

MARTIN  
SIDNEY FRANCIS  
40406



MEMORANDUM FOR

P 95086

NATIONAL DEFENCE

JUL 27 1941

N.S.

P. 64

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

THE SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO  
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 62-M-236 FD.131.....

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

104

July 2, 1941.....

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

MARTIN, Sidney, P.O. Cook

No. 40406, R.C.N., H.M.C.S. Margaree

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,  
Administrator of Estates.





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 inquired for	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.....	Mary Ruth Martin	25	191 Bell Block Calgary Alta
2	Children of the Deceased and dates of their Births.....	Sidney Joseph. 21-9-36 Robert Laurence 29-5-39		ds.
3	Father of the Deceased.....	Robert Martin		4 Portland Terrace England.
4	Mother of the Deceased.....	Nil.		
5	Brothers of the Deceased	Full Blood	Robert Martin 29	R.A.D. Aden.
		Half Blood	Mred. Martin 7	4 Portland Terrace
6	Sisters of the Deceased	Full Blood	Lillian Martin 22	
		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	
		unknown		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Sidney Francis Martin</i>
11	Give the month and year of his birth.	<i>January 1903</i>
12	Where and when were his parents married?	<i>unknown</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>23-5-33 Grand Desert Halifax Co. N.S.</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	<i>No</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	<i>No</i>

## PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>England</i>
17	In what Province, Country or State did he reside, and in which last?	<i>Nova Scotia</i>
18	How long in each?	<i>10 yrs</i>
19	What was the nature of his employment?	<i>Cook</i>
20	Did he own the house or homestead in which he lived? If so, where?	<i>No</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>No</i>
22	State <u>your</u> postal address in full.	<i>19 Bell Block Calgary Alta</i>

## PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	<i>Nil</i>
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	<i>Nil</i>

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)



# DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mrs Mary Ruth Martin {Signature of Informant

# CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mary Ruth Martin {Name of Informant} is the \* Widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Calgary this 21<sup>st</sup> day of July 19 41

Signature of Clergyman, Priest or Magistrate

J. L. Henderson Qualification Commissioner for Oaths  
Address C/o S. P. & W. H. Calgary

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



H. M. C. S. "STADACONA" at Halifax, N.S.

OFFICIAL No. if known  
Space to be left vacant  
if not known

## CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL	NEXT OF KIN	PRESENT RATING
Sidney Francis MARTIN	(Father) Robert Martin	
	Name.....	
	Address.....	
DATE OF BIRTH*	PLACE OF BIRTH†	NAME, RANK AND STATION OF RECRUITING OFFICER
27th January, 1913.	Town..... Blyth	
	County..... Northumberland,	
	Province..... England.	

### Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5'5"	34"	Fair	Blue	Fresh	One inch linear scar on forehead directly above nose.	R.C.	Farm labourer.
Commencing date of Engagement or Re-engagement	28th May, 1934.	Period of Engage- ment or Re- engagement	Seven years.				
Date of actually vol- unteering to en- gage or re-engage	28th May, 1934.	Date of entering present ship	28th May, 1934.				

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

First Entry.

### Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?..... Yes.
- Are you a British subject? †..... Yes.
- Nationality of parents—Father..... English Mother..... English.
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police? ‡..... No.
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? ‡..... No.
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No.
- Have you ever been discharged from the Navy, Marines, Army or R.C. Mounted Police on account of misconduct?..... No.
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- Can you swim?..... No.

\* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

(OVER)

C.N.S. 55

2M-3-32  
N.S. 815-9-55



I—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I, **Sidney Francois MARTIN**, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada **for a period of seven years**, from **28th May, 1934**, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this **28th** day of **May**, 193**4**.

Witness to Signature. *Sidney Francois Martin* Man's Signature in full  
*Writer.*

Attested before me this **28th** day of **May**, 193**4**.

*[Signature]*  
Lieutenant-Commander, R.C.N. } Signature of a Commissioned  
Officer of the Naval Service

Date **31st May, 1934**, 193**4**.

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

*[Signature]* Commander, RCN. Commanding Officer  
*[Signature]* Captain, RCAMC. Medical Officer

II—Certificate and Declaration for Boys

Date.....193.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for.....years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

.....Commanding Officer

.....Lieutenant

.....Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for.....years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

.....Boy's Signature in full

Witness to Signature.....

