WALCZAK
JOHN
R94109

R94109

WALCZAK. J.

R.C.A.F. - Special Reserve

General Duties (Standard)

AIR FORCE No. R. 94109 POSTED TO No. 1 Manning Depot Toronto TRADE

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Walczak FULL Christian Names John
2. Present Address 2769 Hochelaga St Montreal P.Q. Telephone None
3. Permanent Address 2769 Hochelaga St Montreal P.Q.
4. Place of Birth Montreal, Canada Citizenship Canadian
5. Date of Birth May 28, 1918 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.a.			

7. Occupation Iron Worker 8. Religion Roman Catholic
9. Languages English + French + Polish State proficiency State denomination Fluently
10. Next of Kin (Full Name) Mrs. Rose Laskowski Relationship Mother
    " Address 2769 Hochelaga St Montreal P.Q.
11. Father (Full Name) Francis Walczak Birthplace Poland (Warsaw)
    " Address Deceased in 1929 Citizenship ~~Polish~~ Canadian naturalized
    " Occupation Longshoreman
12. Mother (Full Maiden Name) Rose Zielinska Birthplace Poland (Warsaw)
    " Address 2769 Hochelaga St Montreal P.Q. Citizenship Canadian by Re Marriage
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
C.A.R.T.C. 40	Farnham P.Q.	Private	None	Nov. 21	Dec. 22	30 Days
V.R.C	Montreal	Private	None	Dec 22	29-3-41	Over

14. Honours, Awards, Mentions None
15. Are you now on any Naval, Military or Air Force Reserve? Yes
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.a.
    When? N.a. Result N.a.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
    If so, state nature of disability N.a.
18. Have you ever been or are you now in receipt of a Disability Pension? No
    If so, state nature of Disability N.a.
19. Have you ever been convicted of an indictable offence? No If so state nature N.a.
20. Are you in debt? No If so, state particulars N.a.

R.C.A.F. Records Office Rec'd APR 16 1941 C.A.R.T.C. 40 O.K. R.C.A.F. N.D.H.Q. S.L. P.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-2-83

142-255

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St Aloysius Montreal P.Q	1928	1934	General Studies primary course
High School—Collegiate Institute, etc.			–	
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Vulcan Steel & Iron Works Montreal P.Q	Helper	1936	1937	Lack of work
Dennis Steel Montreal P.Q	Steel Rack Assembly	1937	3 Months	Lack of work
Building Products Montreal P.Q	General Maintenance	1937	1940	Military Training
Unemployed		1934	1936	

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Model Airplane building has been my hobby for the past seven years.

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

Swimming — Baseball — Hockey (Moderately)

26. Air Force Duty you wish to enlist for Ground Duties. ~~Flying Duties~~.

If for Ground Duties, state Air Force trade in which you wish to enlist General Duties

~~If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew).~~

(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
Mr. M. Johnson	c/o Building Products Montreal P.Q.	Master Mechanic
Rev. Fr. Blase O.M.C.	2158 Montgomery St. Montreal P.Q.	Ass. Pastor

28. Other information that may have any bearing on this application I have been interested in Aviation since childhood, and have read many books on the subject.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date May 1st 1940 Signature John Walczak

NATIONAL REGISTRATION CERTIFICATE PRODUCED 42 Hurcell 1/0

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type: Good General appearance: Neat & Clean

Suitability for (state in what capacity): General Duties (Standard).

Date: 28-12-40 Signature: Fernand L'Edoux Rank: LAC

(B) *Report of Trade Test—*

Trade in which tested .....

Result .....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F. .....

.....

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

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

I, John Walczak do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date March 28th, 1941 19 ..... John Walczak
Signature of Recruit

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

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

Date March 28th, 1941 19 ..... John Walczak
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

at Montreal, P. Q. this twenty eighth day of March 19 41

Signature of Officer — Rank — R.C.A.F. Recruiting Centre Montreal. Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 22 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism ..... no
(b) Tuberculosis ..... no
(c) Bronchitis or Asthma ..... 1929 Feb. one week: Bronchitis
(d) Heart Disease ..... no
(e) Kidney or Bladder Disease ..... no
(f) Gastro-intestinal ..... no
(g) Rupture ..... no
(h) Varicose Veins ..... no
(i) Flat or Deformed Feet ..... no
(j) Nasal Trouble ..... no
(k) Ear Disease ..... Young: earaches
(l) Eye Disease ..... no
(m) Epilepsy ..... no
(n) Nervous or Mental Disease ..... no
(o) Syphilis ..... no
(p) Gonorrhoea ..... no
(q) Bone Fracture ..... no
(r) Other Disease or Defect ..... no

