

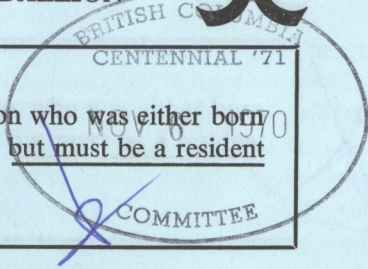


APPLICATION FOR THE PIONEER MEDALLION

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~~ JOHNNY ABRAHAM
(Family name.) (Given names.)
- 2. Date of birth 21 March 1893 3. Place of birth NANAIMO RIVER, B.C.
(Day.) (Month.) (Year.)
- If married—
- 4. Maiden name _____
- 5. Husband's given names _____
- 6. Wife's full maiden name EMILY JAMES
- 7. Occupation before retirement LONGSHOREMAN
- 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 _____	<u>Johnny</u>
<small>(Family name.)</small>	<small>(Given names.)</small>
Mother <u>Mitchell</u>	<u>Martha</u>
<small>(Maiden name.)</small>	<small>(Given names.)</small>
- 11. Given names of brothers or sisters _____
- 12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) _____
- 13. CEDAR P.O. CEDAR B.C. Johnny Abraham
(Present address of applicant.) (Signature of applicant.)
OCTOBER 22, _____, 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. R L Osborne Cedar & District
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available MRS Thomas Sec. INDIAN BAND