

AIR FORCE No.

J 25372

Renaud

Lois Alphonse Leon

ENLISTMENT/APPOINTMENT PLACE *Montreal* DATE *24-3-40*

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 <i>16-6-23</i>	PLACE <i>Quebec</i>	COUNTRY <i>Que.</i>	CITIZENSHIP <i>Can.</i>	RACIAL ORIGIN <i>Fr. Can.</i>	PARTICULARS OF FAMILY			
SINGLE, MARRIED, WIDOWER, DIVORCED					<i>Single</i>			
WIFE (FULL MAIDEN NAME) OR HUSBAND								
PRESENT ADDRESS (IN PENCIL)								
PLACE OF MARRIAGE					DATE			
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)								

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <input checked="" type="checkbox"/>
HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/>	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE	

CHILDREN			
NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

PREVIOUS SERVICE			

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)  
*Mr. Paul Renaud (Father)*  
*8533 Casgrain Ave. Montreal P.Q.*

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

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.
<i>P/O Pilot</i>	<i>16 4 43</i>	<i>2307074</i>	
<i>T.FO</i>	<i>16 10 43</i>	<i>0075614</i>	<i>AEROS 23/44</i>

AIRMEN AND AIRWOMEN						OFFICERS, AIRMEN/AIRWOMEN				
RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE

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

ADVISE ENTRIES UNIT RECORDS RETURNED TO CANADA





AIR FORCE No.

~~R153337~~

RENAUD, JOSEPH ALPHONSE LEON LOUIS

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C. R. FILE NUMBER

SR

PLACE MontrealDATE 24-3-42

J.25372

OFFICER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B)  
30M-8-41 (637)  
H.Q. 1062-3-58

Comm. 16-9-43.

7. BIRTH: DATE	PLACE	CITIZENSHIP
16-6-23	Quebec, Que.	British
FATHER (FULL NAME) Paul Renaud		
BIRTHPLACE Montreal, Que.		
MOTHER (FULL MAIDEN NAME) Claire Fréchette		
BIRTHPLACE Quebec City, Que.		

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/> Que.
JUNIOR MATRICULATION 2 1/2 yrs. H.S. Que.
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
W.C.T.U. - P.C. course 2

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Student
9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
nil
0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Pilots Fly Badge	28793	16-4-43
C.W.S. Medal & Maple Leaf	247A-32	15-1-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO _____ DUAL _____ PASSENGER _____

13. RELIGION
R. Catholic

14. LANGUAGES
French & English
3

15. SPORTS
Football, hockey, skiing, baseball, basketball, bowling

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

17. MARRIED ESTABLISHMENT			
REMARKS	RANK	EFFECTIVE	D.R.O.

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

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)	
FULL NAME: Paul Renaud	RELATIONSHIP: Father
ADDRESS: 8533 Casgrain Ave, Montreal, Que.	D.R.O.
FULL NAME:	RELATIONSHIP:
ADDRESS:	D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)					
RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
RA.	1/28 9 42	515226			

21. ENGAGEMENTS					
TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	24 3 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES			
FROM	TO	DATE	D.R.O.
Acc qtrs & draw rates		24-3-42	5 M/D

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)					
R60	R79	B465	X-RAY	AFM-13	IDN. CARD
2-4-42	30-3-42	16-			
	27-4-43				

22(A) ADDRESS PRIOR TO ENLISTMENT					
8533 Casgrain Ave, Montreal, Que.					

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)					
R60	R79	B465	X-RAY	AFM-13	IDN. CARD
2-4-42	30-3-42	16-			
	27-4-43				

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)					
R60	R79	B465	X-RAY	AFM-13	IDN. CARD
2-4-42	30-3-42	16-			
	27-4-43				

NAME RENAUD, Joseph Alphonse Leon Louis

FILE NO. J25372

RANK F.O.

