

V.

**CANADIAN CONFEDERATION CENTENNIAL COMMITTEE
OF BRITISH COLUMBIA**

Pioneer Medallion Application Form

Return this form in quadruplicate to your *local Centennial Committee* for forwarding to Victoria. No forms will be accepted after November 19, 1966.

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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, 1892, but must be a resident of British Columbia *NOW*.

Please type or print.

1. Name in full AKENHEAD ISABEL
(Family name.) (Given names.)

2. Date of birth APRIL 1, 1885 3. Place of birth COURTENAY
(Day.) (Month.) (Year.)

If married—

4. Maiden name URQUHART

5. Husband's given names WILFRED EDWIN

6. Wife's full maiden name URQUHART, ISABEL

7. Occupation now or before retirement NONE

8. If born *outside* Canada—

(a) When did you first come to Canada _____

(b) Where did you first live in Canada _____

(c) Where did you live immediately before coming to Canada _____

9. If born in Canada but *outside* British Columbia—

(a) When did you first come to British Columbia _____

(b) Where did you first live in British Columbia _____

(c) Where did you live immediately before coming to British Columbia _____

10. Names of parents in full, including maiden name of mother—

(Father) URQUHART, ALEXANDER

(Mother) URQUHART, MARGARET (MAIDEN NAME PATERSON)

11. Given names of brothers or sisters URQUHART, JOHN KENNEDY (DECEASED)
McPHEE (NEE URQUHART), MARGARET
McLENNAN, (NEE URQUHART) GEORGINA GERTRUDE (DECEASED)
URQUHART, WILLIAM ALEXANDER (DECEASED)

12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) _____

13. Do you have in your possession family records? - - - - - Yes. No.

photographs? - - - - - Yes. No.

Would you be willing to make them available to the Provincial Archives as a gift? - Yes. No.

on loan? - Yes. No.

14. 840 HEYWOOD Isabel Akenhead
(Present address of applicant.) (Signature of applicant.)

VICTORIA, B.C. July 22, 1966
(Date.)

[Signature]
(Signature of local Centennial Committee Chairman.)

Greater Victoria
(Name of local Centennial Committee.)

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