R268734
CHARBONNE
REGIS FERNA

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Killed

ROYAL CANADIAN AIR FORCE

Name CHARBONNEAU FERNAND REGIS R 2 6 8 7 3 4

Rank AC/2 R.C.A.F.

Age 18 Height 5' 5" Weight 132

Hair LIGHT BROWN Eyes BROWN Hair on fa MEDIUM

Marks, scars, etc. SCAR AT BASE OF LEFT INDEX

Fernand Charbonneau (Signature of holder)

(Signature of issuer)

Place No.5 "N" DEPOT LACHINE QUE Date 25th.Aug.1943.

Card serial number 257997

IF YOU LOSE THIS CARD,

NOTIFY YOUR C.O. IMMEDIATELY, GIVING HIM FULL PARTICULARS

IF YOU FIND THIS CARD,

PLEASE MAIL IN AN ENVELOPE ADDRESSED TO:
"THE SECRETARY,
DEPT. OF NATIONAL DEFENCE FOR AIR,
OTTAWA ATTENTION P.I.B.

NO POSTAGE NECESSARY

FRENCH CARD

NAME CHARBONNEAU, Regis Fernand, FILE NO. R268734

RANK L.A.C. CATEGORY "KILLED" REG. NO. R268734

DATE OF DEATH: 16 Apr. /45 MOTHER LIVING: YES WIFE: NA

AUG 3 1945

MINISTERIAL CARD: 11-5-45 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father-

DEL'D TO MOTHER:

DEL'D TO WIFE: AUG 2 1945

Mr. & Mrs. Emile Charbonneau,
St. Augustin,
Deax Montagnes, Quebec.

COMMAND:

RELIGION:

ROYAL AIR FORCE.

Form 551.

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

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

1. Surname CHARBONNEAU Christian Names (in full) REGIS FERNAND

Rank L.A.C. Number R268734 Unit S.H.Q. RCAF. EAST MOOR YORKS

Date and time of accident 16.4.45 1210 hrs Place of accident RCAF. EAST MOOR YORKS

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

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

Was in picket post Old Communal Site when Halifax Mark vii, JNP805 swerved on take off, and crashed into the building and burned.

3. (*a*) Description of injuries :—

Dead

Body Incinerated

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

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

Date 16.4.45 Signature of Medical Officer

Wt. 52041/O4205 155,000 2/44 W.H.&S. 668/69

[OVER

4. Commanding Officer's statement :—

(*a*) Was the injury sustained

(i) In the performance of air force duty?..While in his billet.....

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

(iii) On leave?.....Yes.....

(*b*) If the answer to (*a*) (ii) is in the affirmative state N/A

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

.....

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

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

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

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

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

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

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

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

.....

.....

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

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

(*e*) Was anyone else to blame? If so, give name and particulars.....

.....Accident being investigated.....

(*f*) Is the accident being investigated by

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

.....

(ii) An investigating officer?....Yes RCAF STATION EASTMOOR 16.4.45.....

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

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

Signature.....R.A.McLennon G/C.....

Date.....19.4.45.....194..... *Commanding* .RCAF..STN...EAST.MOOR.....

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

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

WILL

(a) Names in full to be written.

(1) (a) I, Charbonneau Fernand of the ~~City~~ ~~Town~~ Village ~~Township~~

of St Augustin in the County of Deux Montagnes District

Province of Québec Soudeur (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 268 734 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my a Mon père

(a) Mon Père

(b) Emile Charbonneau

(c) St Augustin Comté Deux Montagnes P.Q.

(d) tout ce que je possède

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

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

(a)

(b)

(c)

Name and address of Executor.

(4) I appoint Emile Charbonneau (Name) St Augustin Deux Montagnes P.Q. (Address)

to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this

day of 18 août 1943

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

Fernand Charbonneau
(Signature of Testator)

First Witness sign here.

(5) Lionel Beaudry
(Signature)

6344 St Valier
(Permanent Home Address)

Operateur d'ascenseur
(Occupation)

Second Witness sign here.

Fernand Dufort
(Signature)

3690 St André Montréal
(Permanent Home Address)

Expéditeur en chef
(Occupation)

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

R.C. Rec'd AUG 19 1943
O. K. C.I.B.
R.C. N.I.
S.L. P.

(OVER)

COPY FOR H.Q. OTTAWA

R.268734 LAC Charbonneau R.F.
(NUMBER) (RANK) (NAME)

IN REPLY PLEASE QUOTE

FILE No. 121/771/4/11.

