

L100967

BUJOLD
ARMAND

JOSEP

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... BUJOLD, Armand Joseph (b) Reg'l. No. L.100967
2. (a) Arm of service army (b) Unit 12 Dist. Depot CA(A) (c) Rank Pte.
3. (a) Date of birth 17.4.24 (b) Have you no (c) Place of residence Bedden, Sask.
any dependents?..... at time of enlistment
4. (a) Place of enlistment Saskatoon, Sask. (b) Date of enlistment June 16th, 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 9
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? na (c) Did you finish it? na (d) If you did not finish it, how long did you serve at it? na
9. (a) What languages do you speak fluently? English & French. (b) What languages do you read well? English & French.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working. (b) At time of enlistment of what trade union or professional society were you a member? no

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

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

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

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

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

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

18. Name of employer Samuel Bujold Address Bedden, Sask.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
20. (a) Your specific occupation Farming. (b) Number of years' experience at this occupation with any employer 4 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? Yes. (c) If so, in what kind of farming? Mixed Farming.
25. (a) Were you born on a farm? Yes. (b) How many years' actual farming experience have you had? 4 yrs. (c) In what provinces did you have experience? Sask.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... NO
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.) na
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. mechanic.

DATE June 16th

2

DATE June 16th 1942 SIGNATURE Armand J. Bujold

A. RCOB Trade Trainee Aut. Tradesman
 I. Regt. No. 100967 Rank Pte Unit 12 A.D.D. Date 17-6-42
 Name BUJOLD A. Age 18 Place of Birth Debden, Sask.
 Date of Enlistment 18-6-42 Place of Enlistment SASKATOON Depot 12 A.D.D.
 Languages spoken FRENCH R. Recruit A A Med. Cat. B2 Place SASKATOON

| II. M. Test | | | Other Tests Name or Type | Date | Place | Score | Grade |
|-------------|-------|------|-----------------------------|------|-------|-------|-------|
| Test | Score | S.M. | | | | | |
| 1 | 17 | | SUB-TOTAL | | | | |
| 2 | 11 | | | | | | |
| 3 | 13 | | S.M. | | | | |
| 4 | 21 | | SUB-TOTAL | | | | |
| 5 | 19 | | S.M. | | | | |
| 6 | 9 | | SUB-TOTAL | | | | |
| 7 | 20 | | S.M. | | | | |
| 8 | 29 | | SUB-TOTAL | | | | |
| Total | 139 | | GRADE | | | | |
| 9 | | | 3 | | | | |

III. Military Background

nil

IV. Educational Background

Grade 9 8 years in school.
 Speaks English and French

V. Occupational Background

Farming at home-- horses. *operates tractor.*

VI. Arm Desired

Work in Arm Desired

Sports, Soft ball

VII.

Parents: Both living
 Brothers: 2 not in armed forces.
 Sisters: 3
 Single.
 Attitude: *-Army life is alright.*
 Appearance: 5'9" 130 lbs.

VIII. Summary

3 (139)

Average.

*Interested in Motor Mechanics.
Suggest trade training as Automotive
Tradesman.*

IX. Suggestions

R.C.O.C.

*Complete all training
Trades training as
Auto-Tradesman.*

X. Signature of Interviewer

A. J. B. Haugh, Lieut

N.C.O.

Officer

A. A. E

XI. Action Taken

Date of Action

Follow-up

A-21 C.O.C.T.C. Barriefield Jan. 6, 1943
S.O.S. Can. Army under provisions of R.O. 1029, Para. 10.
S.O.S. A-21 C.O.C.T.C. Eff. 6-1-43.
Entitled to draw Clothing Allowance \$35.00.
Granted Rehabilitation.

W.A. Dewar
(W.A. Dewar) Capt.
Army Examiner.

Occupational History Form Completed.

