R117504
ARPIN
JOSEPH JEAN

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R 0 1 1 7 5 0 4 ARPIN JOSEPH JC — FS 3

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

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. WAR MEDAL	C.V.S.M.			Dpa Wpa	
✓		✓						✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													5/3/47	MEDAL ISSUED

PREFIX — NUMBER — NAME — RANK — CODE

A J B K S C L T D M U E N V F O W G P X H Q Y I R Z

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

1392 7-10-49

Mrs. Ida R. Arpin (mother)
1420 Bernard ave.,
apt. 8,
Montreal,
Que.

apr.-45:

MEMORIAL BAR
DATE DESP.
REGN. NO 3674

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

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 | Town

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: ARPIN (*Block letters*)

Given name: JOSEPH JEAN CHARLES

Do not write in this space

4. RESIDENCE

Street: Champagneur St. No. 570

Official name of civil municipality or township: Outremont, Montreal

Municipal 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: June (Month) 24th (Day) 1919 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	23			....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: Feb.20/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Arpin, Charles Edouard	Quebec
MOTHER (Maiden Name)	Robitaille, Ida	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....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 20th (Day) 19 43 (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, now for official purposes, presumed dead.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide (State which): Accident Date: Feb.20th 19 43

Manner of injury (How sustained): Presumed killed during air operations

Nature of injury

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.)

O.H. Casselman F/L
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

RÉSIDENCE

4. 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 ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-A-2145

NAME ARPIN, Joseph Jean Charles

REGT'L NO. R117504

RANK Sgt. Air Gunner UNIT XXXXXXXX PRES. DEAD

CASE NO.	CASE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
		DATE OF DEATH: 20-Feb-43 MOTHER LIVING: YES WIFE: NA		
		MINISTERIAL CARD: 6-2-43 ROYAL MESSAGE: 14-2-44 MEMORIAL CROSS:		11-2-44
To mother		To mother To mother		
	(french card)			
To mother 1-11-43				
		Mrs. Charles Edouard Arpin,		
		1420 Bernard Ave.,	R.C.	
		Apt. 8,		
		Montreal, Que.		

AIR FORCE No. R117504 R

ARPIN, JOSEPH JEAN CHARLES
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 8-7-41
RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 24-6-19 PLACE Montreal P.Q. CITIZENSHIP British

FATHER (FULL NAME) Charles Edouard Arpin deceased

BIRTHPLACE St. Jean, P.Q.

MOTHER (FULL MAIDEN NAME) Ida Robitaille

BIRTHPLACE Quebec, P.Q.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X P.Q.
JUNIOR MATRICULATION 4 yrs. P.Q.
SENIOR MATRICULATION
TECHNICAL SCHOOL 4 mos. - P.Q.
UNIVERSITY
CORRESPONDENCE COURSES 2, 4

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

Clerk - 1 yr.
Insurance Agent - 4 mos.

$300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

R. H.R. Farnham - P.Q.
7-10-40 to 8-7-41.

R.H.R.

R

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	mo 123A	23-5-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 2 hrs.

13. RELIGION R.C.

14. LANGUAGES French & English fluently 3

15. SPORTS Tennis, Hockey, Skiing. Interested in aeronautics.

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

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

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

19. NEXT OF KIN (ADDRESS AND D.R.O IN PENCIL)

FULL NAME: Mrs. Ida Robitaille Arpin — RELATIONSHIP Mother
ADDRESS: 1420 Bernard Ave. Outremont P.Q. — D.R.O. NK
FULL NAME: Mr. Justice Mignan — RELATIONSHIP Uncle
ADDRESS: 570 Champagneur, Montreal P.Q. — D.R.O. NK

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Forfeits Pay AWL (2 days)	11/12 8 41	3 Fb 124, 132			
#5 "Forfeits (drunkenness)	13 10 41	1 W.S. 246			
Forfeits pay a. W.L (7 days)	30/5 12/1	41/42 1 W. S. 7			
Forfeits pay (4 days Detention)	31/13 3/4	42 E. 91			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	8 7 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ ghs ordering stns	cancelled		4 Am D65
Att 4 Am D for duty, dirs ghs stns		8-7-41	4 Am D 5-8
Ceases to be att to 4 Am D.		18/7/41	4 Am D 66
Occ [illegible] stns		18-7-41	4 Am D 173
Ent pub ghs	& stns	9-8-41	3 Pts 121
Occ Govt Hse	& drawing stns	15-9-41	4 Am D 222
Occ Govt Hse	& drawing stns	19-3-42	E 80

22.(A) ADDRESS PRIOR TO ENLISTMENT

570 Champagneur,
Outremont, P.Q.

22306

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
24/7/41.	JAN 15 '42	9-7-41				

AIR FORCE No. R117504

ARPIN, JOSEPH JEAN CHARLES
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 8-7-41

RE-ENLISTMENT

C.R. FILE NUMBER

13

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
	Cancelled				4AmD65
TOS	4 A M D St Hubert	8	7	41	4AmD58
TOS	4 M D Quebec	19	7	41	4MD123
SOS	4 M D Quebec	8	8	41	4MD189
TOS	3 I T S Victoriaville	9	8	41	3ITS 121, 128
SOS	3 I T S Victoriaville	15	9	41	3ITS 152
TOS	4 M Depot Quebec	16	9	41	4MD224 4MD222
SOS	4 M Depot Quebec	11	10	41	4MD245
T.O.S.	1 W S Montreal	12	10	41	1W.S. 246
S.O.S.	1 W. S. Montreal	19	3	42	1WS 55
T.O.S.	K.T.S. Trenton Ont	20	3	42	E 80
S.O.S.	K.T.S. Trenton	25	4	42	E 107
T.O.S.	6 B & G Sch. Mtn View	26	4	42	MV 103
S.O.S.	6 B.G.S. Mtn View	26	5	42	M.V. 123A
TOS	#1 Y Depot Halifax N.S. 2848001	27	5	42	1Y 162
SOS	to Overseas	13	6	42	E 494
SOS	1 Y Dep to RAF Trainees Pool	13	6	42	1Y 180
TOS	3 PRC	25	6	42	RAF 44
	War Serv Gratuity Corp	30	9	44	
20528	COMPLETED	31-5-45			
	Missing	20	2	43	RA 740
	PX 6192	22	2	43	
	Pres dead	20	2	43	
	PCX 143	5	11	43	
	Presumed dead 20-2-43				
	PCX 1437 11-11-43				
	PCX 1737				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
	cancelled			4AmD65
AC2	8	7	41	4AmD58
LAC	13	9	41	3ITS 152
T/Sgt. (paid)	25	5	42	MV. 123A
T4				
T/FS	25	11	42	AFRO 2688

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
7-7-41	R100	A1BA3B	
Stn Sick Ltn	17-1-42	22-1-42	1WS 17. 1WS 22.
4/3/42	B2.	A1B, A3B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
		cancelled			4AmD65
P. or O.	S	8	7	41	4AmD58
A.G.		15	4	42	E107
ap. (S.G)		25	5	42	M.V. 123A
3055					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Cancel Training					1WS 102
W.A. G. Co. 430	67.5 P	25	5	42	6 BGS T82
Trans crse 30					1W.S 78

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
5-3-42	19-3-42	14	Special L.	1WS 55
26-5-42	8-6-42	14	Embarkation	MV 123A

AIR FORCE No. Can. R 117504

SURNAME: ARPIN.

