. A-13 ON TRANSFER FROM: R. de Levis	"	16-10-43	A.I.T.C. A-13	VALCARTIER CAMP, P. Q.	" 255	22-10-43
		CEASES TO BE ATTACHED TO A.I.T.C. A-13 ON TRANSFER TO: Rgt Montmagny	"	5-11-43	A.I.T.C. A-13	VALCARTIER CAMP, P. Q.	" 267	5-11-43
16 Nov 43.		T.O.S. this Unit on transfer from A.I.T.C. A-13 Valcartier, P.Q.	"	6 Nov 43	R.de.Monty	Rimouski	D.O. 186	12 Nov 43.
2o Dec 43.		Granted 5 days Christmas Leave. Allowance $0.50 per day till 27 Dec 43.	" 23	Dec 43	"	"	D.O. 205	17 Dec 43.
		Att'd C.S.of I. for A/pay pay while attending 3rd Anti Tank Battle Drill course	"	1 Jan 44	C.S.I.	Vernon	C.S.I. # 6	7 Jan 44
		Ceases to be att. to C.S.of I. FAP Ex. pay on completion of 3rd ATBW course	"	4 Feb.44	"	"	28	4 Feb.44

SOS

NAME BERGERON, GEORGES ERNEST H.Q. File 558-2-316

RANK ~~PROV. 2/LT. 2ND. LT. LT. A/CAPT.~~ CAPT A/MAJ.

ACTIVE UNIT R. DE LEVIS

RESERVE UNIT

Appt. R.O. No. 2497 Date 28-10-42 Effective date of Appt. 14-9-42.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

CONFIRMED IN RANK OF 2ND. LT. - R. DE LEVIS. - REGT. DE QUE. - 14-3-43, R.O. #3123, 21-4-43

TO BE LT.: R. DE LEVIS. - REGT. DE QUE. - 14-4-43, R.O. #3123, 21-4-43

TRANS. TO NE REGT. DE MONTY. 5 NOV. 43 FROM NO. A. 13 T.C. (REINF.) GEN. LIST.
R.O. 3845 27 NOV. 43.

TRANS TO A13 T.C. (REINF) C.I.C. 16 OCT 43. FROM R. DE LEVIS. R.O. #3808, 15 NOV 43

EMBARKED CANADA - SAILING LIST No. 0821 APR 8 1944 "W" FORCE

RET. CANADA S/L 448 MAY 29 1944 "W" FORCE

TO BE A/CAPT. R. DE MONTY. C.I.C. 27 MAY 44, R.O. 4569, 10 JUNE 44.

EMBARKED CANADA - SAILING LIST No. 4261 JUL 11 & 18 1944

10M—9-42 (6257)
H.Q. 1772-45-8

TO BE CAPT FUS M.R. 27 FEB 45. O.S./RO 5619 23 MAR 45.

BERGERON, GEORGES. ERNEST.

TO BE A/MAJ. FUS H.R. 27FEB45 65/RO 5619 23MAR45.

Awa Bronze Lion R.O.6291, 24Dec45W

Killed in action 15 Apr 45, Les Fus. ~~Mont~~ Royal, Western European Theatre of War, Cable # 8520 A 28 Apr. 45

MFM.279 ISSUED

Received..... Checked..... Card..... Observations.....

ORIGINAL—ORIGINAL
DUPLICATA—DUPLICATE
TRIPLICATA—TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 1. (Fr.)
14M—8-39 (1695)
H.Q. 1772-45-18

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

FINGER-PRINTED

Unité (Unit): C.O.T.C. U.de M. (RF)

Grade (Rank): ~~Corporal~~ Lieutenant

N° personnel (Personal No.):

Nom (Name): BERGERON, George Ernest

TROUPES CANADIENNES DE CAMPAGNE
CANADIAN FIELD FORCE

85
capt

FORMULE DE DÉCLARATION DES OFFICIERS
OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