Attested before me this.....day of.....193.....

.....} Signature of a Commissioned  
Officer of the Naval Service

III—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a.....  
on board H.M.C.S....., who on the.....of.....193.....

engaged to serve in the Naval Service of Canada for a period of \$.....years, do hereby

engage to serve for a further period ||.....from ¶.....193.....  
provided my services should be so long required.

.....Man's Signature in full

.....193.....

Witness,.....Commanding Officer

\* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of.....years."

† Insert the date from which the engagement actually commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

¶ Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of.....years," as the case may be.

|| Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.





Can. B. 207  
2,500-2-32  
N.S. 815-2-207

8  
MAY -7 1934  
62-21-47m

# CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Mr. Sydney Martin  
candidate for entry as \_\_\_\_\_  
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Halifax the 30<sup>th</sup> of April 1934.

K.G. Mahabir  
Examining Medical Officer  
MSc. MD. Ch. D.P.H.  
(Rank) (Major)

This examination has been made in accordance with the Instructions for Recruiting.

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
lbs.	ft.	ins.		inches	right eye									
21 yrs 3 mos	125	5.5	Good	(a) maximum 36	normal	Yes	normal	normal	Good	Healthy	Good	Varicocele left testis	Good	normal
				(b) minimum 32 1/2	normal	2 yrs ago		no hernia						
				(c) mean 34	colour vision normal									

## CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, \*Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

Sydney Martin  
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of Slight Varicocele left Testis

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

K.G. Mahabir MSc. MD  
Examining Medical Officer

(Rank) \_\_\_\_\_

\* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

Approved for  
Entry 1/10/34  
9 5/34



# QUESTIONNAIRE FOR CANDIDATES FOR ENTRY ROYAL CANADIAN NAVY

1. Please reply to question 1 to be in Block Letters. Replies to other questions to be in the handwriting of the Candidate.

1. Name (in full) .....
2. Date and Place of Birth .....
3. Permanent place of residence .....
4. How long resident in Canada? .....
5. Are you a British Subject? .....
6. Are you single, married or a widower? .....
7. In what capacity do you wish to engage? .....
8. How far advanced educationally are you? .....
9. Statement of present and previous employment. (Details of all previous employment should be given) .....
10. Do you belong to any Naval, Military Reserve or Territorial Force? .....
11. Have you ever served in such forces? Give dates and details .....
12. Have you ever been discharged from any of His Majesty's Forces as medically unfit? .....
13. Have you ever attempted to serve in any of His Majesty's Forces and been rejected? .....
14. What is your weight? .....
15. What is your height? .....
16. What is your chest measurement? (Not inflated) .....
17. Are you free from all physical defects and malformation, and not subject to fits? .....
18. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? .....
19. If accepted and sent to Government of Canada for Naval Base, do you agree to join the Royal Canadian Navy for seven years, continuous and full time, and to be subject to the Department of National Defence the expenses within your own control, do you agree to be transferred to the Naval Base? .....

I hereby declare that the above answers are true in every respect.

Signature .....

Address .....

Date .....

Witness to Signature

Note—The Certificate, Recommendation, etc., called for in questions 2, 8 and 9 must be attached, otherwise your application can not be considered.

M.S. 2417  
M.S. 2417  
M.S. 2417



DATE OF BIRTH			PLACE	CIVIL	SIN.			RANK OR RATE				
DAY	MO.	YR.	BIRTH	PLANT	CLASS	GRADE	CLASS	GRADE	CLASS	GRADE		
22	1	3	22	090	0	0	34	08	02	019	018	95
ENLIST. DATE			ACT. SERV. DATE	SIR	SIN.			RANK OR RATE				
DAY	MO.	YR.	DAY	MO.	YR.	CLASS	GRADE	CLASS	GRADE	CLASS	GRADE	
28	05	94	28	05								
SENIORITY			STR.	NON-STD	SIN.			RANK OR RATE				
DAY	MO.	YR.	CLASS	A	B	ST.	CLASS	GRADE	CLASS	GRADE	CLASS	GRADE
27	01	40	09									
						20	22.10.40					