CATEGORY MISSING PRES. DEAD

REG. NO. \_\_\_\_\_

J025372RENAUD JOSEPH ALL F07

NUMBER		NAME		RANK		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.		OP	
00		A J		00		✓				✓												✓		✓		✓		W69	
11		B K S		11																								AWARD	
22		C L T		22																								AWARD AND CLASP	
33		D M U		33																								APPLICATION DISPATCHED	
44		E N V		44																								RIBBON ISSUED	
55		F O W		55																									
66		G P X		66																								MEDAL ISSUED	
99		H Q Y		99																									
99		I R Z		99																									

190107

8  
11  
46

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

# Royal Canadian Air Force

## CERTIFICATE OF PRESUMPTION OF DEATH

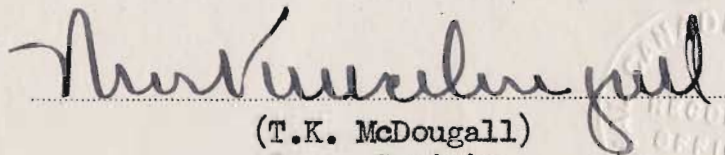
NO. 9915

**This is to Certify that**

J25372 FLYING OFFICER JOSEPH ALPHONSE LEON LOUIS RENAUD  
(Number) (Rank) (Name in Full) (Unit)  
R.C.A.F.

has been officially reported as missing since the 24TH day  
of MARCH, 1944, and that, full inquiries having been  
made, no information has been received which would indicate that he may be still alive.  
For official purposes, therefore, he is presumed to have died on or since the above  
mentioned date.

Dated at Ottawa, Canada, this 25TH day of NOVEMBER 1944



(T.K. McDougall)  
Group Captain,  
R.C.A.F. Records Officer.



P.415196

425 (RCAP) Squadron. 9

Ref: 425/S1/9/Air.

7th May 1944.

Subject: Halifax III LW.425 "V" - Missing on the night of  
24/25th March, 1944.

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The following report is submitted in amplification of my A.32 dated 25th March 1944, with reference to the crew of the above mentioned aircraft which has been reported missing on the night of 24/25th March/44.

2. At approximately 18.50 hours on the night of 24th March the above mentioned aircraft, piloted by J.25372 F/O. L.A.Renaud, took off from this aerodrome to carry out bombing of Berlin, but unfortunately nothing further has been heard from any member of the crew since time of take off.

3. The names of the members of the crew, together with particulars of their operational trips and hours are as follows:-

				OPERATIONAL	
				Trips.	Hours
J.25372	F/O.	L.A.Renaud	Pilot	7	43.45
J.24729	F/O.	F.R.J.Brazeau	Navigator	6	35.55
171364	P/O.	R.A.Hanks	W/Operator	10	53.55
R.158804	Sgt.	Boyer H.W.	B/A.	6	35.55
R.185365	Sgt.	Huot J.J.	R/AG.	6	35.55
J.37152	P/O.	C.S.Turner	MU/AG.	5	30.25
954362	Sgt.	Nutman J.R.	F/Eng.	5	30.25

Sgd: J.E.R.St.Amour F/Lt.,

for Wing Commander, Commanding,  
425 (R.C.A.F.) Squadron.

Air Ministry (Cas)  
2, Seville Street,  
Knightsbridge,  
London, W.C.2.

The War Office (A.G.13)  
Hotel Victoria,  
Northumberland Ave.,  
London, W.C.2.

July, 1948.

Berlin (Heerstrasse) British Cemetery

Reference P.415196/S.14.Cas/can. dated 4th May, 1948.

1. The Graves Services, B.A.O.R. have confirmed that the correct registration of the following casualties is as under:-

				<u>Plot</u>	<u>Row</u>	<u>Grave</u>
J37152	P/O	C.S. Turner,	R.C.A.F.	VI	J	8
R185365	Sgt	J.B. Huot	R.C.A.F.	VI	J	9
J25372	F/O	L.A.L. Renaud,	R.C.A.F.	VI	J	10
J28243	P/O	M.W. Boyer	R.C.A.F.	VI	J	11
J24729	F/O	J.P.R. Brazeau	R.C.A.F.	VI	J	12
171364	P/O	R.A. Hanks	R.A.F.	VI	J	13
954362	Sgt	J.R. Nutman	R.A.F.	VI	J	14

Authority 4 MREU/906/483/P4 dated 18.9.47.