WSG COMPLETED

1. Nom (Surname): BERGERON
2. Prénoms (Christian Names): GEORGE ERNEST
3. Adresse actuelle (Present address): 2007 rue Mansfield, Apt.17, Montreal, Quebec, Canada.
4. Date de naissance (Date of birth): 17 Janvier 1920
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal (Ville on canton)—(Town or Twp.)
6. Religion (Religion (state denomination)): Catholique Romain
7. Profession ou emploi (Profession or occupation): Comptable
8. Marié, veuf ou célibataire (Married, widower or single): Celibataire
9. Nom du plus proche parent (Name of next of kin): M. Arthur Bergeron
10. Parenté de celui-ci (Relationship): Pere
11. Adresse du plus proche parent (Address of next of kin): 2007 rue Mansfield, Apt.17, Montreal, Quebec, Canada.
12. (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi (State unit of Active Militia in which you are serving or have served): C.O.T.C. UdeM RF.,
    (b) Grade actuel (Present rank): Caporal
13. Quel service de guerre antérieur avez-vous accompli? (State particulars of former war service): Aucun

Je GEORGE ERNEST BERGERON déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans les troupes canadiennes de campagne si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.

I, ... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Field Force if, when and so long as required.

Date: 14th SEPTEMBER 1942

(Signature et grade)—(Signature and rank)

CERTIFICAT DU COMMANDANT
CERTIFICATE OF OFFICER COMMANDING

La demande du (The application of) GEORGE ERNEST BERGERON (Grade et nom)—(Rank and Name) qui désire être nommé (for appointment to the)

au (Unité)—(Unit) NO.4 DISTRICT DEPOT CA., avec le grade de (with the rank of) PROVISIONAL 2nd LIEUTENANT

et affecté au poste de (and appointment) REGIMENT DE LEVIS CA., a été — was / est — is recommandée (recommended, appointment). Cette nomination, devant prendre date le (to date from) 14th SEPTEMBER 1942 a été approuvée (has been approved). / est recommandée pour être approuvée (is recommended for approval).

Autorisation (Authority) H.Q.558-2-316, H.Q.558-1-91(Pers.1b) 14 September 42.

(Signature du Commandant)—(Signature of O.C.)

(Grade)—(Rank)

Date: 14th SEPTEMBER 1942

(S. ECHENBERG, E.D.) Colonel,
(Unité)—(Unit) COMMANDING No. 4 DISTRICT DEPOT, (CA).

5108
10
31 Jul 44
1111111

Etat de service de / Record of Service of: GEORGE ERNEST BERGERON
(Nom)—(Name)

Unité de la milice active / Active Militia Unit: NO.4 D.D. REGIMENT DE LEVIS CA.

Grade / Rank: PROVISIONAL 2nd LIEUTENANT — Date du grade / Date of Rank: 14th SEPTEMBER 1942

Grade le plus élevé mérité par examen / Highest Rank for which qualified by examination: LIEUTENANT — Ecole de guerre / Staff College: nil

Langues / Languages: FRENCH & ENGLISH — Cours d'état-major de la milice / Militia Staff Course: nil

Diplômes d'université ou de collège / University or College Degrees: nil — Cours supérieur / Advanced Course: nil

Instruction ou aptitude technique civile (indiquez en détail) / Civil Technical Training or qualifications (specify): nil

Autres aptitudes militaires ou cours spéciaux (indiquez en détail) / Other military qualifications or special courses (specify): nil