3. Have you ever worn glasses? ..... no

4. Have you had any illness for more than one week's duration.

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

John Walczak
Signature of Applicant

Examiner's Remarks *re* above B.P. 145/85
Ish. e.v. n

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history) ..... none

2. Height ..... 5 ..... feet ..... 4 3/4 ..... inches. 3. Weight ..... 143 ..... pounds.

4. Complexion ..... fair 5. Color of Eyes ..... Blue Hair ..... Blonde

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

Range of expansion ..... 2 ..... inches

8. Hearing—Right ..... W V 20 ..... Left ..... W V 20 ..... Tympana—Right ..... scarred ..... Left ..... n

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

Left ..... 20/20 ..... Left .....

10. Condition of mouth and teeth ..... healthy

11. Urine—Albumen ..... neg ..... Sugar ..... neg

12. Abnormalities (Congenital and Pathological) found on Examination .....

21-3-41 X-Ray # 73874 Neg out

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A4B

Part 2 Cont'.

13. Reflexes N
14. Heart N
15. Lungs clear
16. Blood Pressure S. D. 125/80
17. Colour Vision N. Ish

Any special remarks of the Medical Officers .....
28/3/41 rechecks: not ill since 30/12/40
- heart normal
- no hernia B.P. 125/80
- ear drums clear
- ∴ category A4B

Date 30-12-40 19.....

L. W. Alexander Capt. — President
Andrew Capt. — Member
J. B. Thomson Capt. — Member

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (AFRICA)

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: WALCZAK (*Block letters*)

Given names: JOHN

4. RESIDENCE

Street: Hochelaga Street No. 2769

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: May (Month) 28th (Day) 1918 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator 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: Sept.5/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Walczak, Francis	Poland
MOTHER (Maiden Name)	Zielinska, Rose	Poland

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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 5th (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) Killed after air operations

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: Sept.5th 19 43

Manner of injury (How sustained): Killed after 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.)

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)

AIR FORCE No. R94109

SURNAME: WALCZAK, FULL CHRISTIAN NAMES: JOHN

ENLISTMENT — PLACE: Montreal — DATE: 28-3-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 50M-10-40 (7685) 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.
T.O.S.	1 M.D. Toronto	28	3	41	1 MD 76
S.O.S.	1 M.D. Toronto.	9	4	41	MD 85
T.O.S.	Conv. Off. RCAF Sta Pictou	10	4	41	P 84.
S.O.S.	Pictou.	5	5	41	P 105.
T.O.S.	RCAF Stn Mountain View	6	5	41	MV 7.
S.O.S.	RCAF Stn Mt. View	2	8	41	MV 83
T.O.S.	4 W.S. Guelph, Ont.	3	8	41	4 W.S. 26
S.O.S.	4 W.S. Guelph	19	12	41	4 W.S. 144
T.O.S.	9 B & G. Mont Joli, Que.	20	12	41	9 BG. 30
S.O.S.	9 BGS. Mont Joli	15	1	42	9 BGS. 16
T.O.S.	6 BGS. Ont View	16	1	42	MV 20
	RCAF Stn Mt View 6 BGS	31	1	42	MV 28
S.O.S.	RCAF Stn Mt View	17	2	42	MV 41 a
T.O.S.	1 Dept, Halifax	18	2	42	1/65
S.O.S.	1 Dept to RH Engineer Pool	12	3	42	1/487 J
T.O.S.	3 P.R.C.	24	3	42	RAF 15
S.O.S.	485 From 3 PRC	8	5	42	RAF 29
S.O.S.	to 3 R.S. from 4 R.S.	11	6	42	RAF 36; 37.
S.O.S.	RDF School to ACDW.	28	7	42	RAF 50
S.O.S.	ACDW to 7 C.O.T.U.	4	8	42	RAF 53.
S.O.S.	to Middle East	12	12	42	RAF 111
	Rend NR 6462				
	Killed	8	9	43	
	RCX 243	8	9	43	
	N.S.Y. Computer	6	10	44	
	~~Missing~~ Killed	5	9	43	
	RCX 243	8	9	43	
	CAS/WSG				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2.	28	3	41	1 MD 76
a/cpl (unpaid)	31	5	41	MV 30
AC1	30	6	41	MV 55
AC2 (reverts)	2	8	41	MV 83
Lac.	4	9	41	4 W.S. 52
2/Sgt (pd)	16	2	42	MV 41 a
T4				
1/Sgt pd	16	8	42	ATRO 2688 A/B 630
2/Wo 2 pd.	16	2	43	ATRO 2688 2/B 636
2/WO1	16	8	43	ARO 240