FULL CHRISTIAN NAME: Joseph. Jean. Charles.

ENLISTMENT/~~APPOINTMENT~~ PLACE Montreal Que. DATE 8.7.41.

RELIGION: Roman Catholic.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
25 5 42.	Air Gunners Badge.	

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
	Disembarked UK.	24 6 42	E 494
	3A. G.S.	31 7 42	Mo. 314
	7. A G.S. Stormy Down.	18 8 42	3 ERC No 334
	No. 22. O.T.U.	15 9 42	7 A G.S. 22/42
	4 24 Sqd.	10 2 43	29/16.
	7. B. Missing	21 2 43	259 C.R.
	Post N/E. Missing to 1 Depot 45/2	20 2 43	21/43.
	Missing Air Oper.	21 2 43	AFRO. 6/6.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Embark.	14.6.42.

AIR FORCE No. Can. R 117504 | SURNAME: ASPIN. | FULL CHRISTIAN NAME: Joseph. Jean. Charles. | ENLISTMENT/~~APPOINTMENT~~ PLACE Montreal. Que. DATE 8. 7. 41 | RELIGION: Roman Catholic.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
24. 6. 19.	Montreal Que.	Canada.	Canada.	Canadian.

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	
HIGH SCHOOL ENTRANCE	✓ 5 yrs.	SENIOR MATRICULATION	
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk. 1 yr.
Insurance Agent. - 1941

PREVIOUS SERVICE

Royal Highlanders. Canada Farnham. Oct. 7th. to Nov 7. 1940.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
7. 7. 41.	A.1.B. A.3.B.		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED	S.
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 Ida. Robitaille Arpin. (mother)
1420. Bernard Apt. 8. Outremont. 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.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
A.C.2.	8 7 41		W.A.G.		
L.A.C.	13 9 41		Ceased Training	7 3 42	D.W61.
Sgt.	25 5 42.		Remus. Air Gunner	15 4 42	DRO. 107.
			Air Gunner.	25 5 42	Sp.G.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
No. 6. BGS. Arm Air.				27/4/42 to 5/7/42

FORM 64.
(FORMERLY BOOK 64)

ROYAL AIR FORCE.

AIRMAN'S SERVICE

AND

PAY BOOK.

THIS BOOK IS THE PROPERTY OF THE AIR MINISTRY. AND MUST BE SURRENDERED ON DEMAND

ALL RANKS.

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

Form 64
(Formerly Book 64) (Part 1)

ROYAL AIR FORCE

AIRMAN'S SERVICE BOOK

Instructions to Airman.

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry the book** on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military, or air.

4. You **must not alter or make any entry** in the book, and disobedience of this order will be treated as a **serious offence.**

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

6. If an airman wishes to make a short Will (for specimens see p. 9) he should do so on p. 10. It must be signed by him in the presence of two witnesses, **both** of whom must sign it in **his** and in **one another's** presence; but if the Will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

51-4478 Wt. 46852/3030 609m 3/42 F.W.W. & Co.

Official No. R 117504 Surname ARPIN.

Christian Names in full JOHN CHARLES.

Date of Birth 24/6/1919 Religion R.C.

Occupation in Civil Life Insurance Agent

Industrial Group

Occupational Sub-Classification

Married or Widower (M), or Single) (S) S

Date of (*a*) Attestation

(*b*) Calling Up, Mobilisation, or Embodiment 8/7/1941

Terms of Service NSH

Signature of Airman

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

MRS C.E. ARPIN MOTHER
OUTREMONT
QUEBEC

Signature and Rank of Officer at time of making entries

Date of making Entries 16/1/43

ALL RANKS.

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BE ON YOUR GUARD and report any suspicious individual.

RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority.	Signature and Rank of the Officer making the Entry.

Trade.	Date of Effect.	Authority.	Signature & Rank of the Officer making the Entry

Medal, Clasps, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

F.664B Landed to aircraft
Wellesbourne 14/11/42.

Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer

ALL RANKS.

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Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

SICKNESS WHILST ON LEAVE.

1. If when on leave or pass you are a contact of an infectious disease, you will notify your C.O. forthwith, and send a medical certificate showing the date of last exposure to infection.
An individual on leave or pass, who requires medical aid, must if practicable, report to the nearest Naval, Military or Air Force Hospital or Sick Quarters, or other establishment where a Service Medical Officer is employed, or a Civil Hospital included under the Ministry of Health Emergency Scheme. If you should reside more than 2 miles from a Service Medical Establishment, and are unable, owing to your condition, to visit an Emergency Medical Service Hospital, although this may be within 2 miles, application may be made to a Civilian Medical Practitioner, to whom you will show this form ; fees will then be allowed in accordance with the following scale.

VISIT, MEDICINE AND CERTIFICATES.

	Visit to Surgery	At Patient's Residence.	
		If not more than 2 miles away	Greater Distances.
	s. d.	s. d.	
Day	3 0	4 6	For each additional mile or part of a mile (in one direction only) night or day 6d. with a limit of £1 a visit.
Night 22,00 to 07.00 ..	..	6 0	

2. The " Distance Fee " is payable in one direction only and in respect only of the first case visited when more than one patient is attended in the neighbourhood on the same occasion. The fee shown in the third column will be allowable for each patient after the first, subject to the maximum limit of £1 17s. 6d. a day for all services.
3. You will report the employment of a Civilian Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be submitted by the Medical Practitioner on form 1667 to your C.O.
4. In all cases where a Civilian Medical Practitioner does not certify that you are unfit to travel, you should return to your unit on the expiry of your leave, or report to the nearest Service Hospital.
5. The Civilian Medical Practitioner should in all certificates state whether or not the individual is fit to travel.
6. If you are unfit on account of sickness, to return to your unit, and are receiving treatment from a Service Medical Establishment, the C.O. of such Establishment will immediately communicate the fact to the C.O. of your unit.
7. You are warned that you are liable to make good the extra expense incurred by engaging the services of a Civilian Medical Practitioner at a distance from your residence, without reasonable cause.