2. Amended photostats will be forwarded in due course.

Director,  
Graves Registration and Enquiries.



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J25372 (R159957)** RANK **F/O**

UNIT **425 SQDN  
(OVERSEAS)**

TRADE **PILOT (G.L.)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

NAME **RENAUD, JOSEPH ALPHONSE LEON LOUIS**

PRESENT MARITAL STATUS **SINGLE** RELIGION **R.C.** CANADIAN **YES**

FRENCH CANADIAN \_\_\_\_\_ OTHER \_\_\_\_\_

NEXT OF KIN **MR PAUL RENAUD**

RELATIONSHIP **FATHER**

ADDRESS **8533 CASGRAIN AVE., MONTREAL P.Q.**

FATHER'S NAME \_\_\_\_\_

ADDRESS **MRS. PAUL RENAUD**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME **8533 CASGRAIN AVE.**

ADDRESS **MONTREAL P.Q.**

LIVING ON ENLISTMENT **YES**

ADDRESS AT TIME OF ENLISTMENT \_\_\_\_\_

MARITAL STATUS AT TIME OF ENLISTMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO

**NOT KNOWN-----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. **BOMBER MAIL LETTER-----d -----28-Oct-44**

PREVIOUSLY REPORTED "MISSING" 24-March-44 (OFFICIAL MISSING DATE CORRECTED) AFTER AIR OPERATIONS (OVERSEAS) (OVER BERLIN, GERMANY) AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED" (GERMAN INFORMATION)

NOW "PRESUMED DEAD" 24-March-44 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES

DATE **24-NOV-44**



FOR CHIEF OF THE AIR STAFF

Mrs. Paul Renaud,

8533 Casgrain Ave.,  
Montreal, P.Q.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. J25372 FD 310

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

December 6, 1944.

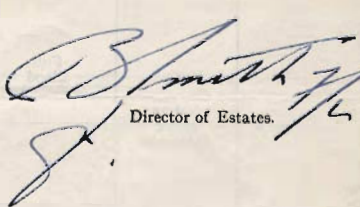
For the purpose of record and in the event of there being any Service estate  
available for distribution (according to law) on account of the late

RENAUD, Joseph Alphonse Leon Louis F/O

J25372 R.C.A.F. O/S

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.

  
Director of Estates.

DB S/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.....	NIL			
2	Children of the Deceased and dates of their Births.....	NIL			
3	Father of the Deceased.....	PAUL RENAUD	50	8533 AVE CASGRAIN MONTREAL, P. Q. (JANUARY 23 - 1894)	
4	Mother of the Deceased.....	CLAIRE FRECHETTE RENAUD	47	8533 AVE CASGRAIN MONTREAL (NOVEMBER 2 1897)	
5	Brothers of the Deceased	Full Blood	CLAUDE RENAUD	18	8533 AVE CASGRAIN MONTREAL (21 OCTOBRE - 1926)
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood	NIL		
		Half Blood	NIL		
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		
		NIL			

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph-Alphonse-Léon-Louis
9	Date of his birth.	June 16-1923
10	Place and date of his marriage.	NIL
11	Place and date of his parents' marriage.	Quebec City. P.Q. July 4-1922

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Quebec City - P.Q. CANADA
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) PROVINCE of Quebec 17 YEARS - (b) (c) (d)
14	Nature of employment before enlistment.	NIL - WAS ATTENDING High School
15	State whether he owned the premises in which he lived, and, if so, where situated.	NIL
16	Name place where deceased stated he intended to make his permanent home.	CANADA.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO
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?	NO
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?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NIL
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NIL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	SEE OVER IN REMARKS
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL

## 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.	A- NO. B- NO.
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.	NO

(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.)

## 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

\* Mother 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.

Claire Fuchette Renaud

{ Signature of Informant

8533 Casgrain, Montreal Que. Address

## CERTIFICATE

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

\*See above. Mrs. Paul Renaud { Name of informant } is the\* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this Ninth day of January 19 45.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Jean Fuchet

Qualification Captain C.A.

Address 8125 St. Dominique Montreal P.Q.