**ORIGINAL
DUPLICATE
TRIPLICATE**

M.F.M. 2
A.F.B. 271
75M-4-42 (4278)
H.Q. 1772-39-1645

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

Unit No. 12 District Depot CA(A) Regina Regimental Number L 100967

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname BUJOLD
2. Christian Names Armand Joseph
3. Present address Box 69 Lebden, Saskatchewan (*Lebden*)
4. Date of birth 17 April 1924
5. Place of birth Canada (Country) Sask. (County or Province) Lebden (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Para Labourer
8. Married, Widower or Single Single
9. Name of next of kin Mr. Deupel Bujold
10. Relationship Father
11. Address of next of kin Box 69 Lebden, Sask.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?
..... NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?
..... NO (Yes or No)
..... NO (b) Any other Naval, Military, or Air
Force? NO
(If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?
..... NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date June 16th 1942 Armand J Bujold
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Armand J Bujold (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Saskatoon, Sask. this 16th day of June 1942

No. 12A D.D. CA(A) S'toon, Sask.

H. Ford major {Signature of Magistrate, Justice
or Attesting Officer.
Officer or Rank and Unit
or appointment.

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

Record of Service of.....

BUJOLD
(Surname)Armand Joseph
(Christian Names)

Regimental Number.....

L100967

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... **NIL** High School }
 or }
 Business or Professional..... **NIL** Collegiate } **One year** } Graduation }
 (years completed) } or }
 Trade or Civil..... **Farm Labourer** *College..... **NIL** Matriculation } (specify)
 Technical..... **NIL** *University..... **NIL**
 Languages..... **English & French**

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

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

| Report | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force | Rank Shown | Effective Date | Unit | Place | Authority | |
|--------|--------------------|--|------------|----------------|--------------------|----------------------|----------------------------------|----------------|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | Joined on appointment Taken on Strength No. 12 District Depot, C.A.(A.) | <i>PT.</i> | <i>16-6-42</i> | No. 12 D.D. | Regina | Part II No. 181 | <i>30-6-42</i> |
| | | SOS for all purposes on Tfr. to #121 BTC Maple Creek, Sask. | " | 17-7-42 | " | " | #197 | 16-7-42 |
| | | TOS for all purposes | " | 18-7-42 | 121 BTC | Maple Creek | #94(A) | 18-7-42 |
| | | Allocated to R.C.O.C. (A.T.) | " | 3-7-42 | do | do | #99(A) | 25-7-42 |
| | | SOS on trans. to A-21 RCOG T.C. | do | 14-9-42 | do | do | #138(A) | 14-9-42 |
| | | TOS A21 TC on tfr from 121 M ¹ Creek. | " | 15-9-42 | COCTC | B ¹ field | 222 | 13-9-42 |
| | | Granted sick leave from 30-10-42 to 20-11-42. | " | 30-10-42 | " | " | 262 | 4-11-42 |
| | | Authorized to draw subsistence allowance from 30-10-42 to 20-11-42 | " | 30-10-42 | " | " | 262 | 4-11-42 |
| | | Transferred from K.M. Hospital to the Hotel Dieu, Kingston | " | 9-12-42 | " | " | D.O. #298 | 15-12-42 |
| | | Discharged from the Can Army A.T. under the provisions of R.O. 1029. Para 10 unable to meet the required military physical standards, S.P.S. A21 COCTC. Effective 6-1-43. Home address. Box 69 Deben, Sask. | <i>PT.</i> | <i>6-1-43</i> | A21 COCTC | B ¹ field | D.O. #3 | <i>5-1-43</i> |

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BUJOLD, Armand Joseph Place Saskatoon
 Place Debden, Sask. Date June 16th, 1942.