FORM 64.
(Formerly Book 64.) (Part II.)

Royal Air Force

AIRMAN'S PAY BOOK

Surname ..... A R PIN .....

Christian Names ..... John Charles .....

No. ..... R 117504 .....

Rank ..... Sgt. .....

Group ..... V .....

Trade Classification ..... A.G. .....

Date of Attestation .....

Date of Reporting for Duty ..... 14.6.42 .....

Wt. 46852/3030. 600,000. 3/42. J. & S. Ltd. 51-4478.

ALL RANKS.

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

3

DAILY RATES OF P/

4

Promotions, Reductions, Reclassifications and Remuerings, and Alterations in Allotment.

Consol. RATES OF Substantive Pay including Progressive Pay	Good Conduct Pay	War Pay	Qualification Pay	TOTAL	Deduct Voluntary Allotment Compulsory Allotment Compulsory Stoppage	Net Rate to be issued Figures	Net Rate to be issued Words	Date fr which NET RA OF PA is issual	*Reason for changes in Net Rate (e.g., Promotions, Reductions, Alterations in Allotments, etc.)	Officer's Signature, Station and Date
8/-	/	/	/	8/-	3/- DPA	5/-	Five Shillings	/	—	[signature] Wellesbourne Mountford
				F.816 awaited DPA to NIL.						

Temporary emoluments, e.g., Duty Pay, Ration Allowance, etc., should be shown on page 2, not on pages 3 and 4.

*In addition to the above record, the Officer making the entry will wr acrss the columns for cash payments the nature of the casualty and amnded net rate of pay. He will also record in the same places all senten of inprisonment and special stoppages, attesting such entries by his signatu

R117504

CONFIDENTIAL

R.C.A.F. Special Reserve

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

3/2/41

ROYAL CANADIAN AIR FORCE

RE-CHECKED BY NO. 3 MEDICAL SELECTION BOARD.

Medical Board held at Montreal, P.Q. *Date* 4-7-41

FILE NUMBER

Surname ARPIN *Chr. Names* JOSEPH JEAN CHARLES
Nature of Commission M2-1 *Date of Birth* 24-6-19(22) *Married or Single* S
Branch General List. *Hours Flown* 2 hrs. passenger.
Address 570 Champagneur Street, Outremont, P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown — NO
Severe or "Sick" Headaches, Migraine — NO
Fits or Convulsions of any kind — NO
Sun or Heat Stroke — NO
Head Injury or Concussion (including "knock-out") — NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting — NO
(ii) LUNG TROUBLE or Consumption — NO
Bronchitis, Pneumonia or Pleurisy — NO
Asthma or Hay Fever — NO
(iii) HEART DISEASE, "Weak or Strained Heart" — NO
Fainting Attacks or Giddiness — NO
Rheumatism, Rheumatic Fever or "Growing Pains" — NO
Frequent Sore Throats or Tonsillitis — NO
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 — Never in tropics.
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 — Mastoiditis at 11 yrs. - No surgical interference.
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 — Never on sea, No car or train sickness.
Discomfort on Swings, Roundabouts, Switchbacks — NO
(ix) OPERATIONS — T & A
(x) Any Illness or Injury not mentioned above — W. cough.

Education 4 yrs. High School
Present Occupation Insurance Agent Hobbies
Previous Service 30 days training at Farnham.
Athletics Hockey, tennis, skiing, fishing, hunting - best in hockey, on H.S. team.
Habits—Smoking 20 c.a.d. Alcohol occasionally
FAMILY HISTORY—Consumption — NO
Nervous Ailments, Mental Trouble, or "Fits" — NO
Father Alive—Health Dead—Cause pneumonia
Mother Alive—Health good Dead—Cause
Brothers (0) Alive—Health (0) Dead—Cause
Sisters (1) Alive—Health good (0) Dead—Cause

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

Date 4-7-41 *Signature* Jean C. Arpin *Witness*

3

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ...athletic... *(b)* Mentality ...alert...
Body Marks, Scars, Deformities ...birth mark on left abdomen...
Size of Thyroid Gland ...N...
Surgical Abnormalities ...None...
Results of Wounds, Injuries, Operations ...good...

	Date 4-7-41	Assessing Room	Date	Assessing Room	Date 27/8/41	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	69½				70		
Weight (lbs.)	139				139		*Date*
Chest Circumference (ins.)	35½-36						
Body Build (lbs.) -7	146						
Leg Length (ins.)	41½				42		
Pulse Rate — Sitting	78				92		
Pulse Rate — Standing 1st	90						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	96						
Pulse Rate — Time to Normal	30						
Arterial Walls	soft				~		
Blood Pressure — Systolic	130				115		
Blood Pressure — Diastolic	82				80		
Heart — Size	N				~		
Heart — Sounds	N				~		
Heart — Rhythm	reg.				~		
Lungs	N				~		
Breath held	60						
Expiratory Force	135						
Vital Capacity (Best of 5)							*Date*
Reflexes — Knee	N N				~		
Reflexes — Ankle	N N				~		
Reflexes — Triceps	N N				~		
Reflexes — Abdominal	N N				~		
Reflexes — Plantar	Flex				~		
Cranial Nerves	intact				~		
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	lFS lFS						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	lS lFS						
Tremors — Fingers	SF						
Tremors — Eyelids	SF						*Date*
Abdomen — Liver	N				~		
Abdomen — Spleen	N				~		
Abdomen — Muscular Tone	good				~		
Urine — Albumen	0				~		
Urine — Sugar	0				~		
Initials of M.O.	Aust				[illegible]		

40 mm. Hg. Test
Date 4-7-41 7/778,998,999,98 = 58 secs. Aust.
Date
Date
Date
Date

Remarks by Consultant.

Fit.

EYE EXAMINATION

History	Neg.	Nil significant	
Night Vision Test B'Mth.	29.6.42 6/32. Re tested 30.6.42 19/32		
Visual Acuity R	20/20 , c̄ 2.25 = 20/200	R 20/20 c̄ 2.25 = 20/200	
Visual Acuity L	20/20 , c̄ 2.25 = 20/100	L 20/20 c̄ 2.25 = 20/200	
Colour Vision	N. Ish.	N	
Red, Green	Exo 1½ in. hyper ½ in.	Nil. ortho phoria	
Diaphragm Test (P.D. = 59 mm)	exo bar thru 4 at 3	Exo bar thru 4 at 3	
Convergence C. = 7.0 cms.		6	
Convergence S. C. = 14.5 cms.		?	
Accommodation R. 9.0		5	
Accommodation L.		8	
Cover Test	med. div. rt. R.R. lt. ortho	At 20ft ortho at 13in Slt Exo	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	Fit.	At hand and motor eye muscles F I T	
	Initials of M.O. Aust'	Initials of M.O. J. Hill (M.S.B.)	Initials of M.O.
	Date 4-7-41	Date Aug 27th 42	Date

EXAMINATION OF EAR, NOSE AND THROAT

History Neg.