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
28-3-41	R100	A4B.	
20-6-41	M2	A1B A3B	
14-8-41	M2	A1BA3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Gen. Duties	Std.	28	3	41	1 MD 76
W/O A/C.		2	8	41	MV 83
Wab	Sd	16	2	42	MV 41 a
3045					
WO/AC.	11	13	3	42	RAF 34

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Co 25 WAG	P 80.20	16	2	42	6 BGS TBz

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
17-2-42	4-3-42	16	Embarkation	MV 41a

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

AIR FORCE No. R94109

SURNAME: WALCZAK, FULL CHRISTIAN NAMES: JOHN

ENLISTMENT — PLACE: Montreal — DATE: 28-3-41

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R. 44 (E)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE: 28-5-18 — PLACE: Montreal Que. — CITIZENSHIP: British 2

FATHER (FULL NAME): Francis Walczak. (deceased)

BIRTHPLACE: Warsaw Poland

MOTHER (FULL MAIDEN NAME): Rose Zielinska

BIRTHPLACE: Warsaw, Poland.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que. Primary.

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

0

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

Helper. 1 yr. (Steel & Iron Works)
Steel Rack assembly. 3 mos.
General maintenance. 3 yrs.

✓

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

V.R.C. Pte. Dec 22 1940 to Mar 27-1941
C.A.R.(T) 40 Pte. Nov 21 to Dec 22-1940

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Aud Alt Badge	mo 41a	16-2-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic

1

14. LANGUAGES English, French & Polish fluently

6

15. SPORTS Swimming, baseball, hockey.

Model airplane building

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Mrs. Rose Laskowski — RELATIONSHIP: Mother

ADDRESS: 2769 Hochelaga St. Montreal — D.R.O. NK

FULL NAME: Mrs S. Brissete — RELATIONSHIP:

ADDRESS: 2667 Hochelaga St, Mtl, Que. — 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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	28 3 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Provided with pub. qtrs & rations		29-3-41	1 M D 76
Occ. pub. qtrs & drawing rtns		8-4-41	1 M D 76
Ceases to occ. pub. qtrs & draw rtns.		5-5-41	P105
Occ. Govt. qtrs rations		6-5-41	M J 7
T.O.S. 31 BBS for	Acc. & rtns	14-4-41	31 BBS 22
Occ. pub. qtrs & dr. rtns.		4-8-41	4 H.S. 36
Ceases to occ. pub. qtrs. & dr. rtns.		19-12-41	4 H.S. 144
Occ. pub. qtrs & draw rtns		27-12-41	9 BS. 30
Occ. Govt qtrs & dr rtns.		16-1-42	mo 20
Pub qtrs & rtns		4-3-42	10/65

U.P.C. 2769 Hochelaga St. Montreal Que. 22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
	JAN 15 42					

AIR FORCE No. R94109

SURNAME: WALCZAK — FULL CHRISTIAN NAME: JOHN

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 28-3-41

RELIGION: R.C.

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	RCAF Stn Mt View		17 2 42	MU414
SOS	1 yr Cpte RAF Pennies	Pool	12 3 42	14 89
	Disembarked		23 3 42	E462
J.O.S.	at 3 P.R.C.		24 3 42	85/42
S.O.S.	3 P.R.C.	to 4 S.S.	8 5 42	29/29
S.O.S.	4 S.S.	to 3 R.D.F	11 6 42	44/32
S.O.S.	3 R.D.F. Sgd.	to A.C.D.F.	28 7 42	53/56
S.O.S.	A.C.D.W.	to 7(C) O.T.U.	4 8 42	53/42
S.O.S.	7(C) O.T.U.	to M.E	9 12 42	111/11
J.O.S	Gibraltar		26 12 42	
S.O.S.	M.E		23 2 43	List
S.O.S.	N. 3 R.A.F. M.E		20 12 43	Invady 15/43
	at 36 Sqd (15.3.43)			S22 2.15.3.43 1213 55.34
T.D.	36 Sqn - RAF Kanchrapara		18/26 5 43	Bnd Ext 7-37/43
Att	36 Sqn - C.M, Vizagapatam		12/21 43	Bor Ext 23/43
Att.	fr. Shubalia to BPD Worli		16/17 6 43	Bombay 6/43
	Emb. Bombay		17 6 43	"
SOS	R.A.F. India		17 6 43	"
Att.	fr. 38 BGH to Halahalli		31/3 43	Oversea Exp 31/43
F/B	Killed from 36 Sqd		5 9 43	CR 370
SOS	36 Sq. India to 36 Sq. (M.E) NWAF		18 6 43	36 Sq. 17/43 36 Sq. 8/43
	(ME) F.C		1 6 43	Inst
TOS	36 Sqn (RAF INDIA)		11 1 43	EXT. 26/6/43
Att	VIZAGAPAT		17/10 3/43	EXT 26(17) 43

