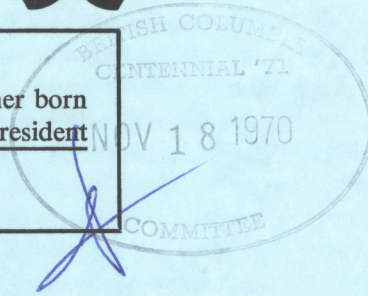


APPLICATION FOR THE PIONEER MEDALLION

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.

~~MR.~~

Mrs.

PLEASE PRINT OR TYPE

1. Name in full ~~MISS~~ KLOPP Florence
(Family name.) (Given names.)
2. Date of birth 5 Mar 1890 3. Place of birth Surrey, B.C.
(Day.) (Month.) (Year.)
- If married—
4. Maiden name Fallowfield
5. Husband's given names Alexander
6. Wife's full maiden name _____
7. Occupation before retirement Housewife
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 _____
 - (c) Where did you live immediately before coming to British Columbia _____
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 Fallowfield, ~~THOMAS~~ Thomas Atkinson
(Family name.) (Given names.)

Mother Kyle, Margaret
(Maiden name.) (Given names.)
11. Given names of brothers or sisters George Walter, Charles Thomas, Frank James, &
David Alfred
12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) _____
13. 12037 - 102 Avenue, Florence Klopp
(Present address of applicant.) (Signature of applicant.)
Surrey, B.C. November 6, 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. [Signature] Surrey
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)
15. What, if any, verification of date of birth was available Birth Certificate