40406

OFFICIAL NUMBER

FILE NUMBER

62-M.236

OFFICIAL NUMBER

40406

NAME MARTIN (Surname) Sidney Francis (Given Names) DATE OF BIRTH 27 January, 1913.PLACE OF BIRTH Blyth, Northumberland, Eng. OCCUPATION Farm Labourer.RELIGION Roman Catholic. EDUCATION Grade X.RESIDENCE AT TIME OF ENLISTMENT: Street and No. Grand Desert Town Halifax Co., Province, etc. N.S.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	5	34	Seven years.	5'5"	Fair	Blue	Fresh.	1" linear scar on forehead, directly above nose.				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Mary R. MartinADDRESS (in pencil): Street and No. 435 Brunswick St Town Halifax Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				3	7	34	Passed E.T. "One."				
				15	11	34	Passed for Cook (Supr)				
				10	11	37	Passed prof. for Ldg. Ck. (s)				
				29	11	38	Passed prof. for P.O. Ck. (s).				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
28	5	37	1st.	Granted.							

Date (in figures)				DAYS FORFEITED				
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

SECOND CLASS FOR CONDUCT

From To





Assistant Cook.

No. \_\_\_\_\_ Name MARTIN, Sidney Nationality English File F.D.446  
Date of Birth Jan. 27, 1913. Married S. Religion 15  
Date of Application Dec. 4, 1933. Medically Examined 20/5/34 025  
Address Grand Desert, Halifax Co., N.S.  
Education Grade X  
Previous Experience \_\_\_\_\_  
Remarks 11-12-33. N.S. Put on roster.  
Directions Re Entry 12-12-33. Lr. to applicant. 19/4/34 have Med. Exam. Memo  
199 ms. 10/5/34 for re, Panel entry.  
22cc  
Action \_\_\_\_\_  
Final Disposition \_\_\_\_\_ 2m-1-31-(M572)



DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

D.D.

WAR SERVICE RECORDS

MARTIN Sidney Francis		N-40406	P.O. Cook	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	

2329

24.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



HMCS "MARGAREE" Aug. /41 /R.C.N.  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Mary Ruth Martin - Widow

ADDRESS: ~~435 Brunswick St.~~; 508 Gottingen Street  
Halifax, N.S.

(2) MEMORIAL CROSS

WIDOW Mrs. M. R. Martin

ADDRESS: 19 Bell Block  
CALGARY, Alta.

(3) MEMORIAL CROSS

MOTHER DECEASED

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

947

(2) 14 May 1941

(3)







ALIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
NAVAL GENERAL SERVICE MEDAL (1915).

Francis. RANK/RATING .. P.O. Cook ..... OFF. NO. N-40406 ..... ADDRESS .....

[illegible]





FAH  
Department of National Defence  
(Naval Service)

IN REPLY PLEASE QUOTE

NO. H-21-6-2

28th January 1941

P 11063

DEPT  
NATIONAL DEFENCE  
JAN 31 1941  
N.S. 62-M-236  
CANADA

From: Commanding Officer,  
H.M.C.S. "STADACONA",  
Halifax, N. S.

To: Naval Secretary,  
Department of National Defence,  
Ottawa, Ont.

-----  
DEPENDENTS - DECEASED PERSONNEL  
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Submitted for the consideration of the  
Department:

Mrs. Ruth Martin, widow of Sydney T. Martin  
P.O. Cook R.C.N., a casualty in H.M.C.S. "MARGAREE"  
has made application for free transportation to pro-  
ceed with her two children, Sydney age four and Robert  
age two, to take up residence in Calgary.

The bona fide residence is Halifax, and it  
was here that the late Sydney T. Martin enrolled in the  
Royal Canadian Navy. Mrs. Martin, however, states that  
an Aunt of her late husband has offered to share her  
home with Mrs. Martin and the children and that there  
would be no household effects to be transferred.

It is requested that a decision be given as  
to whether or not transportation at Government expense  
is to be granted Mrs. Martin and her two children.

*Sup. on  
41-4-2*  
*Removed from  
62-M-51*

*J. Edwards*  
A/CAPTAIN, R.C.N.

*For action, see - Draft Gen. order  
12/31/41.*



P036928

62-M-236

Six copies to be rendered to Naval Service Headquarters

## REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Sidney Francis MARTIN  
(Christian names in full)Rank of Rating P.O. Cook (S) Official No. 40406  
(If unknown, date of first entry)Place of Birth Blyth, Northumberland Date of Birth 27th January, 1913  
Eng.