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

L' Industrielle - Quebec City -  
Policy No- 367149 \$231<sup>xx</sup>

Paul Renaud - Father No War Clause.

London Life.

Policy No- 633667 N- 1000 - Claire Renaud - Mother AVIATION CLAUSE  
- ✓ 5092878 N 2000. ✓ ✓ ✓ ✓ ✓

Application for policy No 633667 was taken previous to Declaration of War by Canada, but policy is dated September 5, 1939 and therefore has no cash value.

Pilot 02 Gbseerez Std.

C.T.E. CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R. 159937  
A.F. No.

Renaud  
Surname

Joseph Alphonse Jean Louis  
Christian Names

R. C.  
Religion

Born 16-6-23 Place Quebec - P.Q. Country Canada

Citizen of Canada Racial Origin French Canadian

PARTICULARS OF FAMILY

M. S. P. W.

Wife's Maiden Name

Present Address (in pencil)

CHILDREN	NAMES	PLACE OF BIRTH	DATE	CHILDREN	NAMES	PLACE OF BIRTH	DATE

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

ME Paul Renaud (Father)  
8533 Casgrain Ave - MHI - P.Q.

CIVIL EDUCATION

CIVIL OCCUPATIONS AND EXPERIENCE

High School Entrance  Jr. Mat.  Sr. Mat.  
Technical School Business Courses  
University

None

PREVIOUS SERVICE

ENLISTMENT

Med. Cat. DATE Med. Cat. DATE

None

Date 24-3-42  
At Montreal - Que.  
Term Duration

A1B 20 3 42  
A3 B

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
A.C-2		24 3 42	P + 0		24 3 42					
LAC	DR 220	12 9 42	Reminded to discuss I.T.S. etc. DR 266 26/11/42			P + 0	S	P	20 3 42	16 3 42
Sgt. Temp. Pilot	DR 93	16 4 43	Qualified Pilot DR 220 12 9 42 Current Pilot S.G. DR 93 16 4 43			Aviation Pilot S.P.S.	DR 93		16 4 43	16 4 43

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
11-12-42	27-12-42	Spec. Leave	April 16, 1943	Awarded Pilot's Flying Badge			
17-4-43	30-4-43	DR 93 P.A.E. Embark		on completion of course 71 25 P.T.S. DR 93			
				Categorized PA-READA 11/12.			

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.R. 13	#13.A.C.M.F.I.	#5. Machine Gun	24-3-42				
D.R.O 72/42	T.O.S #5 M.D.	D. Machine Gun	24-3-42				
B.R.O 119/42	Prac 17-5-42	Rockcliffe Pt	19-5-42				
D.R.O. 145/42	Remounted	Stevens (I.T.S) Ltd	9-7-42				
D.R.O. 170/42	#5 M.D.	#5 I.T.S	17-7-42				
D.R.O 242	#5 I.T.S.	#13 E.F.T.S.	10-10-42				
	Bellville	St. Eugene					
P.R.O 134	Entitled to draw flying pay		11-10-42				
D.R.O 162	#13 E.F.T.S.	#2 S.F.T.S.	27-12-42				
	St. Eugene Ont.	Uplands Ont.					
T.O.S. D.R.O. 312	No 13 E.F.T.S.	No 2 S.F.T.S.					
	St. Eugene	Uplands	28/12/42				
D.R.O. 93 505	2 S.F.T.S	No. 14 U.S.P.T					
	UPLANDS	Halifax	30-4-43.				
	course 71						
D.R.O. 93	Entitled to ration allow on board for						
	Capt. 17-30/43 (14 days)						

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

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

- 1. Surname RENAUD FULL Christian Names Joseph Alphonse Leon Louis.
- 2. Present Address 8533 Casgrain Ave., Mtl. P.Q. Telephone Du. 7572
- 3. Permanent Address 8533 Casgrain Ave., Montreal, P.Q.
- 4. Place of Birth Quebec, P.Q. Citizenship Canadian.
- 5. Date of Birth June 16th, 1923. Married, Single, Widower, Separated, Divorced. Single.
- 6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