Hearing R. Ear	w v 20'	W.O. 20'	
Hearing L. Ear	w v 20'	W.O. 20'	
External Ear, Meatus Membranes R. Ear	N	—	
External Ear, Meatus Membranes L. Ear	N	—	
Middle Ear, Eustachian Tubes R. Ear	?	patent	
Middle Ear, Eustachian Tubes L. Ear	?	patent	
Cochlear Apparatus R. Ear		—	
Cochlear Apparatus L. Ear		—	
Vestibular Apparatus R. Ear		—	
Vestibular Apparatus L. Ear		—	
Buccal Cavity	fit	—	
Teeth	fit	—	
Gums	fit	—	
Pharynx	fit	—	
Nasopharynx	not seen	—	
Nose	fit	—	
Larynx	not seen	—	
Remarks:			
Patency of E. tubes not elicitred	Initials of M.O. Aust'	Initials of M.O. [illegible]	Initials of M.O.
	Date 4-7-41	Date 27/8/42	Date

HISTORY OF PRESENT CONDITION

Date 4-7-41

History: - mastoiditis at 11 yrs. - no surgical interference.

Examination: patency of E. tubes doubtful
otherwise fit.
Very good type physically and mentally.
Sent to E.N.T. consultant re E. tubes. AtB

Am Proceed F10
D Shelton 76

7-7-41 Consultant finds E. tubes patent. Now fit.
A1B A3B
Am Proceed F10
D Shelton 76

Altitude Tolerance Test 13/6/41

Ascent	Alt	Duration	Symptoms
②	35,000	① 35 min.	① Mod.
		② 105 min.	① Mod.

Recommendation:
for flying to 25,000 ft.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 27-8-41

Cat: A1B - A3B.

for (E.C. Noble) Wing Commander
A. A. Macdonald F/L.

President No. 3 Medical Selection Board.

MEDICAL RE-EXAMINATION

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

Date _____ Signature _____ Witness _____

ROYAL CANADIAN AIR FORCE

TO: THE SECRETARY
DEPARTMENT OF NATIONAL DEFENCE FOR AIR,
OTTAWA, ONTARIO, CANADA

CANADA March 4th 19 42.

PLEASE QUOTE IN ANY REPLY

FILE NO. 12.1.8 (.01)

FROM: COMMANDING OFFICER No. 1 Wireless School, MONTREAL.

SUBJECT: AIRCREW, CEASED [OR INTERRUPTED] TRAINING

NUMBER	RANK	NAME IN FULL	TRADE	GROUP
R117504	LAC	Argin, J.C.	Wireless Air Gunner	Standard

ROYAL AIR FORCE
ROYAL AUSTRALIAN AIR FORCE [ ]

ROYAL CANADIAN AIR FORCE
ROYAL NEW ZEALAND AIR FORCE [X]

1. Training of the above mentioned airman in course No. 30 for Wireless Air Gunner has been discontinued at No. 1 Wireless School for the following reason:

a. SERVICE CASUALTY (Killed) [ ]
b. SERVICE CASUALTY (Injured) [ ]
c. MEDICAL (Other than Casualty) [ ]
d. FAILED IN COURSE OF INSTRUCTION [ ]

e. Inability at Morse.

IF ANY REASON OTHER THAN THOSE MENTIONED GIVE EXPLANATION ABOVE.

2. Accordingly this airman has been:

a. RETAINED AT THIS UNIT ON COURSE NUMBER _____ AND FILE RETAINED AT THIS UNIT.
b. POSTED TO COMPOSITE TRAINING SCHOOL, AIRCREW SQUADRON, TRENTON. EFFECTIVE DATE 19.3.42 REPORTING DATE 19.3.42 AND FILE CONTAINING APPROPRIATE TRAINING FORM PASSED TO TRENTON.
c. DISCHARGED [ ] AND FILE PASSED TO DIRECTOR OF AIRMEN PERSONNEL SERVICES.

3. This airman is recommended for: (Use the following when posting airman to Composite Training School, Aircrew Squadron, Trenton)

a. TRAINING AS AIR OBSERVER [ ]
b. TRAINING AS WIRELESS OPERATOR (AIR GUNNER) [ ]
c. TRAINING AS AIR GUNNER [ ]
d. REMUSTERING TO GROUND TRADE [ ]
e. REMUSTERING TO GENERAL DUTIES [X]
f. DISCHARGE [ ]

IF ANY OTHER RECOMMENDATIONS GIVE THEM ON ABOVE LINE.

B.C.A.T.P.
CANADA

4. Remarks:

This airman commenced instruction with the 28th entry, was put back to the 30th entry for inability at Morse. He was ceased training for inability at Morse but is generally poor at all othersubjects.

Roland K. Patrick S/L
SIGNATURE

COMMANDING OFFICER NO. 1 Wireless SCHOOL

FOR AIRMENS DOCUMENTS ONLY

DISTRIBUTION

Distribute Parts 1 2 3 4 5 in all cases.

PART 1 - Secretary Department of National Defence for Air.
PART 2 - Air Officer Commanding No. 7 Training Command
PART 3 - Director of Airmen Personnel Services.
PART 4 - Director of Medical Services R.C.A.F. Air Force H.Q.
PART 5 - Retain at Unit of Origin.

Distribute Parts 6 7 8 9 only when posting airman to Trenton. In other cases destroy these copies.

PART 6 - President Medical Selection Board, Composite Training School, Aircrew Squadron, Trenton.
PART 7 - Commanding Officer
PART 8 - Re-selection Board
PART 9 - Trade Test Board

Composite Training School, Aircrew Squadron, Trenton.

PART 7 THIS COPY FOR **COMMANDING OFFICER, COMPOSITE TRAINING SCHOOL, AIRCREW SQUADRON, TRENTON.** BY FASTEST MAIL

Form R.C.A.F. T. 91 10,000 sets-7-41 (469) H.Q. 1062-13-69

OVER

This side for use of addressee—

DATE	DESCRIBE BELOW ALL ACTION TAKEN REGARDING THIS FORM	INITIALS

B.C.A.T.P.
CANADA

R.C.A.F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname....ARPIN..... Christian Names....J.C.....

Number....R117504..... Rank.....LAC.....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P. 100, Section 7.

