

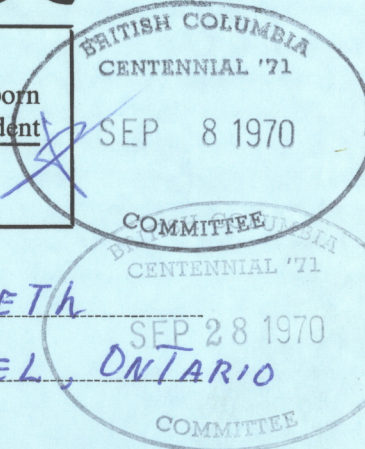


APPLICATION FOR THE PIONEER MEDALLION



**ELIGIBILITY**

For purposes of this award, a *Pioneer* shall be any person who was either born in Canada or a resident of Canada prior to January 1, 1897, but must be a resident of British Columbia NOW.  
Award to be made during 1971.



PLEASE PRINT OR TYPE

1. Name in full ~~Miss~~ KLEMM ELIZABETH  
(Family name.) (Given names.)
2. Date of birth 18 JUNE 1891 3. Place of birth LISTOWEL, ONTARIO  
(Day.) (Month.) (Year.)
- If married—
4. Maiden name NICKEL ELIZABETH
5. Husband's given names KLEMM CHARLES
6. Wife's full maiden name \_\_\_\_\_
7. Occupation before retirement \_\_\_\_\_
8. If born in Canada but outside British Columbia—
- (a) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)
- (b) Where did you first live in British Columbia ERRINGTON
- (c) Where did you live immediately before coming to British Columbia INDIAN HEAD  
SASKATCHEWAN
9. If born outside Canada—
- (a) Where did you live immediately before coming to Canada \_\_\_\_\_
- (b) When did you first come to Canada \_\_\_\_\_  
(Day.) (Month.) (Year.)
- (c) Where did you first live in Canada \_\_\_\_\_
- (d) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)
10. Names of parents in full, including maiden name of mother—
- Father NICKEL WILLIAM  
(Family name.) (Given names.)
- Mother HOFFMAN KATHERINE  
(Maiden name.) (Given names.)
11. Given names of brothers or sisters CORA, TILLEY, MINNIE,  
SALINA, HERBERT
12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) \_\_\_\_\_
13. Box 48, ERRINGTON Elizabeth Klemm  
(Present address of applicant.) (Signature of applicant.)  
Aug 28, 1970.  
(Date.)

RETURN THIS FORM IN QUADRUPPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FOR FORWARDING TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 1970.

*To be completed by the local Centennial Committee*

14. Shood ERRINGTON  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available BIRTH CERTIFICATE