ROYAL CANADIAN AIR FORCE
OVERSEAS

R.C.A.F. Station,
East Moor.

25th April,1945.

Mr. Emile Charbonneau,
St. Augustin Deux Montagnes,
Quebec,
Canada.

Dear Mr. Charbonneau,

Before you receive this letter you will have had a telegram informing you of the sad loss of your son, LAC. Regis Ferdinand Charbonneau.

At noon on the 16th April,1945, Regis was in his sleeping quarters and at approximately ten minutes after twelve an aircraft which was taking off from the aerodrome crashed into the building, Regis and his friend Joseph Donat Marcel Bedard, who was with him at the time were instantly killed as well as the pilot of the aircraft.

Owing to the time taken to communicate under present conditions, it was not possible to ascertain your wishes regarding the funeral in the time available and I had therefore to arrange for burial without reference to you. You will, I am sure, understand the necessity for this action and I sincerely trust that the arrangements we were able to make were such as you would have wished.

Your son's funeral took place at Harrogate, Yorkshire on the 19th April,1945 at 11 a.m. The service was conducted by Squadron Leader J.P. Davignon our Station Roman Catholic Padre, after which his body was interred in the R.C.A.F. Burial Plot at the R.A.F. Regional Cemetery at Harrogate, Yorkshire, which is a beautiful

/over.....

3 MAY 1945

location just outside the city of Harrogate. Full Service honours were accorded, the coffin being carried by some of his immediate chums from his own Station, which also provided a firing party and the coffin was covered with the Union Jack. The Last Post was sounded at the end.

Wreaths were sent from airmen on the Station and S/L. Davignon will send you photographs of the funeral and the grave, the number of which is J.14.

You will wish to know that all war graves are cared for by the Imperial War Graves Commission, which will erect a temporary wooden cross pending the provision of a permanent memorial by them.

There have been very few of your son's effects available, but they have been sent to the Royal Air Force Central Depository, by whom they will be forwarded to the Administrator of Estates, Ottawa, who will be writing to you in this regard in due course.

May I now express the great sympathy which all of us feel with you in the sad loss which you have sustained. I should like also to assure you how highly appreciated and honoured on all hands is the sacrifice your son has made so far from his home in the cause of freedom and in the service of his country.

Regis was very efficient in his work and proved himself to be an excellent airman. He was very well liked by all the Station personnel.

Yours very sincerely,

R. A. McLernon

(R.A.McLernon) Group Captain,
Group Captain, Commanding,
R.C.A.F. Station, East Moor.

RECEIVED
MAR 21 1945
CASUALTY
SECTION

11

FROM 432 SQUADRON 161145 B

TO AIR MINISTRY KIRKWAY

ABC 18 APRIL REFER YOUR FC679 DATED 17 APRIL.

CAN/J40936 F/O WM REID AND CAN/R285750 SGT DAVIDSON KM WERE PLACED ON SX LIST. NOTE NOW REMOVED . CAN/J40936 F/O WM REID AT RAF HOSPITAL MONTHALLERTON YORKS AND CAN/R285750 SGT DAVIDSON KM AT QUEEN VICTORIA HOSPITAL EAST GRINSTEAD SURREY. ON PRACTICE CROSS COUNTRY. FUNERAL ARRANGEMENTS FOR CAN/J86082 F/O WM FORSYTH CAN/R86734 LAC RAM CHARMONTRAM RF AND CAN/R177118 LAC BEARD JD WILL BE HELD AT 1000 HOURS THURSDAY 19TH APRIL 1945 AT RAF REGIONAL CEMETERY HARROGATE YORKS

BT 161145 B

COPY MADE 1850 HOURS 18-4-45/JHP.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: CHARBONNEAU (*Block letters*)

Given names: REGIS FERNAND

Do not write in this space

4. RESIDENCE

Street: 1st Avenue No. 134

Official name of civil municipality or township: Ville Lasalle, 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: January (Month) 11th (Day) 1926 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Arm/Asst.

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

15. Date deceased last worked at this occupation: Apr.16/45

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Charbonneau, Emile	Quebec
MOTHER (Maiden Name)	Caron, Irene	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: April (Month) 16th (Day) 19 45 (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) Killed in flying accident

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: Accident Date: April 16th 19 45

Manner of injury (State which): Killed in flying accident (aircraft crashed

Nature of injury (How sustained): into building in which airman was living)

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.)