PART I

INITIAL TRAINING

1. No.....3..... I.T.S. Course No...33..... From..8-8-41.....To..13-9-41.....

2. Results of Examination:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximun Marks	Marks Obtained
Mathematics.....	100	...37...	Hygiene & Sanitation	40	..18...
Armament (R & O)	100	...56...	Drill.....	100	...80...
Signals.....	100	...88...	Law and Disc., etc..	60	..44...

3. Maximum Marks 500. Marks Obtained..323....Percentage...65.....

4. Passed or Failed...P.... Position(Group) in Class..89..No in P's Class 155.
No of Groups..104...

5. Considered ~~XXXXXXX~~ Unsuitable for Commissioned Rank

6. Recommended for training as : (a) ~~XXXX~~.....
(b) ~~XXXXXXXXXXXX~~.....
(c) Wireless Air Gunner.

7. Remarks..Calm and confident...Quick...Good appearance...Pleasant personality.
.....A little irresponsible...Self assured...Not up to I.T.S.. standard.. in
Mathematics for Pilot or Observer. Recommend for training as W.A.G..
.....

8. Alternative Recommendation.....

.....Wg. Comdr.
Commanding Officer

No. 3 I.T.S., Victoriaville, P.Q.

Date .....15-9-41.....

To be passed to No.....EFTS.

Can.
A ~~XXX~~. Trainee.
~~XXX~~.
~~XXX~~.

NOTE: X out Countries not applicable

CANADA
B.C.A.T.P.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME.....ARPIN.....

CHRISTIAN NAMES.....JOSEPH JEAN CHARLES.....

MARRIED.....SINGLE.....NO. OF CHILDREN.....N.A.....

N.F.

FLYING

AGE.....22.....
HEIGHT.....5'.11½.....
WEIGHT.....145.....

PILOT...X.....
OBSERVER.....
W.A.GUNNER.....

EDUCATIONAL:- NUMBER OF YEARS.....

High School.....4 yrs.....Technical.....Commercial.....

University (Name and dates of Attendance).....

Ecole Polytechnique, Montreal 1938-39.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

N O N E

Commercial Hours Solo.....Dual.....

Private Hours Solo.....Dual....Pass..2 hrs.

No. hours & types during last 2 yrs.....

.....N O N E.....

MILITARY AND OTHER TRAINING:-

.....30 days as a trainee - no other special training.....

.....

.....

.....

SPORTS:- (What branches)..Tennis, hockey.....

.....

HOBBIES:-.....N O N E.....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER
AND SUITABILITY FOR THE SERVICE:-.....

.....Nice appearance and personality. Bright and keen.....

.....bilingual. Recommended for aircrew.....

.....

.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

REFERENCES CHECKED
8/7/41 (Date)
(Initials)

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?....Yes.....

BEST FITTED FOR.....Pilot.....

.....

DATE: 3-7-41

RECRUITING CENTRE: Montreal, P.Q.

A.L.L. Lapointe F/O
for Signature of Officer
P.E. Henault F.O.

CANADA
B.O.A.T.P.

APPROACH
Confident...X...
Nervous.....
Easy.....

CARRIAGE
Upright...X.....
Medium.....
Athletic.....

DRESS
Neat.....X...
Conservative.X..
Clean.....X
Careless.....

PHYSIQUE.....
Medium.....
Heavy Set.....
Slender...X.....

SPEECH
Clear .....X...
Slow.....
Hesitant.....

RESPONSE
Quick.....X..
Deliberate.....
Slow.....

MANNER
Alert.....X...
Confident....X..
Sincere.....X.
Reserved.....X.
Nervous.....
Overbearing.....
Irresponsible...

EXCELLENT.....
ABOVE AVERAGE...
AVERAGE.....X...
BELOW AVERAGE...

MARK WITH AN X
THE DESCRIPTION
WHICH APPLIES

CANADA
B.C.A.T.P.

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. R 117504 Name and Initials (IN BLOCK CAPITALS) ARPIN J.J.C. Date of Enlistment 8-7-41 Sheet No. (IN WORDS) ONE Signature and Rank of C.O. FOR (J.H. KEENS) WG. COMDR Date 10-7-41

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
No. 3 I.T.S. Victoriaville PQ	11-8-41	A62		ABSENT WITHOUT LEAVE From 0815 hrs 11-8-41 to 1700 hrs 12-8-41. 1 day 8 hrs 45 min. Sec. 15 (1)	Cpl Clark S.C.	7 days punishment drill. Forfeits 2 days pay	13-8-41	(J. Hanchet-Taylor) S/Leader			J.H.S/L 13/8/41
No. 3 I.T.S. Victoriaville P.Q.	24-8-41	AC2	/	DRUNKENNESS at approximately 0120 hrs 24-8-41 was found drunk in town of Victoriaville	Cpl Scallen AC1 Bourbeau	7 days C.B. 2 punishment drills	25-8-41	(D.D. Findlay) W/Cmdr.			DH. F/L 25/8/41
No 1 Wireless School Montreal, P.Q.	12-10-41	LAC	2	Drunkenness at approx. 0245 hrs 12-10-41 was found drunk by #10 Station Police Sec. 19 AFA.	Cpl. Jerome	7 days C.B. $5.00 fine	13-10 1941	J.A. Macdonell F/L O.C. # 1 Wing			Jan F 13/10/41
#1 W/S Montreal	30-12 41	LAC		A.W.L. from 0690 hrs. 30-12-41 to 2340 hrs 5-1-42. Absent 6 days 17 hrs 10 mins Sec. 15(1)	Sgt. Hopton	14 days C.B. 7 days pay	6-1-42	J.A. Macdonell S/L	6-1-42	19-1-42	Jan S 7/1/42

To be carried over

R. C. A. F. R. 72
75M—1-41 (8905)
H.Q. 1062-3-54

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
RCAF STATION TRENTON, Ont.	29-3-42	LAC		WHILE ON ACTIVE SERVICE did conduct himself to prejudice of good order and Air Force discipline, in that he did use obscene language in a public place in the presence of ladies.	R105340 Cpl. Bauldry D.W.	14 days. detention	31-3-42	T.A.Lawrence Group Capt.			S/L

air crew Pilot-er observer Standard

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R-117504	ARPIN	JOSEPH-JEAN-CHARLES	ROMAN CATHOLIC

Born 24-6-19 Place Montreal, Que. Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT

Date 8.7-41

At Montreal, Que.

Term Duration of war

CIVIL EDUCATION

High School ~~Entrance~~ 5 yrs. Jr. Mat. Sr. Mat.