Occupation in Civil Life Farm Labourer Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.  
(Temporary) or Reserve ratings) 6 Years 5 Months

Date of Death 22nd October, 1940. Place of Death At Sea

Cause of Death Loss in collision of H.M.C.S. MARGAREE  
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mary Ruth MARTIN Relationship Wife  
Address 423 Brunswick, Halifax, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the  
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-  
ing to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalided

J. H. Edwards  
COMMANDER R.C.N.  
Commanding Officer,

8th November, 1940

The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.In all cases this Form is to be sent in addition to the Report by Telegraph required by the  
Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121  
15M-7-40 (5849)  
N.S. 815-9-1121



MBT.

(Militia Service)


6271236  
P.A. 18  
NS. 62-21-4M  
F.D. 446.

20th April, 1934.

The District Medical Officer,  
Military District No. 6,  
HALIFAX, N.S.

Mr. Sidney Martin -  
Grand Desert, Halifax County, N.S.

1. The marginally named is under consideration with a view to entry in the Royal Canadian Navy as an Assistant Cook, providing he is Medically fit.
2. May arrangements be made, please, for Mr. Martin to be Medically examined, on the attached Medical Examination Form, and when same has been completed, may it be returned to the Naval Secretary, Department of National Defence, Ottawa, accompanied by an account, in triplicate, for the sum of Two Dollars, (\$2.00), covering Examination Fee.
3. Enclosed, also please find Form B.207(A), "Physical Qualifications Required of Candidates for Entry in the Royal Canadian Navy", for guidance of the Medical Officer.

  
(A.E. Snell)  
Colonel,  
D. G. M. S.



P9169

N.S. 62M. 236



# Department of National Defence

(Naval Service)

## Declaration required of the Wife, or Guardian of the Children, of a Seaman in receipt of Marriage Allowance

(ANY FALSE STATEMENT KNOWINGLY MADE IN FILLING UP THIS DECLARATION WILL RENDER THE PERSON MAKING IT LIABLE TO PROSECUTION AND FORFEITURE OF ALLOWANCE)

(Name) Mrs. Mary R. Martin (Address) Seaforth, Halifax Co., N.S.

I SOLEMNLY DECLARE that the answers to the following questions are correct to the best of my knowledge and belief.

1. Are you wife of Sidney F. Martin #40406 Write here  
Yes or No.  
~~guardian of the children~~ No. Yes
2. Does your husband make his home with you when on leave? Yes
3. What are (a) the full names and (b) the birthdays (date, month, and year) of the children and what is (c) the relationship of each to the sailor. (Put your answers in the spaces below.)

Full Name of Child		Male or Female	Date of Birth	Relationship to Sailor
Christian Names	Surname			
<i>OK with a card</i>	<i>16/9/35</i>	<i>Male</i>	<i>16/9/35</i>	<i>Child</i>
<i>OK with a card</i>	<i>16/9/35</i>	<i>Male</i>	<i>16/9/35</i>	<i>Child</i>

4. (a) Are all these children alive? —  
 (b) Are they all benefiting from the allowance? —  
 (c) Are they all residing in your care? (See Note 1 below) —  
 (d) Are they all maintained at your expense? —
5. Do you know of any reason why your marriage allowance should be reduced or stopped? If so, state the reason overleaf. —

Signature Mrs. Mary R. Martin

The above declaration must be completed with answers inserted to all the questions and signed in the presence of one of the undermentioned persons: Doctor, Justice of the Peace, Minister of Religion, Police Officer (not below the rank of sergeant) and returned to the Financial Superintendent, Dept. of National Defence (Naval Service), Ottawa, in the enclosed envelope.

If this Form, duly completed, is not received by the Financial Superintendent, Dept. of National Defence (Naval Service), Ottawa, on or before SEP 25 1935, payment of the Allowance will be suspended.

### CERTIFICATE (TO BE COMPLETED BY WITNESS)

I hereby certify that the foregoing declaration was signed in my presence this 12<sup>th</sup> day of September 1935, and that I believe that (a) Mrs. Mary R. Martin is the proper person to receive the allowance referred to therein and that the children named above, (b) — in number, are alive and reside at (c) —

- (a) Insert name of payee.  
 (b) Insert number of children.  
 If none, strike out.  
 (c) Insert payee's present address.