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)

R.C.A.F. Special Reserve

N° MATRICULE R 268734 VERSÉ À #5 M.D. Lachine, Quebec. MÉTIER GEN. DUTIES STD.

CORPS D'AVIATION ROYAL CANADIEN

(FORMULE D'ENGAGEMENT)

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

1. Nom CHARBONNEAU Prénoms en entier Fernand Regis
2. Adresse actuelle 134 1 iere Ave., Ville Lasalle, Montreal Téléphone York 6904
3. Adresse fixe 134 1 iere Ave., Ville Lasalle, Montreal PQue
4. Lieu de naissance St. Augustin des deux Montagnes PQue Nationalité Canadien
5. Date de naissance 11 Janvier 1926 Marié, célibataire, veuf, séparé, divorcé Celibataire
6. Enfants

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

7. Profession Welder 8. Religion Catholique Romaine (Indiquez la confession religieuse)
9. Langues Francais couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) Emile Charbonneau Degré de parenté Pere
    Adresse du plus proche parent 134 1 iere Ave., Ville Lasalle, Montreal PQue
11. Père (nom en entier) Emile Charbonneau Lieu de naissance St. Augustin des deux Montagnes, PQue.,
    Adresse 134 1 iere Ave., Ville Lasalle, Montreal PQue Nationalité Canadien.
    Profession Cultivateur
12. Mère (nom de fille en entier) Irene Caron Lieu de naissance Montreal PQue
    Adresse 134 1 iere Ave., Ville Lasalle Montreal PQue Nationalité Canadienne
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
N.A.			N.A.			

R.C.A.F. Records Office Rec'd AUG 19 1943 O.K. C.I.B. R.C. N.I. S.L. P.A.

14. Honneurs, récompenses, citations Aucune
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? Non.
16. Avez-vous déjà demandé de faire partie du C.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 N.A.
20. Avez-vous des dettes? Non. Si oui, donnez des détails N.A.

R.C.A.F.—R.100a
20M—10-41 (994)
Q.C. 1052-3-83

684-35

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole St. Augustin des Deux Montagnes PQue	1932	1940	8 ieme annee
Cours supérieur—Collège, etc.	Ecole Technique Montreal	1942	(trois mois)	Electricite,
Cours technique				
Autres cours universitaires ou scolaires				
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
Chez lui sur la ferme, St. Augustin,	Aide	1940	1942	
Can. Car. & Foundry, Montreal	Welder	1942	a date	pour s'enroler dans RCAF

23. Heures de vol, seul Aucune accompagné N.A. avec passager N.A.

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C.A.R.C. Lecture, Model planes,

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement

Basdball, Natation, Hockey, Softball, Quilles, Tennis,

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre. ~~Service navigant~~ Std. G.D.

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

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 des personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Gerard Raymond	St. Augustin des deux Montagnes, PQue	Garagiste
Francois Larocque	Can. Car. & Foundry, Montreal	Soudeur
Jacques Paiement	St. Augustin	Cultivateur
Romeo Roy	St. Augustin	Cultivateur

28. Autres renseignements se rapportant à votre demande d'engagement Aucun

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 2 Aout 1943 Signature Fernand Charbonneau

MVB

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 17½ 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 no
(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 measles

3. Avez-vous jamais porté des lunettes? no

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

5. Fernand Charbonneau
I certify that I have revealed my full medical history and have not withheld any relevant information.
Signature de la recrue

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) Brown birth mark left side of the abdomen.

2. Taille 5 pieds 5½ pouces. 3. Poids 128 livres.

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

6. Développement { Bon / ~~Passable~~ / ~~Médiocre~~ } 7. Tour de poitrine—Expiration 32 pouces
Degré d'expansion 3 pouces

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

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit n.a.
gauche 20/20 gauche n.a.

10. État de la bouche et des dents good.

11. Urine—Albumine N.E.G. Sucre N.E.G.

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

5 Aug/43 X-Ray 200242 negative JeB F/L

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.

A4B

Observations spéciales des médecins Good material. Should do well.

Part 2 Cont'd.

13. Reflexes n
14. Heart n
15. Lungs n
16. Blood Pressure 120-70 S.D.
17. Colour Vision n-shah

MEDICAL RECHECK

I certify upon my honor that I have suffered no illness or disability since my last medical examination for the RCAF.