Technical School Corres. Courses

University

PREVIOUS SERVICE

Royal Highlanders Canada. Farnham Oct 7th 16 Nov 7, 1940

Rank	Date			Med. Cat.	Date		
AC2	8	7	41	AIBA3B	7	7	41
LAC.	13	9	41				
Sgt.	25	5	42				

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk 1940 - 1941

Insurance agent - 1941

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
W.A.G	S								
Ceased Training	DRO 61			4 3 42					
Recruit Air Gunner	DRO 107			15 4 42					
Air Gunner Sp.S.				25 5 42					

PARTICULARS OF FAMILY

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mrs. Ida Robitaille Arpin (mother)
1420 Bernard. Apt-8, Outremont.
Que.

LEAVE

From	To	Auth. and Description
5-3-42	19-3-42	Special leave
26-5-42	8-6-42	incl. Embark. leave

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
25-5-42	awarded	Auth. to wear a/c	Badge	

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
10. R13.	Rc. MP Que.	#4 M.D Quebec Que.	8.7-41
DRO 58/41 T.O.S.	4A M.D.	St. Hubert	8-7-41
DRO 65/41 Attached to	4A M.D.	St. Hubert	8-7-41
DRO 66/41 Ceases to be attached	4 M.D.	#4A M.D.	18-7-41
	Quebec	3 A.T.S.	8-8-41
DRO 188	Forfeits	Victoriaville pay A.W.L. from 11-8-41	
	to 12-8-41 (2 days)		
DRO 124/41	#3175	#4 M.D.	
DRO. 152/41.	Outremont	Quebec	15-9-41.

Authority	Unit from	Unit to	Date
D.R.O. 243	#4 M.D.	#1 W.S.	
	Quebec	Montreal	11-10-41.
DRO 246	Awarded $5.00 fine on 2nd conviction drunkenness		13-10-41
7	Forfeits	7 days pay A.W.L.	
	6 days 16 hrs 5 min.		30-12-41
17	Admn. S.S. 2m		17-1-42
22	Disch. S.S. 2m		22-1-42
DRO 55	#1 W/S mtl	C.T.S. Trenton	19-3-42
S&S-DRO 107	K.T.S. Toronto	6 333 [illegible]	25-4-42
DRO 123 A	Mt. View Conv. Hosp.	D. Halifax	26-5-42

B.C.A.T.P. CANADA

HMS IVR	Telegram	KAFTP	13.6.42	attended Gunnery Course at Stormy Down			
		Emb Com	14.6.42.	from 18.8.42 - 8.9.42 & obtained			3.5% "B"
		HT.	24.6.42	Y.R.C.S. 224/42 (83/68)			
	INT. 399.	3 PRC.	25.6.42				
224/42 (10/58) 206/42 (8/57)	3. P.R.C.	Y.Q.G.S.	18.8.42.				
232/42 (5/62) 256/42 (31/68)	7 A.G.S	220 TU	15.9.42				
17/43 (3/4/35) 27/43 (16/29)	220 TU.	424 Sqd	10.2.43				
21/43 (2/45) 52/43 (5/54)	424 Sqdn	D.W.A.F. Loc	20.2.43				
"1268"	MISSING	424 Sqd	20/21-2-43.				

Filmed Printed
Date 29-7-41
Initials JK

Sheet Destroyed, date 22-5-42
Date of last entry 29-3-42
Number of cases of drunkenness Two
Date of last instance of drunkenness 13-10-41

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R117504 NAME AND INITIALS ARPIN, J.J.C. (IN BLOCK LETTERS) DATE OF ENLISTMENT 8-7-41

SHEET No. TWO (IN WORDS) SIGNATURE AND RANK OF C.O. C. R. Dunlap, Group Captain. DATE 22-5-42

Commanding Officer, RCAF. Station, Mountain View, Ont.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
				CERTIFIED NO ENTRY	[illegible]	ADJUTANT No. 7 B. & G.S., R.A.F.			15.9.42
				Certified no Entry	E. McIlhagga	S/O. 22. O.T.U.	Wellesbourne	Mount-ford	10/2/43
				Certified no Entry	B. Knight	F/LT adjt 424	RCAF	Squadron	20/2/43
				To be carried over					

R.C.A.F. R. 71
50M—1-41 (8774)
H.Q. 1062—3-53

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

Individual Record of Flying

RANK LAC No. R117504 NAME ARPIN, J.C.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT						OBSERVER		AIR GUNNER		OTHER					
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL											
			(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
For the period ending 25/5/42																												11	20					11	20
No. 6 B. & G. SCHOOL															O. Copland a/o S/L D.F.C.																					
MOUNTAIN VIEW - ONT.															for O/C GROUND INSTRUCTION SCHOOL																					
															No. 6 B. & G. SCHOOL																					
															MOUNTAIN VIEW - ONT.																					

322 3PRC 4.9.9.S. 24-7-42 79

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

80

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

O.T.U

AIR AND GROUND TRAINING

Surname..... Arpin..... Christian Names..... J.C. .....

Number..... R117504..... Rank..... LAC .....

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No.... 1 .... Wireless School. Course No.... 30 .... To.....25.4.42 From...10.11.41.

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator.....-.....hours.

(b) In Flying Classroom, listening watch.....-.....hours.

(c) In 2-seat aircraft as sole operator.....-.....hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

Above average
Average
Below average

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	.....-.....	Signals Organization....	150	.....-...
Radio Equipment.....	250	.....-.....	Armament.....	100	.....-...
Morse (buzzer and lamp).	200	.....-.....	Drill and P.T.....	50	.....-...
Procedure.....	200	.....-.....	TOTALS.....	1000	.....-...

Maximum Marks, 1000. Marks Obtained...-..Percentage...-.. Pass or Fail.....-.....

Position in Class.....-..... No. in Class.....-.....

5. Date authorized to wear Wireless Operator's Badge.....-.....

CANADA
B.O.A.T.P.

PART I—*Concluded*

WIRELESS TRAINING

6. Comments ~~as to suitability for Commissioned rank~~ Ceased Training 4.3.42. This airman commenced instruction with the 28th entry, was put back to the 30th entry for inability at morse. He was ceased training for inability at morse but is generally poor at all other subjects. It is recommended that he be remustered to Standard General Duties. Posted to Composite Training School, Trenton, effective date 19.3.42, reporting same date.

.....
Officer Commanding
No. 1 Wireless School

Date 4.3.42.

To be passed to No. .....B. G. S.

PART II

ARMAMENT TRAINING

1. No. .....B. G. S. Course No. .....

2. Dates of Courses:— From ..... To .....

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test..... .....%

(*b*) Beam Relative Speed Test..... .....%

(*c*) Under Tail Test..... .....%

5. *Total Rounds Fired*—

Ground..... .....%

Air to Ground..... .....%

Air to Air..... .....%

6. *Assessment*— Marks Obtained

(*a*) Written Examination..... (100 Marks) .....

(*b*) Practical and Oral Examination..... (100 Marks) .....