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de sa nomination / Joined on appointment						
15-9-42	4 D.D.	Having reported for duty, is T.O.S. on appointment Prov. 2/Lieut. R de Levis CA	Prov. 2/Lieut.	14-9-42	4 D.D.	Mtl.Sth.	4 DD PT II 222	14-9-42.
IX-9	T.O.	S.O.S. of this depot on transf from No 4 D.D.	Mont 1	16-9-42	5 D.D.	Qlus	D.O. 223	18-9-42
15-9-42.	4 D.D.	S.O.S. on transfer to D.D.NO. 5 Quebec Que.	Prov. 2/Lieut.	15-9-42.	4 D.D.	" "	" " 223	15-9-42.
		S.O.S. of this depotmon transf to Regt de Levis Valcartier P.Q.	"	17-9-42	5 D.D.	Que	D.O. 224	19-9-42
		T.O.S. Le Reg't de Levis, C.A.(A). on transfer from D.D.5	"	18-9-42	Le Reg't de Levis	Valcartier	" No.55	28-9-42
		Granted leave of absence from 2200hrs 9-10-42 to0800 hrs 13-10-42	"	9-10-42	"	"	" No 67	14-10-42

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (a) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (a) (Fr.)**

Recevez-vous ou avez-vous déjà
reçu une pension ou compensatio
pour invalidité ? Si oui donnez
details. . . . . .

Nom en
Name in full

PAR
Part

1. Age.
a. Rhum
Rheuma
b. Tuber
Tuberc
c. Bronc
Bronchi
d. Affect
Heart d
e. Malad
Kidney
f. Gastri
Gastro-i
g. Hernie
Rupture
h. Varice
Varicose
i. Pieds
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Date
SEP 14
7-10-4
13-11-4
SEP 14
7.10
7.10

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier....BERGERON...GEORGE...ERNEST..... Date.....MONTREAL.....
Name in full

SEPT 9TH 1942

PARTIE 1. Renseignements obtenus du candidat.
Part 1. Information obtained from the applicant.

1. Age.....22.....

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumastisme (Rheumatism) ..... no
b. Tuberculose (Tuberculosis) ..... no
c. Bronchite ou asthme (Bronchitis or asthma) ..... no
d. Affection cardiaque (Heart disease) ..... no
e. Maladie du rein ou de la vessie (Kidney or bladder disease) ..... no
f. Gastrite intestinale (Gastro-intestinal) ..... no
g. Hernie (Rupture) ..... no
h. Varices (Varicose veins) ..... no
i. Pieds plats ou déformés (Flat or deformed feet) ..... no
j. Affection nasale (Nasal trouble) ..... no
k. Maladie des oreilles (Ear disease) ..... no
l. Maladie des yeux (Eye disease) ..... no
m. Epilepsie (Epilepsy) ..... no
n. Maladie nerveuse ou mentale (Nervous or mental disease) ..... no
o. Syphilis ..... no
p. Gonorrhée (Gonorrhœa) ..... cured
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) ..... no

(Signature du candidat)—(Signature of applicant)

Observations des examinateurs
Examiners remarks *re* above

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.
Part 2. Information obtained by medical examination. The applicant must be stripped

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).) 1 v acc left arm. scar left leg.,

URINE N.
X-RAY 143228. N

2. Taille (Height) 5 pieds (feet) 7¾ pouces (inches).
3. Poids (Weight) 131 livres (pounds)
4. Teint (Complexion) Medium Yeux (Eyes) Blue Cheveux (Hair) Brown
5. Développement (Development) Good. — Bon—Good / Passable—Fair / Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36 pouces (inches) Degré d'expansion (Range of expansion) 3½ pouces (inches)
7. Vue (Vision), œil droit (right) 20/20 œil gauche (left) 20/20
8. Ouïe (Hearing), oreille droite (right) CV20 gauche (left) CV20
9. Conditions de la bouche et des dents (Condition of mouth and teeth) Good.
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
COLOR VISION ISHIHARA (C.N.)Deviated septum Ears & throat negative tonsils W.G.Dalpe B.P. 120/80

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné le candidat conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

(Président)—(President) H. AUBRY MAJOR (Membre)—(Member) J. F. MACIVER CAPT (Membre)—(Member) G. GARON M.D.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
SEP 14 '42	TAB II W. Layman Lt	19-5-44	B.C. Recall
3-10-42	2/3 C. d'Amours capt	3-7-44	S.T. neg
13-11-42	3/3 C. d'Amours capt	25-6-44	T.A.B.T ½ cc
SEP 14 '42	VACC W.L.	25-6-44	Typhus 1
	Y.O.B. P U L H E M S Odmo	3-7-44	" 2/3
7-10-43	20 1 1 1 1 1 1 1 MVV		

7-10-43 Cert A Gen 88

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour blessures ou maladies? Donnez détails.