Fernand Charbonneau
(Signature)

Date 4-8 1943

Date 17 Aug/43 H.F.
E. Greenwalen H.F.
(Président)

J. Bélanger F.C.
Membre

Membre

JeB

47 | Naval Dump Montagnes, P.Q.
26 | January 16 1944

NATIONAL REGISTRATION CERTIFICATE PRODUCED. By N. Bourque, ac/2 31.8.43

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

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

Type d'homme: Average Apparence générale: Average Lun 9 Aug. 7/43

Aptitudes pour (indiquez à quel titre): General Duties (Std)

Date: Aug 17th/43 Signature: G Kennedy Grade: Cpl

(B) *Rapport sur l'épreuve professionnelle—* (L'épreuve professionnelle n'est pas requise dans le cas d'ouvriers non spécialisés)

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

Résultat.....

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

.....

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

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

Je, soussigné, REGIS FERNAND CHARBONNEAU 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 17th August 1943 Fernand Charbonneau
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné, REGIS FERNAND CHARBONNEAU promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date 17th August 1943 Fernand Charbonneau
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, Quebec ce dix-septieme jour de aout 1943.

Signature de l'Officier	Grade	Unité
		#13 Rec. Centre, Montreal, Que.

Charbonneau
Fernand

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 ..... (b) Reg'l. No. R 268734
2. (a) Arm of service ..... (b) Unit ..... (c) Rank .....
3. (a) Date of birth ..... (b) Have you any dependents? ..... (c) Place of residence at time of enlistment .....
4. (a) Place of enlistment ..... (b) Date of enlistment .....

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school ..... (b) Were you attending school or college up to the time of enlistment? ..... Non
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) .....
7. If you attended a university, give name of university and standing or degree secured .....
8. (a) Did you ever enter upon a trade apprenticeship? Oui (b) If so, for what occupation? Soudeur (c) Did you finish it? Oui (d) If you did not finish it, how long did you serve at it? .....
9. (a) What languages do you speak fluently? Français (b) What languages do you read well? Français

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) Ouvrier non-syndiqué (b) At time of enlistment of what trade union or professional society were you a member? .....

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 Canadian Cars and Foundry Address Montréal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Fonderie de munitions
20. (a) Your specific occupation Ouvrier soudeur (b) Number of years' experience at this occupation with any employer 1 mois
21. (a) Did your employer promise definitely to give you employment on discharge? Non (b) Did your employer refuse to promise you employment on discharge? Non (c) Do you wish to return to your former employment? Oui

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? Non (b) Do you feel competent to operate a farm? Oui (c) If so, in what kind of farming? .....
25. (a) Were you born on a farm? Non (b) How many years' actual farming experience have you had? 15 ans (c) In what provinces did you have experience? Québec

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? .....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) .....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form .....

R.C.A. Rec'd AUG 20 1943 C.I.B. O.K. N.I. P.A. S.L.

26

DATE 14 août 1943 194..... SIGNATURE Fernand Charbonneau

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.
(To be assessed on the occasions shown in A.M.O. "A" 1268/43.)

Rank	Character	Trade.	Proficiency A.	Proficiency B.	Date.	Signature and Rank of Assessing Officer.	Rank	Character	Trade.	Proficiency A.	Proficiency B.	Date.	Signature and Rank of Assessing Officer.
LAC	Good	ARM/ASST	Sat	–	4.12.44	[illegible] Sgt							
LAC	V.G.	Arm Asst.	Sat	–	16.4.45	[illegible] Sgt							

SECTION 5.—RECOMMENDATIONS FOR TRADE TRAINING, SPECIAL RECOMMENDATIONS FOR PROMOTION TO FLIGHT SERGEANT OR WARRANT OFFICER (see A.M.O. A 88/44), RESULTS OF COURSES OF INSTRUCTION (INCLUDING RECRUITS TRAINING) AND LOCAL TRAINING (e.g., ANTI-GAS, GROUND DEFENCE TRAINING, ETC.)

Authority and Date.	Nature.	Authority and Date.	Nature.

SECTION 6.—RECOMMENDATIONS FOR AIR CREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK. DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.OS.C., ETC.

Authority and Date.	Nature.
17-2-45. POR 36/45	CVSM & M.L.
	E.R.C.

The instructions regarding this form are contained in Section 56, A.P. 837 (Manual of Administration). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN.R268734 Name CHARBONNEAU, Regis Fernand
(In block Capitals in full, Surname first)

R.A.F. Trade and Group (on enlistment) G.D. Std. (ACH/GD Grp.5)

Last enlisted / enrolled 17.8.43 Current engagement D. of W. SR
(To state whether in R.A.F., Class "E" or "F" Reserve, R.A.F., R.A.F.V.R., A.A.F. or W.A.A.F.)