(*c*) Ability as Firer..... (250 Marks) .....

(*d*) Qualities as an N.C.O..... (150 Marks) .....

Totals..... (600 Marks) .....

7. Position in Class..... No. in Class..... Pass or Fail.....

8. Date authorized to wear Air Gunner's Badge.....

9. Comments on suitability for Commissioned Rank.....

10. Remarks.....

.....

.....

.....
Chief Instructor
No. .....B. G. S.

Date.....

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	.....
Bombing and Gunnery School	600	.....
TOTALS	1600	.....

12. Percentage.....Pass or Fail..... Position in Class.....

No. in Class.....

13. Recommended for Commissioned Rank..... Assessment.....
(yes or no) *(ex., above average)*

14. Remarks.....

.....

.....

.....
Officer Commanding

No.....B. G. S.

Date.....

Altitude Tolerance Test 13/6/42

Ascent.	Alt.	Duration	Symptoms
②	35,000	① 35 min.	① Mod.
		② 105 min.	① Mod.

Recommendation
for flying to 25,000 ft.

AIR FORCE No. R117504

SURNAME: ARPIN

FULL CHRISTIAN NAME: Jean Charles

ENLISTMENT/APPOINTMENT
PLACE
DATE 8-7-41

RELIGION: R.C

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
	Embarked for U.K	14 6 42	
	Disembarked U.K	24 6 42	E494
TOS	3 AGS	31 7 42	M0314.
TOS	7 AGS Stormy Down	18 8 42	3PRC M0334
SOS	7 AGS to 22 OTU	15 9 42	7AGS 232/42
TOS	424 Sqn	10 2 43	27/43
F/B	Missing	21 2 43	AFRO 616/43 CL 259
TOS	1 RAF Depot N/E.	20 9 43	21/43
	Presumed dead		AFRO 2332/43 CR 387
TOS	RCAF N/E Unit (M)	1 5 43	N/E Unit 1/43
SOS	RCAF-N/E Unit (P.D)	1 5 43	" 1/43.

Advise unit Records Returned to Canada.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

AIR FORCE No. R117504

ARPIN, Jean Charles
SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE
DATE 8-7-41

RELIGION R.C.

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

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
24-6-19.				

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

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. J. R. Arpin, 1420 Bernard: Apt 8, Outremont, Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	25 5 42		A. S.		
T/F/Sgt	25 11 42	AFRO 2688/42			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
6 B.D.S (Arm, Air)				27/4/42 25/5/42

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

Hist. 4

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE — AIR

STATEMENT OF WAR SERVICE GRATUITY

A-9937

DECEASED MEMBER'S NAME: J.C. Jean (CHRISTIAN NAMES) Arpin (SURNAME)

REGISTER NO. 20528

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 25 June/45

DATE

SERVICE NO. R.117504

FINAL RANK OR RATING FS

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Feb/43

DATE OF DISCHARGE 20 Feb/43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 570/30 EQUAL TO 19 COMPLETE PERIODS AT $7.50	142.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 253 LESS INELIGIBLE DAYS, EQUAL TO 253 DAYS @ 25C. PER DAY	63.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE — PAY	$ 3.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 4.50 ×7 = $ 31.50		
NO. OF DAYS 253/183	×$ 31.50	43.55	
D. WAR SERVICE GRATUITY		249.30	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		249.30	

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ~~OF $~~ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

JUL 14 1945

P. & A. Bal. Trans. Trust Account
Journal Voucher # G66

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
GL	JFM

TREASURY

CHECKED BY	DATE
	27-6-45

SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA, - CANADA.
Rec'd. JUN 26 1945
P. & A. SECTION

AIRMAN'S STATEMENT AT EMBARKATION

1. Number R.112504 Rank Sgt. Name Arpin Jean Charles
Surname Christian names

2. Name of person to be notified in case of casualty Mrs. Arpin

Mr. Justice J.J. Hagarman

Address 5270 Champagneur Montreal Relationship, if any Uncle
P.Q.

3. Alternative name of person to be notified in case of casualty

Mrs. C.E. Arpin 1420 Bernard Apt 8 Montreal P.Q.

4. Legal next of kin Mrs. Ida Arpin
Full Christian Names

5. Single, Married, Widower, Divorced, Separated Single

Full Christian names of wife

Address

6. If married, have you completed a Will since marriage? If so state the

Location

7. Have you completed the necessary documentation for Dependent's allowance?

8. Are Parents living? Father No Mother Yes

9. Parent's Names (If living give full Christian Names)

Father

Address

Mother Mrs. Ida Arpin

Address 1420 Bernard Ave. Apt 8 Montreal P.Q.

10. Your permanent home address 1420 Bernard Apt 8 Montreal P.Q.

11. Religion R.C.

12. Have you Identification Discs and Card? Discs Yes Card No

Airman's Signature J.C. Arpin

Date 10/6/42

R.C.A.F. Records Office
Rec'd JUN 12 1942
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

R.C.A.F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname...ARPIN..... Christian Names...J.C.....

Number...R117504..... Rank.....LAC.....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P. 100, Section 7.

PART I

INITIAL TRAINING

1. No.....3..... I.T.S. Course No...33..... From..8-8-41.....To..13-9-41.....

2. Results of Examination:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximun Marks	Marks Obtained
Mathematics.....	100	...37...	Hygiene & Sanitation	40	...18...
Armament (R & O)	100	...56...	Drill.....	100	...80...
Signals.....	100	...88...	Law and Disc., etc..	60	...44...

3. Maximum Marks 500. Marks Obtained...323....Percentage....65.....

4. Passed or Failed...F.... Position(Group) in Class..89..No in P's Class 155..
No of Groups..104...

5. Considered ~~Suitable~~ Unsuitable for Commissioned Rank

6. Recommended for training as : (a) ~~XXXXX~~.....
(b) ~~XXXXXXXXXXXX~~.....
(c) Wireless Air Gunner.

7. Remarks...Calm and confident...Quick...Good appearance...Pleasant personality.
.....A little irresponsible...Self assured...Not up to I.T.S. standard in
Mathematics for Pilot or Observer. Recommend for training as W.A.G.
.....

8. Alternative Recommendation.....

W. S. Lindsay .Wg. Comdr.
Commanding Officer

No. 3 I.T.S., Victoriaville, P.Q.

Date .....15-9-41.....

To be passed to No.....EFTS.

R.C.A.F. Records Office
Rec'd. DEC 4 1941
O. K. B.F. C.I.B.
R. C. N. I.
S. L. P. A. Mab

A ~~Can.~~ ~~XXX.~~ Trainee.
~~AXX.~~
~~XXX.~~

NOTE: X out Countries not applicable

R.C.A.F. Special Reserve

N° MATRICULE R117504 VERSÉ À # 4 M. D. Quebec, P.Q. MÉTIER Pilot or Observer Std.