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?
- | | | | |
|------------------------------|------------|---|-----------|
| a. Rheumatism | <u>no</u> | k. Ear disease | <u>no</u> |
| b. Tuberculosis or pleurisy | <u>yes</u> | l. Eye disease | <u>no</u> |
| c. Bronchitis or asthma | <u>no</u> | m. Fits | <u>no</u> |
| d. Heart disease | <u>no</u> | n. Nervous or mental disease | <u>no</u> |
| e. Kidney or bladder disease | <u>no</u> | o. Syphilis | <u>no</u> |
| f. Stomach or bowel trouble | <u>no</u> | p. Gonorrhoea | <u>no</u> |
| g. Rupture | <u>no</u> | q. Have you ever worn glasses? | <u>no</u> |
| h. Varicose veins | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>no</u> |
| i. Foot trouble | <u>no</u> | | |
| j. Nasal trouble | <u>no</u> | | |
- Armand J. Bujold* GRH.
Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).
Pleurisy scar; (drainage)
2. Height 5 feet 9 inches. 3. Weight 130 pounds.
4. Complexion DARK Eyes Blue 5. Development Fair Good
 Hair Brown Fair
 Poor
6. Chest measurement—Girth on full expansion 36½ inches.
 Range of expansion 2½ inches.
7. Vision, right 20/20 left 20/20
 With Glasses— right _____ left _____ 8. Hearing, right c.v. 20 left c.v. 20
9. Condition of mouth and teeth Good.
10. The abnormalities (congenital and pathological) found on examination are as follows:
Pleurisy with drainage at 6 years of age. Right eighth rib in mid-axillary line.
Moderate external haemorrhoids; symptomless.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category B-2
 Special remarks when category lower than A. Pleurisy.
External haemorrhoids.

G. R. Hancock, Capt. E. R. Graham, Capt. R. T. Atkinson, M. D.
 President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|-----------------|---|------|---|
| <u>16-6-42</u> | <u>Urine, ears, reflexes-normal</u> GRH. | | |
| <u>17/6/42</u> | <u>X-RAY OF CHEST NEGATIVE, No. 8152</u> <i>JRM</i> | | |
| <u>4-7-42</u> | <u>VACCINATION</u> <i>JRM</i> | | |
| <u>4-7-42</u> | <u>1st T.A.B.T.</u> <i>JRM</i> | | |
| <u>23-7-42</u> | <u>2nd T.A.B.T.</u> <i>JRM</i> | | |
| <u>15-8-42</u> | <u>3rd T.A.B.T.</u> <i>JRM</i> | | |
| <u>29-10-42</u> | <u>Capt. David's sick leave approved</u> <u>M.F.B. 227A. M.P. MacRae Capt.</u> <i>JRM</i> | | |
| | | | CERTIFIED TRUE COPY <i>G. Hancock</i> President, Medical Board |

Statement of the Service of No. L 100967 Rank Pte.

Sheet No.

Name Butold A.J.

M.F.M. 1 & 2 (a)
250M-7-41 (1151)
H.Q. 1772-39-1646

| REPORT | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority | |
|--------|--------------------|--|------------|----------------|-------------------|---------|----------------------------------|---------|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | Having served more than six months continuous service in the Can. Army A.F. is entitled to draw \$35.00 Clothing Allowance. | | | | | | |
| | | Having served the allotted 183 days in the Canadian Army A.F. is granted rehabilitation. Enlisted: 16-6-42. Discharged 6-1-43. No. of days 205 days. D.O. #3, Paras. 12, 13 and 14 are cancelled. | Pte. | 7-1-43 | Par. Co. C.C. Co. | Bifield | D.O. #5 | 7-1-43 |
| | | Discharged from the C.A. under R.O. 1029 para 10 unable to meet the required military physical standards. SOS A-21 COC Tc Auth: K-55-B-2754 (Meds) d/22-12-42 Home address: Box 69 Debben, Saskatchewan. Having served more than six months continuous service in the A.F. is entitled to draw \$35-Clothing Allowance | " | 17-2-43 | " | " | D.O. 40 | 16-2-43 |
| | | Having served the required 183 days is granted rehabilitation Enlisted: 16-6-42 Discharged: 17-2-43 No. of days: 247 | | | | | | |

4-4-44

P.D.