Signature Gilbert Gault  
 Qualification A Justice of Peace in and for the County of Halifax  
 Address Seaforth

The Attestor is requested to read the Claimant's declaration and this Certificate carefully before appending his signature.

If this Form is spoiled a fresh one can be obtained by writing a request to that effect overleaf.

NOTE.—1. If any of the sailor's children are not residing with you, their names and their guardian's names and address must be inserted overleaf.



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## Passing Certificate

This is to Certify

that Sidney Martin,

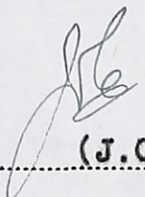
Rating Assistant Cook. Official Number 40406.

has passed

### THE EDUCATIONAL TEST, PART I

held on 3rd July, 1934.

For advancement to Petty Officer.

  
(J.O. Cossette)

Naval Secretary.

Department of National Defence,

Ottawa, this 23rd day of July, 1934.



S.—442. (Revised—February, 1924).

This Certificate should be given to the Candidate after the result of the Examination has been noted on his Service Certificate; and a duplicate sent to the man's Depot. For notation of provisional examination, see K.R. & A.I., Art. 806, clause 17.

## PASSING CERTIFICATE—GENERAL.

Name of Candidate (in full) Sidney Francis MARTIN.

Rating Assistant Cook. Ship H.M.C.S. "STADACONA".

Official No. 40406. Date of Birth 27th. January, 1913.

Seniority in present rating { (1) Acting -----  
(2) Confirmed 28th. May, 1934.

Rating for which examined Cook.

(If examined for confirmation of rating insert date of first examination. If candidate should be acting and rejected in examination for confirmation, insert particulars of his deficiency on back of this Certificate. If examined for Master-at-Arms insert date of recommendation for examination on back of this Certificate).

Has Candidate served the requisite period of time and is he fully eligible for examination?..... } **Yes.**

Are Candidate's Certificates of Service, Efficiency and Conduct satisfactory, and has he the necessary recommendations required by the Regulations?..... } **Yes.**

REMARKS.—(Whether passed a V.G., Good or Fair Examination, &c.)

### Superior

WE CONSIDER the Candidate to be qualified and in all respects fit for the rating.

(a) educationally { ~~or~~ and } (b) professionally, and have awarded him this Certificate accordingly.

Dated on board H.M.<sup>C</sup>S. "STADACONA".  
at Halifax, NS. on the 15th. of November, 1934.

Act. Paymaster Lieutenant-Commander, RN.

J. W. Harvey  
Petty Officer Cook.

Signature and Rank  
of Examining Officers  
(as laid down by the Regulations).

Candidate's Signature in full Sidney Francis Martin

Approved COMMANDER. Captain.

N. 608/24. Sta. 95/28.

H.M.<sup>C</sup>S. "STADACONA".

Any special notations not provided for above should be made on the back of the Certificate.



S.-442. (Revised November, 1930.)

## REPORT OF RESULT OF PROFESSIONAL EXAMINATION FOR RATING OF Leading Cook (S).

This form is to be used for examinations for all ratings, except in cases where special forms are provided, or where examinations of several ratings are held at one centre and the complete results are promulgated in one statement. The form is to be prepared in duplicate, original to be given to the Candidate and duplicate sent to his Depot.

Name of Candidate (in full) Sydney Francis M A R T I N 15986

Present rating Cook (S)

Port Division and Official No. 40406 <sup>C</sup> H.M.S. "ST-LAURENT"

Rating for which examined Leading Cook (S) { If for M.A.A. insert date of recommendation for examination

Has Candidate served the requisite period of time, is he fully eligible for examination, and has he the necessary recommendations required by the Regulations?

Yes

REMARKS.—(Whether passed a V.G., Good or Fair Examination, or, if not passed, particulars of his deficiency).

Good.

WE CONSIDER the Candidate to be qualified professionally for the rating of Leading Cook (S)

DATED on board H.M.<sup>C</sup>S. "STADACONA"

at Halifax, N.S. on the 10th. of NOVEMBER 193 7

John McCaswell  
Chief Petty Officer Cook (S)

Paymaster Lieutenant-Commander, R.C.N.