(Section I to be referred to when reckoning service for progressive pay, time reclassification, etc.)

Date of Birth 11.1.26 Φ Whether married, single or widow(er) S
(Entry with date to be made in pencil)

Occupation in civil life Welder 1942 to Aug. 43. Religion R.C.

Special qualifications
(See K.R. and A.C.I. 2132 (16) (b))

Φ Name, address and relationship of legal next of kin (entry with date to be made in pencil):
Father Emile Charbonneau
St Augustin Deux Montagnes, Que

Φ Name, address and relationship of person(s) to be informed of casualties in addition to next of kin (entry with date to be made in pencil):
N. of K.

(Any alterations to entries shown (ø) to be in pencil after original has been erased)

Section I.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.	Whether Specially Recommended (SR) Recommended (R) or Not Rec'd (NR) for Promotion or Reclassification
16 SFTS	1 Y Depot	25.9.44	
1 Y Depot	U.K.	4.10.44	
	Emb.Halifax	4.10.44	
	Disemb.U.K.	12.10.44	
Int.C331	3 RCAF PRC	13.10.44	
3 RCAF PRC	62 RCAF BASE	10.11.44	
62 Base	War Casualties	16.4.45	

Section 2.—Reclassifications, Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
	G.D. Std. AC2	17.8.43
	" " AC1	17.11.43
	" " LAC	17.2.44
3 P.R.G. PoR 255/44	Remustered a/t Arm/Asst.	10.11.44
PoR 32/45	Remustered arm Asst "Clerk"	26.2.45

Section 3.—Good Conduct Badges.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(*13830—10349) Wt. 44884—P3481 200M 1/44 T.S. 700
(*15075—10349) Wt. 23443—P1362 300M 7/44 T.S. 700

R.C.A.F. Special Reserve

Jan. 11th, 1943. 26

Applicant for AIRCREW ( ) or for GROUND DUTY (X) Date. August 3rd, 1943.

PERSONAL RECORD Enlistment Date. 17th August, 1943.

1. NAME. CHARBONNEAU Fernand Regis 2. Air Force Number. R.268734

(Surname and Christian names in block letters)

3. EDUCATION: Highest standing attained, Province and course (e.g. XII Ont. Tech).
VIII Que. Dates of last school attended: From. 1932 To. 1940

4. TEST, Form, Score, Date

(a) C.T.	4 F	29	Aug. 3/43.
(b) A.A.T.			
(c) C.A.T.			
(d) E.A.T.			
(e) M.A.T.			
(f) W.T.			
(g) M.T.			

(h) Compensating Factors (if any)

(i) Suitable for AIRCREW ( )
GROUND DUTIES ( )
TRADE. G.D. Std.
R. Parent F/S
Signature: for J.L.P. Lambert F/O

DATE: August 3rd, 1943.

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

Employer	Business & Place	Details of Duties	From	To
At home on farm	St. August, Quebec.	Helper	1940	1942
Can. Car & Foundry,	Montreal, Quebec.	Welder	1942	to date

6. Details of Service or Similar Training: (e.g. military, auxiliary, COTC, cadets, etc.,)
N.A.

7. HOBBIES & SPORTS (a) In school years. Baseball
(b) In civil life. Swimming

8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Mechanics, Knowledge of Typing)
French only

9. AGE. 17½ HEIGHT. 65½ WEIGHT. 128
Visual Acuity. 20-20, 20/20 Colour Vision. N. Ish Medical Category. Fit
(Mark X as applicable)

M.O.'s Assessment

Fit- A1B ( )
A3B A3B(Turret) ( )
A3B ( )
A3B(Vision) ( )
Ground Duties (X)
M2 Exam not given (X)
(State reason) ( )

Good material.

Date: 4-8-43 B.C. Signature: J.C. Belanger, F.L.

10. INTERVIEWING OFFICER'S ASSESSMENT:
Fair type of country lad. Used to hard work.
Should do well with time.

RECOMMENDED FOR. G.D. (STANDARD)
DATE. Aug. 3rd. 1943. SIGNATURE. L.J.A. Bruchesi, F.O.

This space for use of Selection Board at "M" Depot,

FOUND SUITABLE FOR. Gen. Duties (Std.)

Signature. D.S. Rattray F/O

SELECTED FOR

..... for C.O. No. 13 Recruiting Centre, R.C.A.F. Montreal, Quebec.

Signature.....