AWARDS—CANADIAN ARMY (ACTIVE)

2008

M-1

EMG

500M-1-44 (3467)
H.Q. 1772-45-8

| | | | | |
|----------------------------|-----------------|----------|-------------------|-----------------------------------|
| BUJOLD, Armand Joseph | | L.100967 | Pte. | FILE NO. 405-B-16051 C.O.C. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICE ELIGIBLE

BADGE

(CLASS)

GSC NO. 034296(25-3-43)

RM.33903

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|-------------------|---|
| War Medal 1939-45 | 7106 3-4-50 |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

(30-3-50)

ENTITLED TO

Mr. Samuel Bujold (father),
752 Trunk Road,
Duncan, B.C.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Louretta Bujold, (English)

2008

ADDRESS: MATTES, Sask.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

3325

(2)

(3)

DESP. NOV 16 1946
REGN No. 22348

No L.100967 Rank Private Name BUJOLD, Armand Joseph 403272 B-243

Unit R.C.O.C. Date of death 4th April 1944.

Died at Saskatoon, Saskatchewan

Cause Cirrhosis of the liver

Death WAS Due.CPC.d 7-6-44 HQ 405-B-16051 d

N/K Mr. Samuel Bujold Relationship Father

Address Debden, Saskatchewan.

Remains buried in Debden Cemetery

Debden, Saskatchewan

Grave location Plot 173,

Private memorial erected

CHK

CANADIAN ARMY (A)
LAST PAY CERTIFICATE

M. F. D. 930A
500M-8-42 (5574)
H.Q. 1772-39-1548

Regtl. or Official No. L-100964 Rank and Name Pte. Bujold, A.J.
of Company, etc. C.O.C. T.C. (A/21) Regiment, etc., on
(Transfer, Posting or Discharge) to on 17-2-43 194
(Unit and Station)
Reason for discharge R.O. 1029 para. 10 Authority D.O. 40 d/16-2-43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$ N/A has been paid by the Treasury Officer, Military District
No. or N/A Air Command.

REMARKS:

- State (1) Date of appointment or enlistment 16-6-42
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? No
(3) Has assignment of pay been made? No If so, amount Nil effective date N/A
(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$ N/A

The following is a statement of the account of the above named from 1-2 to 17-2 1943.
the inclusive date of transfer, posting or discharge.

| DR. | | CR. | |
|---|--------------|---|--------------|
| PARTICULARS | AMOUNT | PARTICULARS | AMOUNT |
| Balance Dr. from last account..... | | Balance Cr. from last account..... | |
| First Monthly Payment..... | | Regimental Pay <u>17</u> days at <u>\$ 1.30</u> | <u>22.10</u> |
| Casual Payments..... | | Tradesmen's Pay.....days at.....\$ | |
| Payment on Transfer, Posting or Discharge..... | <u>17.57</u> | Additional Pay (Give particulars)..... | |
| Assigned Pay..... | | days at.....\$ | |
| Regimental Charges <u>M.F.C. 512</u> | <u>4.53</u> | Allowances (Give particulars).....days | |
| Public Stoppages (Give particulars): | | at.....\$ | |
| <u>Rehab. Grant A.R. 549</u> | <u>39.00</u> | <u>Rehabil. Grant</u> | <u>39.00</u> |
| <u>Cloth. Allow. A.R. 548</u> | <u>35.00</u> | <u>Cloth. All.</u> | <u>35.00</u> |
| To Balance Cr. (To be paid by new unit)..... | | By Balance Dr. (To be deducted by new unit)..... | |
| Total..... | <u>96.10</u> | Total..... | <u>96.10</u> |

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Barriefield, Ontario.
(Place)
February 23rd, 1943.
(Date)

E.K. Pennefather Capt.
(E.K. Pennefather) Paymaster or Accounting Officer.
C.O.C. T.C. (A-21).

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank.....**BUJOLD,**.....
(Surname first—Christian names in full—Block capitals)

Armand Joseph.