Signatures and Ranks  
of Examining Officers  
(as laid down by the Regulations)

Candidate's Signature in full Sydney Francis Martin  
Cook (S)

(Duplicate). Forwarded. The necessary action has been taken on the original certificate in accordance with Art. 606, Cl. 17 and Art. 1700, Cl. 17, K.R.

To the ~~Commodore~~, The Naval Secretary,  
R.N./Barracks// D.N.D. Ottawa

Captain,

W. G. G. G.  
Commander, R.C.N.  
H.M.<sup>C</sup>S. "STADACONA"

N. 3004/29. Sta. 118/30.

10th. November, 1937.





Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. 62-M-236

NOV 8 1940

70

STATEMENT OF SERVICE OF

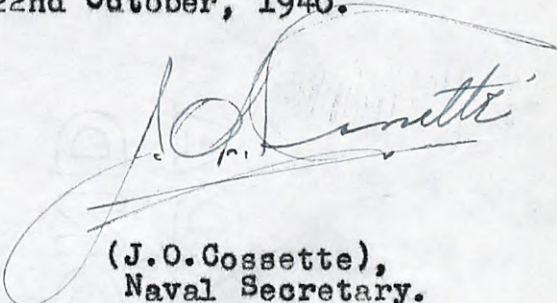
SIDNEY FRANCIS MARTIN,

PETTY OFFICER COOK (S), R.C.N., O.N. 40406.

<u>Ship or Establishment.</u>	<u>Rating.</u>	<u>From.</u>	<u>To.</u>
HMCS. "STADACONA"	Asst. Cook.	28th May, 1934	- 28th Jany. 1935.
	Cook.	29th Jany. 1935	- 31st May, 1935.
	Cook (S)	1st June. 1935	- 30th June, 1936.
" " "CHAMPLAIN"	" "	1st July, 1936	- 22nd Novr. 1936.
" " "STADACONA"	" "	23rd Novr. 1936	- 30th Jany. 1937.
" " "ST. LAURENT"	" "	31st Jany. 1937	- 13th Feby. 1938.
	Ldg. Cook (S)	14th Feby. 1938	- 20th April, 1938.
" " "SKEENA"	" "	21st April, 1938	- 30th Sept. 1938.
" " "STADACONA"	" "	1st Octr. 1938	- 26th Octr. 1938.
" " "GASPE"	" "	27th Octr. 1938	- 23rd Jany. 1939.
" " "STADACONA"	" "	24th Jany. 1939	- 22nd Aug. 1939.
" " "SKEENA"	" "	23rd Aug. 1939	-
" " "STADACONA"	" "	13th Novr. 1939	-
	P.O. Cook (S)	27th Jany. 1940	-
" " "MARGAREE"	" "	14th Aug. 1940	- 22nd Octr. 1940

Character Assessment for whole of time - "Very Good".

DISCHARGED "DEAD" - 22nd October, 1940.

  
(J.O. Cossette),  
Naval Secretary.



an. S. 459.  
S. 421. Established, 1910.  
Imp.: S. 459.

The corner of this certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

# CERTIFICATE of the Service of

**SIDNEY FRANCIS MARTIN.**  
in the Naval Service of Canada.

PORT DIVISION	<i>Halifax N.S.</i>	OFFICIAL NUMBER	<i>40406</i>
Date of Birth	<i>27th January, 1913.</i>		
Where born	{ Town <i>Blyth</i> County and Province <i>Northumberland, England.</i>		
Usual place of residence			
Trade brought up to	<i>Farm Labourer</i>		
Religious denomination	<i>Roman Catholic</i>		
Next of kin	<i>Wife - Ruth - 423 Brunswick Halifax 20/2/34</i>		
Can swim	<i>22 Aug '35 - P.S.T. (Fair) J.B. 3rd.</i>		
Man's signature on discharge to pension			

## CONTINUOUS SERVICE ENGAGEMENTS.

## MEDALS, CLASPS, &c.

Date of actually volunteering.	Commencement of time.	Period volunteering for.	Date Received.	Nature of Decoration.
<i>28th May, 1934</i>	<i>28 May '34</i>	<i>Seven years</i>		

DESCRIPTION OF PERSON.	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS.
	Feet.	In.	Complexion.	Hair.	Eyes.	
On entry as a boy.....	-	-	-	-	-	-
On advancement to man's rating, or on entry under 28 years...	<i>5</i>	<i>5</i>	<i>Fresh</i>	<i>Fair</i>	<i>Blue</i>	<i>One inch linear scar on forehead directly above nose.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years..						
Further description if necessary..						