No. "M" Depot Selection Board..... Date: Aug. 13th, 1943.

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

.F.M.53

THIS IS A CERTIFIED TRUE COPY

Emile Charbonneau (Father)
St. augustin,
Deux Montagnes,
Que.

Nov.-45:

6653.

MEM BAR
DATE DESP
REGN. NO 3460

R0268734 CHARBONNEAU REGIS F LAC6

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

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

38363

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

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT	RELIGION
CAN R. 268734	Charbonneau	Fernand Regis	PLACE Montreal, P.Q. DATE Aug. 17th. 19[illegible]	R. Catholic

R.C.A.F. Special Reserve

J. A. T. P. CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
11 January 1926	St. Augustin des deux montagnes, P.Q.	Canada	Canadian	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	1 yr. high
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION	
TECHNICAL SCHOOL	X	UNIVERSITY	
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

Welder 1942 - Aug. 1943

PREVIOUS SERVICE

N.A.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Montreal, P.Q.	Fit.		

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)

Emile Charbonneau (Father)
ST. AUGUSTIN, DEUX MONTAGNES, Ques. dec 13/44
Montreal, P.Q.

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.
AC.2	17 8 43	MD 196	G.D	17 8 43	MD196
AC1	17 [illegible]	[illegible]	Arm Asst "A/T"	10 11 44	3 PRO 253
L AC	17 [illegible] 44	DR 49/44	Arm. Asst "C"	26 2 45	62 Base 33 OOI/1478 145

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
G.D.	S		P	16 8 43
Arm Asst	C	80	P	26 2 45

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

R71 Raised

AIR FORCE No. R.2[illegible]8734 (6)

SURNAME: Charbonneau

R.C.A.F. Special Reserve

FULL CHRISTIAN NAME: Regis Fernand

ENLISTMENT/APPOINTMENT — PLACE: Montreal, P.Q. DATE: Aug. 17th. 1943

RELIGION: R. Catholic

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
30 Dec/43	5 Jan/44	5	New Years	Dro 308A
22 Feb/44	6 Mar/44	14	Sanatorium	Dro 46/44
17 July/44	30 July/44	14	Annual	DRO 170
31 July/44	indefin.	1	Travelling Time	DRO 170
Above	Entry	Cancelled		DRO 172
20 July/44	2 Aug/44	14	Annual	DRO 173
3 Aug/44	indefinite	1	Travelling time	DRO 173
L.A.T.W.	6330270	a/19 July/44		DRO 173
10 Sep/44	23 Sep/44	14	Embark	DRO 218
24 Sep/44	ind	1	Travelling Time	DRO 218
31.12.44		7	P.L.	62 Base 2
10.1.45		7	P/L.	62 Base 79/45

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
17 2 45	CVSM & MK	62 Base 36

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 R.C.	#5 MD		
	Montreal	Lachine	17 8 43	DRO
TOS	MOS.	3	17 8 43	196/43
SOS	#5 MD	#1 MD	1 9 43	Dro 204-43
T.O.S	#5 MD	#1 MD	2 9 43	DRO 213
S.O.S.	#1 M.D.	#16 SFTS.	11 12 43	DRO. 299
✓	#16 SFTS	Hagersville	12 Dec 43	Dro 304/43
✓	#16 SFTS Hagersville	#14 OTU Lachine PQ	24 9 44	DRO 218/44
TOS	16 SFTS	1 YD	25 9 44	230
SOS	1 YD.	3 PRC	4 10 44	243
	Embarked Canada		4 10 44	
	Disembarked U.K.		12 10 44	
	Int. C.331 3 PRC.		13 10 44	
SOS	3 PRC	62 Base	18 11 44	3 PRC 253 62 B. 165
				AFRO 802.
Acc-	Killed		16 4 45	CL 746
Buried Hagersville R.A.F. Cemetery			16 4 45	1.35.2 VOL III