5108

Grade / Rank: PROV. 2nd LIEUTENANT Nom / Surname: BERGERON Prénoms / Christian Name: GEORGE ERNEST

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

D534006

No 4 Coy.

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT ..... REGTL. No. 3005

1. Surname? (Block letters) BERGERON
2. Christian names? GEORGE
3. Present address? 4777 ADAM ST MONTREAL

   Phone No —

4. Date of Birth?* 17 Jan 1920
5. British subject? YES
6. Occupation? BANK CK.
7. Religion? R.C.
8. Next of Kin A.D. BERGERON
9. Relationship? FATHER

   Address

10. Previous Naval, Military or Air Force Service NIL
    (Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 7½" Weight 135 Chest max 37¾ min 35¼

Descriptive marks scar on left calf (Illegible)

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category A

Date July 8th Signature [illegible] Lieut A.P.C.C.M.C.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned GEORGE BERGERON do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

[illegible] — Signature of Witness

G Bergeron — Signature of Man

Dated this Monday day of July 8th 1940 at Montreal

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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

[illegible] Major

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d
80M—3-40 (4392)
H.Q. 1772-39-1545

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding Unit.....
To 2nd Lt Gay	27-7-40	Pt II No 9	
to U.M.C.O.T.C.	21.10.40	Pt II No 39	20/11/40
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

Statement of Services

M.F.B. 235d
80M—3-40 (4392)
H.Q. 1772-39-1545

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding Unit.....

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

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Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
.....			Unit.....

All clothing and equipment issued to the soldier named on the other side of this card has been returned to the Q. M. Stores.

*Date*_____ *Quartermaster*

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

CONTINUATION CARD M.F.M. 14

Regimental No. Lt (A/Capt) Name A. E. Bergeron.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
6	26-1-45	TOSFMR from x/List CIC Ser Yeoll wef 9 Jan 45.
C.R.	27-2-45	To be Capt wef 25 Nov 44.
15	6-3-45	To be A/Major wef 26 Feb 45.
C.R.	16-4-45	SOS Deceased wef 15 April 45. Killed in action

M.F.M. 14A

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE No._____

No.	Rank	Name

CASUALTIES, ETC.

PART II D. O. No.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
78.	26-6-44	to be a/Cpt wef 27 May 44 Bal. Cr. 75.85	
		BALANCE AGREES WITH TREASURY P. & A. LEDGER DATE 14/7/44 INITIALS EPM FOR T.O., M.B. 6	
91	3-8-44	SOS. C. A. Canada 18-7-44	
"	"	T.O.S. C. A. Overseas 19-7-44	
102	15-9-44	S.O.S Lieut de Mont-y on posting to Lieut de Hull wef 15-9-44	
53	16-9-44	T.O.S. Rde Hull from Rde Monty wef 16-9-44	
78	20-10-44	Granted 9 days leave with R.A. from 20 to 29-10-44	
92	12-11-44	S.O.S. Lieut de Hull to No 4 C.I.T.R wef	12-11-44
10	13-11-44	TOS 4 CITR to Rde Hull wy	13-11-44
19	23.11.44	SOS to X-4 list CIC wy	23-11-44
5/1	29-12-44	TOS (X4 List CIC 10 CBR Bn) form 11 BN. wef 30-12-44.	
		SOS (X4 List CIC 10 CBR Bn) to FMR. wef 18-1-45	