CORPS D'AVIATION ROYAL CANADIEN

(FORMULE D'ENGAGEMENT)

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

ARPIN JOSEPH JEAN CHARLES

1. Nom Arpin Prénoms en entier Jean Charles
2. Adresse actuelle 570 Champagneur - Outremont P.Q. Téléphone No: 44 5 7
3. Adresse fixe 570 Champagneur Outremont Montreal P.Q.
4. Lieu de naissance Montreal P.Q. Nationalité Canadien Français
5. Date de naissance 24 Juin 1919 Marié, célibataire, veuf, séparé, divorcé Célibataire
6. Enfants

Nom	Date de naissance	Nom	Date de naissance
N. A.			

7. Profession Agent d'assurance 8. Religion Catholique Romaine (Indiquez la confession religieuse)
9. Langues Français et Anglais Couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) Mde Ida Robitaille Arpin Degré de parenté Mère
    Adresse du plus proche parent 1420 Bernard apt 8. Outremont P.Q.
11. Père (nom en entier) Charles-Edouard Arpin Lieu de naissance St-Jean P.Q.
    Adresse Décédé — Nationalité Canadien-Français
    Profession Homme d'affaires
12. Mère (nom de fille en entier) Ida Robitaille Lieu de naissance Québec P.Q.
    Adresse 1420 Bernard apt 8 Outremont P.Q. Nationalité Canadienne Française
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
Royal Highlanders Canada R.H.R.	Farnham P.Q.	Private	n.a.	7 Oct 1940	7 Nov 41	1 Mois d'Entrainement
	On strength	R.M.R. 10			8-7-41	To join R.C.A.F.

14. Honneurs, récompenses, citations N.A.
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? Oui
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? Non Si oui, où? N.A.
    Quand? N.A. Résultat N.A.
17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? Non
    Si oui, indiquez la nature de l'infirmité N.A.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? Non
    Si oui, indiquez la nature de l'infirmité N.A.
19. Avez-vous jamais été trouvé coupable de délit? Non Si oui, indiquez-en la nature
20. Avez-vous des dettes? Non Si oui, donnez des détails N.A.

R.C.A.F. Records Office
Rec'd. JUL 14 1941
C. R. C. I. S.
R. C. R. M. P. N. I. C.
S. L. P. A.

R.C.A.F.—R.100a
20M—4-41 (88)
Q.C. 1052-3-83

93-317

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Académie Querbes Montreal P.Q.	1926	1933	Commercial
Cours supérieur—Collège, etc	Catholic High School	1934	1937	Classique
Cours technique	École Polytechnique Montréal.	1938	1939	Génie Civil
Autres cours universitaires ou scolaires	Fernand Girard	1937	1938	
Cours par correspondance	Cours Privés			

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
La Prévoyance. Montreal P.Q.	Commis	avril 1940	mars 1941	Meilleures Positions
The Travelers Ins Co. Montreal. P.Q.	Agent d'assurance	mars 1941		
Unemployed. ~~1939~~		1939	1940	

23. Heures de vol, seul Aucune accompagné aucune avec passager 2 heures

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. Intérêt dans le Génie Aéronautique.

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement
Tennis, Hockey & Ski (Intensément.)

26. Service aéronautique dans lequel vous voulez vous engager { ~~Service à terre.~~ / Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez O.-G.

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) ~~observateur~~; (c) ~~mitrailleur~~ ~~ou (d) radiotélégraphiste (membre d'équipage~~). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Sénateur J.H. Rainville	20 Argyle St. Stanfold P.Q.	Sénateur
M. S.P. Joyette	5161 McCullough Outremont P.Q.	Homme d'affaires
M. Montai Piché	1495 Bernard Outremont P.Q.	Pharmacien
Juge J. Geo. Mayrand	Palais de Justice Montreal P.Q.	Juge Cours de Circuit

28. Autres renseignements se rapportant à votre demande d'engagement
Je comprends fait est temps que chacun fasse son devoir

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? Oui

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 3 Juillet 1941 Signature Jean-C. Lefebvre

NATIONAL REGISTRATION CERTIFICATE
PRODUCED

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme.....Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

.....

Date.....Signature.....Grade.....

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné,....Joseph Jean Charles Appin....déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date.....8 juillet.....19 41..... Jean C. Arpin
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné,.....Joseph Jean Charles Arpin.....promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date.....8 juillet.....19 41.. Jean C. Arpin
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à.....Montreal, P.Q.....ce.....8.....jour de.....juillet.....19..41....

A. L. L. Laporte ..... 7/6 .....
Signature de l'Officier — Grade

RCAF. Recruiting Centre, Montreal.
Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 22 2. Avez-vous souffert d'une des maladies suivantes·

(a) Rhumatisme NO
(b) Tuberculose NO
(c) Bronchite ou asthme NO
(d) Affection cardiaque NO
(e) Maladie du rein ou de la vessie NO
(f) Gastrite intestinale NO
(g) Hernie NO
(h) Varices NO
(i) Pieds plats ou déformés NO
(j) Affection nasale NO
(k) Maladies des oreilles Mastoiditis 4 11 yrs.
(l) Maladies des yeux NO
(m) Epilepsie NO
(n) Maladie nerveuse ou mentale NO
(o) Syphilis NO
(p) Gonorrhée NO
(q) Fracture NO
(r) Autre maladie ou défectuosité W. cough

3. Avez-vous jamais porté des lunettes? NO

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

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

Signature de la recrue Jean C. Perrin

Observations des examinateurs Nil

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails) Patch mark on left abdomen

2. Taille 5 pieds 9 1/2 pouces. 3. Poids 139 livres.

4. Teint ruddy 5. Couleur des yeux brown Cheveux brown

6. Développement {Bon / ~~Passable~~ / ~~Médiocre~~} 7. Tour de poitrine—Expiration 33 1/2 - 36 pouces

Degré d'expansion 2 1/2 pouces

8. Ouie—Droite W.V. 20 Gauche W.V. 20 Tympan—Droit n gauche n

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit N.A

gauche 20/20 gauche

10. État de la bouche et des dents fit

11. Urine—Albumine neg Sucre neg

12. Anomalies révélées à l'examen (congénitales et pathologiques) none

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A1B, A3B Recommended
~~A1B~~

Observations spéciales des médecins

7-7-41 — Consultant finds E-tubes patent.
Now fit A1B, A3B Overseas
No X-Ray.

Part 2 Cont'd.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 130/82 S.D.
17. Colour Vision N.H.

Date July 11th 1941

Président — Membre — Membre