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Taf. pay and from 13 00 hrs 20 Sep 43 to 0800 hrs 21 Sept 43 (1 day)	#141236
RA 30 Dec/43 to 5 Jan/44 (5d)	Dro 308A
Address of next of kin changed to Denis Montagne Que.	St Augustin Dro 12/44
RA 22 Feb to 6 Mar/44 (14) vice DRO 46/44	
S.L.T.W. C 324243 a/21 Feb/44	DRO 46.
Adm Hamilton Military Hospital, Hamilton	Dro 100
15 May/44	
Disch Hamilton Military Hospital	Hamilton,
Dt. 31 May/44.	Dro 133
Adm No 2 Convalescent Hosp	Hamilton
31 May/44	Dro 134
Disch Hosp.	
Adm No 1 Con Hosp Beaumaris	Beaumaris, Dro 5
June/44	Dro 139
Disch No 2 Con Hosp Hamilton	Dro 139 5 June/44
Disch Christie St. Hosp. Toronto	Dro 155
RA 17 July to 30 July/44 (14)	DRO 170
Above entry Cancelled	DRO 172
RA 20 July to 2 Aug/44 (14)	DRO 173
RA 16 Sept to 23 Sept/44 (14) vice	DRO 218
B. 5.5.40. 11-11-44	62 B 167/44
D. 19-11-44	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Esmb. 4.10.44

AIR FORCE No. R.268734 P

CHARBONNEAU, REGIS FERNAND
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal Que. DATE 17-8-43.
RE-ENLISTMENT

RECORD OF SERVICE AIRMEN

BIRTH: DATE 11-1-1926 PLACE St Augustin des deux Montagnes P.Q. CITIZENSHIP 1

FATHER (FULL NAME) Emile Charbonneau.

BIRTHPLACE St Augustin des deux Montagnes P.Q.

MOTHER (FULL MAIDEN NAME) Irene Carole.

BIRTHPLACE Montreal Que.

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT
134, 1st Ave Ville La Salle Montreal Que
22302

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Single.
WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE DATE 1
AUTHORITY (IF AFTER ENLISTMENT)

EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	X	Que
JUNIOR MATRICULATION	1 yr.	"
SENIOR MATRICULATION		
TECHNICAL SCHOOL	3 months Electricity	Que.
UNIVERSITY		
CORRESPONDENCE COURSES	1	
OTHER		

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D. R. O.

CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Helper at home on farm, St Augustin 1940-42.
Welder, Can. Cart Foundry Montreal Que 1942.
3360

CHILDREN

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

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Nil.
0

NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME Mr. Emile Charbonneau RELATIONSHIP Father.
ADDRESS St Augustin Deux Montagnes Que D.R.O. 16 Sf 1241
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

PERSON TO BE NOTIFIED IN CASE OF CASUALTY
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
CVSM. Clasp.	PC 5544	17-2-45

ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Dur	17	8	43.						

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

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE			D.R.O.	RATE CHANGES, ETC.	EFFECTIVE			D.R.O.
ft Pay n wh. (day)	20/21	9	43.	WD 235					

RELIGION R.C. 1

LANGUAGES French. 8

SPORTS Baseball, swimming Hockey softball, Bowling, tennis. 0

RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D. R. O.
A.C.2 8	17	8	43	5 WD 196
AC1	17	11	43	16 Af 37
LAC 6	17	2	44	16 Af 49

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D. R. O.
G.D.	8	17	8	43.	5 WD 196
Z-06.8					
Drm.mat.	6	26	2	45	4B 1470

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

MEDICAL HISTORY
EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGED RET'N DUTY	D.R.O.
17-8-43	R100.	A4B.	
Hamilton Mili. Hosp	15-5-44	31-5-44 cancelled	[redacted] 134 1662134
Stu. Hosp	31-5-44	31-5-44	1684133/133
2 Con Hosp	31-5-44	5-6-44	1654134-139
9 Con Hosp	5-6-44	26-6-44	1684139-136

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.	
							KX.

AIR FORCE No. R.268734

CHARBONNEAU, REGIS FERNAND
SURNAME — FULL CHRISTIAN NAMES

[redacted]ISTMENT — RE-ENLISTMENT
PLACE Montreal Que.
DATE 17-8-43.

R.C.A.F. R-44B (REVISED)
25M-10-42 (2834)
H. Q. 885-R44B

RECORD OF SERVICE AIRMEN

13

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

23-Sa-005

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	5 M.D Lachine	17	8	43	5 M.D 196.
TOS	5 M.D Lachine	1	9	43	5 M.D 209
TOS	1 M.D Toronto.	2	9	43	1 M.D 23
SOS	1 M.D Toronto Ont	11	12	43	1 M.D 299
TOS	16 S.F.T.S. Hagersville	12	12	43	16 S.F.T.S 307
SOS	16 S.F.T.S. Hagersville Ont	24	9	44	16 S.F.T.S 218
TTO	14 D Lachine Que. for posting	25	9	44	14 230
S.OS	1 M.D. Lachine	4	10	44	1 M.D 248
	3 P.R.C.				