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

CARD SEQUENCE No. _____

No. n.a. RANK Lt NAME Bergeron G. E.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
132	23-6-43	att a/p except pay to S-3, Long Branch, Ont while a Platoon Weapons Crse eff. 25-8-43	
162	2-8-43	beasls to be attached to S-3 Long Branch Ont, for all purposes except pay, w.e.f. 30-7-43	
179	26-8-43:	Qual. Q llon a Platoon Weapons Crse at S-3 Long Branch Ont. w.e.f. 30-7-43.	
189	9-9-43:	Spec. leave from 10-9-43 to 13-9-43.	
206	5-10-43:	Ceas.att.Off.MessNo5VTS Rim.for quar.&rat.wef 1-10-43	
211	12-10-43:	Spec. leave from 8-10-43 to 11-10-43 incl.	
218	20-10-43:	SOSR.de-evisforA/P ontrans.toA-13Valc.wef15-10-43	
255	22-10-43	S.O.S. A. (I) T. C. - A13 E.F.F. 16-10-43	
267	5-11-43	S.O.S. A. (I) T. C. - A13 E.F.F. 5-11-43 to R.de. Mont. Rimouski	
186	12-11-43	T.O.S. this unit on transfer from A.I.T.C A.13 Valcartier eff. 6-11-43	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
189	18.11.43	attached for rations and quarters only to No 5 V.T.S. Rimouski Jur. wef... 7-11-43	
205	17.12.43	5 days Christmas Leave from 23 to 27.12.43	
2	6.1.44	attached for all purposes except pay to S-17 Cdn School of Inf. Vernon B.C. To attend A T/K Battle Wing Course commencing 3.1.44 and terminating 5.2.44 wef. — 2.1.44	
20	9-2-44	Ceased to be att. for all purp. except pay to S-17 C.S. of Inf Vernon B.C. w.e.f. 5-2-44	
20	9-2-44	S.O.S. Regt de Mont-y on posting to No. 5 V.T.S. Lauzon	
19	7.2.44	Granted 4 day Special Leave and rations all from 16 to 19-1-44 w.e.f. 9-2-44	
~~50-29-2-44~~		~~TOS eff 10-2-44 on posting fr le Regt de Mont magny Rimouski (Record Purposes.~~ Do 51	
51-1-3-44		Att to Depot fr Le Regt de Montmagny Rimouski for quarters rations & Pay fr 10-2-44 to 1-3-44	
36	20.3.44	T.O.S. this unit on ceasing to be posted to No 5 V.T.S. Lauzon Jur wef... 2-3-44	
57	4.5.44	Qualified for the award of the Cdn Vol. Service Medal wef.. 14-3.44	
76	2-6-44	Gr. Furl. Pass. leave from 31-5-44 to 18-6-44	

LOWE-MARTIN CO. LIMITED D83960

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
222	14-9-42	TOS DD4 on appt Prov 2 Lieut R de Levis & posted to "E" Wing wef 14-9-42	
223	15-9-42	SOS on trans re DD Que wef 15-9-42	
223-	18-9-42	.TOS DD5 eff 16-9-42 on trf fr.no.4 Dist.Depot Montreal P.Q.	
224-	19-9-42	.SOS DD5 eff 17-9-42 on trf to.le Regt de Levis Valcartier.P.Q.	
55	23-9-42	T.O.S. Regt Levis (AF) on transfer from Levis Regt (AF) w.e.f. 18-9-42	
86	20-11-42	Qualified Driver 1/c Class III (T) at A-13 Valcartier wef 14-11-42	
88	25-11-42	" " " (Wheeled) " " " 21-11-42	
91	1-12-42	Detailed for Duty to Citadelle de Quebec w.e.f. 1-12-42	
2	5-1-43	Off duty at Citadel Quebec w.e.f.7-12-42	
32	17-2-43	Ceases to be att. to S-S W&M. School, Woodstock, Ont. while att. a Cse. w.e.f. 15-2-43	
35	20-2-43	adm. to Quebec Mil. Hosp. eff. 18-2-43	
37	23-2-43	Back hosp. eff. 23-2-43	
42	1-3-43	Qual. Inst. Driving Cl I, Inst Maint. Cl I, Driver i/c Cl. II (Tracked) eff. 13-2-43.	
44	3-3-43	Qual. Infantry Lieut (AF)	
50	10-3-43	D.O.42 amended: add: Qual. "motorcycle Cl III.	
82	19-4-43	Promo. Lt. eff 14-4-43.	