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Adm. 20 C.C.S. on 14.3.43 & trans.	Ind Ext.
38 B.G.H. 17.3.43 & died 7.3.43	7-47/43

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
16 2 42	Air Gunner Badge	MU 414

Emb. 13-3-42

AIR FORCE No. R94109

SURNAME: Walczak, FULL CHRISTIAN NAME: John.

ENLISTMENT/APPOINTMENT — PLACE: Montreal — DATE: 28-3-41

RELIGION: R C

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
28-5-18	Montreal Que	Can.	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE X	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN French, Polish Fluently.

CIVIL OCCUPATIONS AND EXPERIENCE

Helper 1yr (Steel & Iron Workers)
Steel Rack Assembly - 3 mos
General maintenance - 3 yrs

PREVIOUS SERVICE

V.R.C. Pte Dec 22-1940 to Mar 27-1941
C.L.R(T.C) 40 Pte Nov 21 to Dec 22-1940.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
28-3-41	A+B		
20-6-41	A1B A3B		
14-8-41	A1B A3B		

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 Rose Laskowski (Mother) 2769 Hochelaga St Montreal.
Mrs S Brissette 2662 Hochelaga St Mtl. Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	28 3 41	1MD76	Student Sta	28 3 41	1MD76
A/Cpl unpaid	31 5 41	MU30	Stk. Ab.	2 8 41	MU83
AC1	30 6 41	MU55	Stk. Ab.	16 2 42	MU41A
AC2 Trustee	28 5 41	MU83	Stk/Ab. "	13 3 42	PAF34
LAC	4 9 41	4WS52			
Sgt unpaid	16 2 42	MU41A			
Flt Sgt	16 8 42	010630/43	AFRO 2688/43		
T/WO2	16 2 43	90636/43	AFRO 2688/43		
T/WO1	16 8 43	AFRO 240/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
C.H.S. 25 SAFS.		80.0	P	16 2 42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

R0094109 WALCZAK JOHN — W011

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

CP

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.~~ WAR MEDAL	C.V.S.M.				
AWARD	✓					✓			✓	✓	✓				
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED															

43-03504

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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	1	1	1	1	1		1	1	A		J																		1	1		
	2	2	2	2	2	2	2	2	B		K		S																2	2	2	2
	3	3	3	3	3	3	3	3	C		L		T																3	3	3	3
	4	4	4	4		4	4	4	D		M		U																4	4	4	4
	5	5	5	5	5	5	5	5	E		N		V																5	5	5	5
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									G		P		X																			
			NUMBER						H		Q		Y				NAME												RANK			
	PREFIX								I		R		Z																			CODE
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IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

~~2863~~. 2917 10-11-49

Mrs. Rose Laskowski (mother)
2769 Hochelaga St.,
Montreal,
Que.

Mar.-45.

MEMORIAL B. K
DATE DESP
REGN. NO 3904

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

D-19
75

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

E-24901

REGIMENTAL No. D-537424

470

Militia Unit taken On Strength V. R. C.

1. Surname (Block Letters) WALCZAK
2. Christian Names (In Full) John
3. Present Address Montreal, P. Q. 2769 Hochelaga
4. Place of Birth Montreal, P. Q. Date of Birth 28 May 18
5. Religion R. C. 6. Occupation Iron Worker
7. Next-of-Kin WALCZAK, Mrs. Rose
(NAME AND ADDRESS)
same
8. Physical Description: Height 5'4¾" Weight 140
Color of Eyes Blue Color of Hair Blonde
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
NIL

8133
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032

0

22.11.0
040
21.12.0
1
01
21

Dated this 22nd day of Nov 19 40

Training Centre No. 40

John Walczak
(SIGNATURE OF MAN)

(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP

Med. Category "A"

N.P.A.M. TRAINING CENTRE
No. 40
COURSE 2
ENDING
DEC 21 1940

STAMP

NO. 40 CANADIAN MILITIA TRAINING CENTRE

A. Howard
Lieut. Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

G.P.