Killed - 16 Apr. 45 - DCK 1003 d/21 Apr. 45.

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

	FROM			TO			D.R.O.

LEAVE-TRANSPORTATION WARRANT

FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W.D.R.O.
22-2-44	6-3-44	14	Ann	168 44	
17-7-44	30-7-44	14	Ann	168 370	
31-7-44	Cancelled	1	J.J	165F 170	
20-7-44	2-8-44	14	Ann	168 473	
3-8-44		1	J.J	168 713	
10-9-44	23-9-44	Extd 127.7		165 7218	

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY

TYPE	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE		MULTI-ENGINED		CREW DUTIES			PASS.	TOTAL
	DAY	NIGHT	DAY	NIGHT	OBSERVER	GUNNER	OTHER		

COMPLETED

Wsg 4/7/45

R.C.A.F. OVERSEAS — ENLISTMENT MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OPE. BAP. U.C. — PREF. R.C. U.C. HEB. MIS. OTHER RELIGION — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	FERNAND REGIS CHARBONNEAU
9	Date of his birth.	11 JANVIER 1926
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	VERDUN MONTREAL 9-JANVIER-1922

PARTICULARS OF DOMICILE

12	Place where deceased was born.	ST AUGUSTIN DEUX MONT.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* *(b)* *(c)* *(d)*
14	Nature of employment before enlistment.	SOUDEUR ELECTRIQUE
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	AVEC SES PARENTS

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Oui
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NON
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Oui UN
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NON
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

* PÈRE of the deceased.

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

Emile Charbonneau — Signature of Informant

St Augustin Deux Montagnes Que. — Address

CERTIFICATE

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

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

Dated at St-Augustin this 20th day of may 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. J. B. Ethier — Qualification Parish Priest

Address St-Augustin, Two Mountains, Prov. Québec Canada

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

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

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

Re 17. Son testament doit avoir été déposé au centre du C. A. R. E. dépot de Lachine. Montréal.

Re 21. Je crois qu'il a une obligation de la Victoire qu'il a pris au centre d'Hagersville. Ont.

L'enfant ne s'était pas enregistré comme soutien de famille cependant il payait sa part pour l'instruction d'un frère au Séminaire de Ste Thérèse, car nous ne sommes pas riches et nous avons bien besoin d'être dédommagés.
Si les explications ci dessus ne sont pas satisfaisantes veuillez envoyer une formule en français je serai plus à l'aise pour y répondre

Mr Emile Charbonneau,
St. Augustin,
Deux Montagnes, Que.

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

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

and the following number quoted:—

H.Q. R268734 FD 111

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

14 May, 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CHARBONNEAU, Regis Fernand LAC
R.C.A.F. R268734

ESTATES BRANCH
MAY 22 19
H. Q.
OTTAWA
NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

Col.

Director of Estates.

MG/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		EMILE CHARBONNEAU	62	ST AUGUSTIN DEUX MONTAGNES
4	Mother of the Deceased.....		IRENA CARON	53	ST AUGUSTIN DEUX MONT
5	Brothers of the Deceased	Full Blood	GEAN CHARBONNEAU	22	ST AUGUSTIN
			CLAUDE " " "	18	" " "
			RENE " " "	16	" " "
			PAUL " " "	13	" " "
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	PIERREPAUL 31 GUILLET. 1932				

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R266734 RANK LAC UNIT 432 SQDN OVERSEAS

TRADE ARM/AS T

NAME CHARBONNEAU, REGIS FERNAND

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

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

ESTATES BRANCH MAY 9 1945 H.Q. OTTAWA NATIONAL DEFENCE

NEXT OF KIN MR EMILE CHARBONNEAU

RELATIONSHIP FATHER

ADDRESS ST. AUGUSTIN. DEUX MONTAGNES. QUE.

FATHER'S NAME MR & MRS EMILE CHARBONNEAU

ADDRESS ST AUGUSTIN DEUX MONTAGNES. QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME (MRS IRENE CHARBONNEAU)

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 134 LIERE AVE. VILLE LASALLE. MONTREAL. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION WELDER

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO N/K BEING OBTAINED

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

AIR MIN KWY----------PCX678------d-17-APRIL-45

"KILLED" 16-APRIL-45 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(AIRCRAFT CRASHED INTO BUILDING IN WHICH AIRMAN WAS LIVING)

NEXT OF KIN ADVISED 18-APRIL-45

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

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

DATE 5-MAY-45

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

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
ΔTS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

71212