(2) Regimental or Official Number and Rank.. **L. 100967. — Pte**

(3) Unit..... **12th District Depot, CAAF, Regina.**

(4) Are you married?..... **No.**

(5) If married, state,

(a) Full name of your wife..... **N.A.**

(b) Present postal address of wife..... **N.A.**

(6) If married, have you been regularly supporting your wife? If not—state reasons..... **N.A.**

(7) Are you a widower?..... **No.**

(8) Have you any children? **No.**..... Number of boys..... **N.A.**..... Girls..... **N.A.**

Names and ages..... **N.A.**

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... **N.A.**

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... **N.A.**

Postal Address..... **N.A.**

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? **No.**
If so, state her full name and Postal Address..... **N.A.**

(11) Is your father alive?..... **Yes.**
If so, state name and address, occupation..... **Samuel Bujold,**
Box 69, Debden, Sask., Canada., Farmer.

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment..... **N.A.**
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?..... **N.A.**

(14) Is your mother alive?..... **Yes.**
If so, state name and address..... **Mrs. Louretta Bujold,**
Box 69, Debden, Sask., Canada.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... **N.A.**
Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?..... **n.a.**

(17) Are you contributing to the support of any dependents, other than those shown above?..... **No.**
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship..... **N.A.**
Full Name..... **N.A.**
Postal Address..... **N.A.**

Amount contributed monthly during the past six months..... **N.A.**

(18) Are you insured?..... **No.**
If so, in what Company?..... **N.A.**..... **N.A.**
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... **N.A.**
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Date..... **June 16th 1942.**
Armand J. Bujold
(Signature of officer or man)

Date..... **June 16th 1942.**
For Officer Commanding..... **12th District Depot,**
CAAF, Regina.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

CANADIAN ACTIVE SERVICE FORCE DISCHARGE CERTIFICATE

This is to Certify that No. 1-100707 (Rank) Pte.
Name (in full) Arnold Joseph BUFOID enlisted in
the CANADIAN ARMY A.F. #12 District Depot C.A.A. (A)
CANADIAN FIELD FORCE at Regina on the 15th
day of June 19 47
He served in #12 P.A. Regina, C.C.F.C. #21 Barrifield Camp, Ont.
and is now discharged from the service by reason of Unable to meet the required
military physical standards, R.O. 1000 (10) 500

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

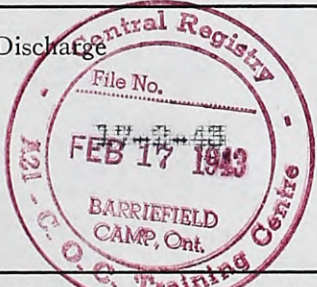
| | |
|------------------------|--|
| Age <u>19</u> | Marks or Scars <u>Flourish #3001</u> |
| Height <u>5' 8"</u> | <u>(discharge)</u> |
| Complexion <u>Dark</u> | |
| Eyes <u>Blue</u> | |
| Hair <u>Brown</u> | <u>Very good conduct clean record.</u> |

Arnold J. Bufoid
Signature of Soldier

Date of Discharge Feb 17 1948

John Cully Issuing Officer
Major, Adjutant
For Commandant, C.C.F.C.
Rank

Date Feb 17 1948 19 48



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

405-13-16051

THE CANADIAN PENSION COMMISSION

CPC 508962

MEMORANDUM

To.....The Officer i/c Records.....
Department of National Defence,
From.....The Canadian Pension Commission.....

OTTAWA, June 7, 1944.

L-100967 - Pte. Armand J. Bujold
C.O.C.

Director of Records
A. G. Branch.
JUN 9 1944
Nat. Defence Hqr
Ottawa, - Canada.

The marginally named

Died

April 4, 1944.

Next of Kin

Mr. Samuel Bujold (father),
Debden,
Sask.

In the opinion of the Commission, ~~death was not related to service with the forces~~ the disease resulting in death was incurred during service in Canada, but it did not arise out of, nor was it directly connected with military service.

*Noted
&
No will in docs*

E. Laehey

EL
Died on strength.

for
Canadian Pension Commission.