SAW

ATG

RCAF volunteer

J. Knowledge Zl.

R.C.A.F. Special Reserve

St. Mary's Roman Catholic Church

(POLISH)

FRANCISCAN FATHERS

PRESBYTERY:
2158 MONTGOMERY STREET

MONTREAL, Dec. 27, 1940

To the Recruiting Officer
R.C.A.F.
Montreal.

The applicant Mr. John Walczak is known to me personally and I can vouch as to his moral character and good standing in our community.

I am confident that he shall fulfill his duty in position placed as he is reliable and industrious in his work and prove himself loyal in every respect.

Any consideration shown him will be highly appreciated.

Sincerely Yours,
Rev. F. Blase O.M.C.
Assistant Pastor.

ST. MARY'S CHURCH
% FRANCISCAN FATHERS
2158 Montgomery
Montreal, Canada

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

BIRD & SON DIVISION
RUBEROID DIVISION
VULCANITE DIVISION

BUILDING PRODUCTS BP LIMITED

R.C.A.F. Special Recruiting

MILLS AT
HAMILTON, ONT. – MONTREAL, QUE.
PONT ROUGE, QUE. – WINNIPEG, MAN.
VERONA, ONT.

BUILDING PRODUCTS LIMITED

P. O. BOX 6063

MONTREAL, CANADA. April 27, 1940.

TO THE
RECRUITING OFFICER R.C.A.F.

Dear Sir;

This letter will introduce Mr. J. Walczak, who has been in our employ since August 1937, on general maintenance work.

I feel no hesitation in recommending him to you as being trustworthy and conscientious, and have also found him possessed of the necessary mechanical initiative required in maintenance work.

Trusting this letter may assist him in regard to the post for which he seeks and thanking you for your interest, I remain,

Yours truly,

William Johnson

Master Mechanic

C = H.T.

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

CASUALTY

W.S.G.

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R84109	WO I	Tec	John	Walczak

16-8-43 AFR0240

Reason for termination of service: Killed 8-9-43

PCX263 d/8-9-43

TOTAL SERVICE:

T.O.S. 28-3-41 S.O.S. 8-9-43 _____ DAYS

T.O.S. _____ S.O.S. _____ _____ DAYS _____

TOTAL ~~665~~ 892 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING SERVICE ~~665~~ 892 DAYS

OVERSEAS SERVICE:

From: 12-3-42 To: 8-9-43 _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL ~~546~~ 543 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING OVERSEAS SERVICE ~~546~~ 543 DAYS

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

A J Byford F/L

for R.C.A.F. RECORDS OFFICE
OTTAWA

COMPUTER'S INITIALS	WR
CHECKER'S INITIALS	
DATE	20-6-45

R.C.A.F.-R.310

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John (CHRISTIAN NAMES) Walczak (SURNAME)

REGISTER NO. 6379-4

FILE NO. 25583

DATE 22 Oct/45

SERVICE NO. R.94109

FINAL RANK OR RATING WO 1

DATE OF DISCHARGE 5 Sep/43

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 5 Sept-43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 892 / 30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 543 LESS 22 INELIGIBLE DAYS, EQUAL TO 521 DAYS @ 25c. PER DAY	130.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE	
	PAY $ 5.45	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
	ADDITIONAL PAY $	
	$	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ $	
	TOTAL $ 6.70 ×7 = $ 46.90	
	NO. OF DAYS 543 / 183 ×$ 46.90	139.16
D. WAR SERVICE GRATUITY		486.91
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 165.00	
	OTHER DEDUCTIONS $	165.00
F. TOTAL AMOUNT PAYABLE		321.91

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Office
Rec'd NOV 1945
O.K. C.L.R.
N.C. N.I.
D.L. P.A.