Name Sidney Francis MARTIN

SHIP'S NAME	LIST AND No.		RATING	FROM	TO	CAUSE OF DISCHARGE.
U.S. "Stadacona"	502	103	Asst. Cook	28 May '34	27 Jan '35	
"Stadacona"	"	"	Cook.	28 Jan '35	31 July '35	
"Stadacona"	"	"	Cook (S)	1 Aug '35	19 June '36	
"Champlain"	-	-	"	20 June '36	24 Nov '36	
"Stadacona"	-	-	"	25 Nov '36	30 Jan '37	
"St. Laurent"	-	-	"	31 Jan '37	31 Jan '38	
" - " -	-	-	Tag. Cook (S)	1 Feb '38	20 Apr '38	
"Skeena"	-	-	"	21 Apr '38	30 Sep '38	
"Stadacona"	-	-	"	1 Oct '38	26 Oct '38	
"Stadacona" (Harps)	-	-	"	27 Oct '38	23 Jan '39	
"Stadacona"	-	-	"	24 Jan '39	22 Aug '39	
"Skeena"	-	-	"	23 Aug '39	12 Nov '39	
"Stadacona"	-	-	"	13 Nov '39	26 Jan '40	
" - " -	-	-	P.O. Cook (S)	27 Jan '40	13 Aug '40	
"Stadacona" for Margaree	-	-	"	14 Aug '40	5 Sep '40	
Margaree	-	-	"	6 Sep '40	22 Oct '40	"D.D."

DATE	Wounds received in Action and Hurt Certificate; also any meritorious Service, Special recommendations, Prize or other grants	CAPTAIN'S SIGNATURE

DATE

3 July 3  
14 Sept 3  
15 Nov 3  
10 Nov 3  
29 Nov 3



Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet.

DATE	PARTICULARS.	CAPTAIN'S SIGNATURE	DATE	PARTICULARS.	CAPTAIN'S SIGNATURE
3 July 34	Passed E. T. Part I	J. G. Edwards.			
14 Sept. 34	Passed New Ents. Class	W. M. Taylor			
15 Nov '34	Passed for book. (Super)	W. M. Taylor			
10 Nov '37	Passed for Ladg. Cook (S)	W. M. Taylor			
29 Nov '38	Passed for P.O. 3d (S)	W. M. Taylor			



[illegible]



10

DEPARTMENT OF NATIONAL DEFENCE  
NAVY                      ARMY                      AIR FORCE  
**STATEMENT OF WAR SERVICE GRATUITY**

4  
NAVY

used member's  
Sydney Francis MARTIN  
(CHRISTIAN NAMES) (SURNAME)  
Mrs. Mary Ruth MARTIN  
214 Gottingen St.,  
Halifax, N.S.

REGISTER NO. 1138  
FILE NO. NS.N/40406  
DATE 23 Feb/45  
SERVICE NO. 40406  
FINAL RANK OR RATING P.O. Ck (S)  
DATE OF DISCHARGE 22 Oct/40

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct/40

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50  
30

\$ 97.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 134 LESS 19 INELIGIBLE DAYS, EQUAL TO 115 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 28.75

## SUB TOTAL

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 2.65  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.45  
ADDITIONAL PAY 1 B. \$ .05

G.H.A. \$ .25  
H.L.M. \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$ 1.25

TOTAL \$ 5.80 X7 = \$ 40.60  
NO. OF DAYS 115 X\$ 40.60  
183

\$ 85.51

## D. WAR SERVICE GRATUITY

\$ 151.76

## E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$

nil

## F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ 151.76

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE  
AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN  
CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE  
DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE  
FOR EXPLANATION  
OF ITEMS A, B & C

## G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$

X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	151.76								
CHEQUE No.	111060								
DATE	10/3/45								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

**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 SJD  
CHECKED BY [Signature]

TREASURY  
CHECKED BY [Signature]  
DATE 5/3/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.