M. F. M. 14.
300M-5-41 (323-4)
H. Q. 1772-39-1662

NO. OFFICER RANK ~~2/Lieut~~ A/Capt NAME BERGERON Georges Ernest *~~MARRIED~~ *~~WIDOWER~~ *SINGLE

PLACE OF ENLISTMENT Montreal South, Que. DATE 14 Sept 42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
22	14-9-42	2/Lt		A.S.	4.25		
82	19-4-43	Lt		"	5.00		eff. 19-4-43.
18	20-6-44	A/Capt			6.50		eff 27 May 44
Next of Kin: Mr. A. Bergeron 2007 Mansfield Montreal P.Q.							

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL
London Life Ins. London Ont	Nov 1942	13	64	13.64
~~Rec. Gen. of Can (War Trav Bnd)~~	~~Nov. 42~~	~~16~~	~~81~~	~~30.45~~
~~Re Certificate (4th Victory Loan)~~	~~May 43~~	~~33~~	~~60~~	
~~5th V. L. B.~~	~~1/6/43~~	~~50~~	~~48~~	
6th V.L.B.	1.5.44			16.80
BERGERON, MADELEINE	AUG-44			30.00

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
	Nil			

OUTFIT ~~OR~~ CLOTHING ALLOWANCE $ 150.00 PAID ON 8-10-42 (MAS)

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE JPM

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED Yes.

A/MAJOR.

No..... RANK A/Capt..... NAME Bergeron,..... Georges Ernest

*Married ~~*Widower~~ ~~*Single~~

Place of {*Appointment *Enlistment} Montreal South, Que

Date of {*Appointment *Enlistment} 14 Sept

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
78	20-6-44	A/Capt		A.S.	6.50	27-5-44		

ASSIGNMENTS

Name and Address of Assignees (Sister)	Effective Date	Amount	
MRS. MADELEINE BERGERON	1-8-44	30	00
740 ST. DENIS, MONTREAL			
LONDON LIFE INS. OF LONDON	1-11-42	13	64
~~6th V.I.L.B.~~	~~1-5-44~~	~~16~~	~~50~~
~~7th Vict Loan Bond~~	~~1-11-44~~	~~84~~	~~00~~
8th V. Ici Loan Bond			
Total.....		134	40

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

Date Application Forwarded	Relationship	Amount Awarded		Effective Date
MAY-0945 IN				

*Outfit {*Clothing} Allce. $150.00 Paid on M.D.5

Rehabilitation Grant $..... Paid On.....

*Delete words which are inapplicable.

M. F. M. 14

200M-2-43 (8705)

H.Q. 1772-39-1662

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

Occupational Form Completed.....

C-6-B-1890

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, GEORGES ERNST BERGERON (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal., in the County / District of Ouest.Jacques Cartier

Province of Quebec., Accountant (Civil Occupation)

Regimental No Prov 2nd Lieutenant, Unit Reg't De Levis, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MyBrother"Lt.Paul Bergeron.

Residing at:RCASC.7th Div'l Amn Coy(No.21 Coy)

All my estate both real and persoanl.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint ..... (Name) (Address)

..... (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 14th day of September 19 42

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.

(Signature of soldier)

First witness sign here.

(5) Signature Roger Dubois
Civil Address St-Jacques G. Montcalm
Civil Occupation Accountant

Second witness sign here.

Signature Henri Langlois
Civil Address 6850 Louis Lorrain
Civil Occupation Journalier

(Witnesses are not to be beneficiaries.)

[OVER]

D.2. 2-58-2-216