- 7. Occupation Student 8. Religion Roman Catholic.  
State denomination
- 9. Languages English & French fluently.  
State proficiency
- 10. Next of Kin (Full Name) Paul Renaud Relationship Father.  
" Address 8533 Casgrain Ave., Mtl. P.Q.
- 11. Father (Full Name) Paul Renaud Birthplace Montreal, P.Q.  
" Address 8533 Casgrain Ave., Mtl. P.Q. Citizenship Canadian.  
" Occupation Soldier, R.C.A.S.C.
- 12. Mother (Full Maiden Name) Claire Frenette Birthplace Quebec City, P.Q.  
" Address 8533 Casgrain Ave., Mtl. P.Q. Citizenship Canadian.

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
None.						

R.C.A.F. Records Office  
 Rec'd. MAR 27 1942  
 O.K.L. C.B.  
 R.C. N. L.  
 S.L. P.A.

- 14. Honours, Awards, Mentions None.
- 15. Are you now on any Naval, Military or Air Force Reserve? No.
- 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.

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21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	St. Dominic's Mtl. P. Q.	1929 <del>1933</del>	1938	Elementary.
High School—Collegiate Institute, etc.....	D'Arcy McGee High School Mtl. P. Q.	1938	1941	Classical in third year now.
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		Reason for leaving
		From	To	
N.A.				

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. None

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

Football, Hockey, skiing, baseball, basketball, bowling, 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..... Pilot, Y1T.P.  
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
Bros. Robert <i>OK 17-11</i>	220 Pine St., Mtl. P. Q.	Principal
Mr. Charles Bolduc <i>OK 17-11</i>	8407 Casgrain Ave., Mtl. P. Q.	Secretary Treasurer.
E. Charbonneau	8470 Henri Julien St., Mtl. P. Q.	Painter.
Capt. J. A. Yasman	4000 St. Patrick St., Mtl. P. Q.	Merchant Navy Captain.

28. Other information that may have any bearing on this application..... None

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 Nov. 8th 1941. Signature Louis Renaud

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MAR 24 1942

(A) Report of Interviewing Officer—

pc.....General appearance.....

Suitability for (state in what capacity).....

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

(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, Joseph Alphonse Leon Louis RENAUD 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 24th 19 42 Louis Renaud  
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date March 24th 19 42 Louis Renaud  
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 24th day of March 19 42

[Signature] #13 Recruiting Centre, R.C.A.F.,  
Signature of Officer Rank Unit  
Montreal, P.Q.

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CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

- Age. 18 2. Have you ever suffered from any of the following defects in health?
- (a) Rheumatism..... *No*
  - (b) Tuberculosis..... *No*
  - (c) Bronchitis or Asthma..... *No*
  - (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..... *No*
  - (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*  
*Appendectomy 1931 Measles*  
*bi-located left elbow - 1 no. ago*

I certify that I have revealed my full  
 any relevant information  
 Signature of Applicant

Examiner's Remarks re above. *nil*

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

- 1. Identification marks or scars (if operative obtain history).....  
*3" Appendectomy scar. vertical*
- 2. Height *5* feet *8 1/2* inches. 3. Weight *147* pounds.
- 4. Complexion *Med* 5. Color of Eyes *Blue* Hair *Brown*
- 6. Development *Good* Fair Poor 7. Chest Measurement—Full expiration..... *32 1/2* inches  
 Range of expansion..... *2* inches
- 8. Hearing—Right *W.V. 20'* Left *W.V. 20'* Tympana—Right..... *~* Left..... *~*
- 9. Vision—Without glasses—Right..... *20/20* With glasses—Right..... *na*  
 Left..... *20/20* Left..... *na*
- 10. Condition of mouth and teeth..... *healthy*
- 11. Urine—Albumen..... *neg* Sugar..... *neg*
- 12. Abnormalities (Congenital and Pathological) found on Examination.....  
*nil*

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 *A.B. A3B*

Any special remarks of the Medical Officers *Fit Aisurus*  
*12/11/41 X-ray 98830 Neg*  
*20.3.42 Examinations, Fit who*

Date *Nov 11th* 19 *41*  
*M.A. Ogrylozo* President *[Signature]* Member *N. Ish.* Member