P. & A. Bal. Trans. Trust Account
Journal Voucher # G255

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
PEN	HGH

TREASURY	
CHECKED BY	DATE
[illegible]	24 10 45

[illegible]
SERVICE REPRESENTATIVE

ΔT

Encl. #2

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at R.C.A.F. Mountain View *Date* 20-6-41

Surname Walczak *Chr. Names* John
Nature of Commission Gunner *Date of Birth* 28-5-18 *Married or Single* S
Branch *Hours Flown*
Address 2769 Nochelega St. Montreal, Que.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown No
Severe or "Sick" Headaches, Migraine No
Fits or Convulsions of any kind No
Sun or Heat Stroke No
Head Injury or Concussion (including "knock-out") 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 No
Malaria No
Dysentery No
(vii) EYE TROUBLE or Inflammation of Eyelids No
Wearing of Glasses No
Colour or Night Blindness No
(viii) EAR TROUBLE, Earache or Discharge from Ears No
Deafness, Noises in the Ears, or Dizziness No
Frequent Colds in Head, Catarrh or Obstruction No
Prolonged Hoarseness or Loss of Voice No
Sea, Car or Train Sickness No
Discomfort on Swings, Roundabouts, Switchbacks No
(ix) OPERATIONS None
(x) Any Illness or Injury not mentioned above None

Education 8th grade
Present Occupation Post Office Hobbies
Previous Service Nil
Athletics Swimming Baseball & hockey
Habits—Smoking Moderate Alcohol Moderate
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits"
Father Alive—Health Dead—Cause Cerebral haemorrhage
Mother Alive—Health A & W Dead—Cause
Brothers 3 Alive—Health A & W 1 Dead—Cause Not known
Sisters 3 Alive—Health A. & W. 1 Dead—Cause Not known

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 20.6.41 *Signature* John Walczak *Witness* [illegible] F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Good ..... *(b)* Mentality ..... Intelligent .....
Body Marks, Scars, Deformities ..... None .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... None .....
Results of Wounds, Injuries, Operations ..... Nil .....

	Date 20-6-41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	65"						
Weight (lbs.)	139						*Date*
Chest Circumference (ins.)	35						
Body Build (lbs.)	47						
Leg Length (ins.)	38						
Pulse Rate — Sitting	84						
Pulse Rate — Standing 1st	108						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	132						
Pulse Rate — Time to Normal	35sec						
Arterial Walls	soft						
Blood Pressure — Systolic	110						
Blood Pressure — Diastolic	75						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	clear						
Breath held	90sec						
Expiratory Force	140						
Vital Capacity (Best of 5)	4000						
Reflexes — Knee	N						*Date*
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	N						
Cranial Nerves	N						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	US FS						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	FS FS						
Tremors — Fingers	ST ST						
Tremors — Eyelids	ST ST						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen	0						
Urine — Sugar	0						
Initials of M.O.	[illegible]						

40 mm. Hg. Test .....
Date ..... 20-6-41 ..... 788/9 10 11/ 11 11 12/12 14 16/--60 sec. .....
Date .....
Date .....
Date .....

Remarks by Consultant.

EYE EXAMINATION

History	Nil		
Night Vision Test B'Mth.	28.3.42 Below average 8/33 E.H.B. Hopkins 7/10		
Visual Acuity	R20/15 ; c 2.25 = 20/200		
	L20/15 ; c 2.25 = 20/200		
Colour Vision	Normal Ishilara		
Red, Green	N		
Diaphragm Test (P.D. = 55 Bar)	at zero		
Convergence	C. = 8 cms.		
	S. C. = 11½ cms.		
Accommodation	R. 7½		
	L. 7½		
Cover Test	S.L.D. Good recovery		
Fundi and Media	Normal		
Fields	Normal		
Remarks:	F I T		
	Initials of M.O. [signature]	*Initials of M.O.*	*Initials of M.O.*
	Date 20.6.41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Nil		
Hearing	R. Ear	W.V. 20ft.	
	L. Ear	W.V. 20ft.	
External Ear, Meatus Membranes	R. Ear	Normal	
	L. Ear	Normal	
Middle Ear, Eustachian Tubes	R. Ear	Normal	
	L. Ear	Normal	
Cochlear Apparatus	R. Ear	Normal	
	L. Ear	Normal	
Vestibular Apparatus	R. Ear	Normal	
	L. Ear	Normal	
Buccal Cavity		Clear	
Teeth		Good	
Gums		Healthly	
Pharynx		Normal	
Nasopharynx		Normal	
Nose		Normal	
Larynx		Normal	
Remarks: F.I.T.		*Initials of M.O.* [signature]	*Initials of M.O.*	*Initials of M.O.*
		Date 20.6.41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date.....

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....20-6-41.....

F I T Category A 1 B , A 3 B.

A. T. Hudson F/O

CATEGORY A1B, A3B APPROVED
DATE Aug. 14 1941.
J. N. Tremier F/L M.O.
No. 4 WIRELESS, ~~or B. and G.~~ School