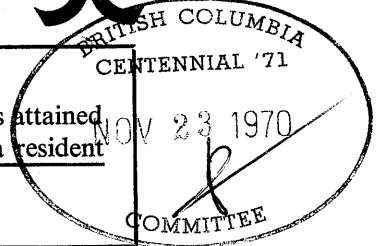




APPLICATION FOR THE CENTENARIAN AWARD



*P. Pioneer  
Forms received*

ELIGIBILITY

For purposes of this award, a *Centenarian* shall be any person who has attained or will attain his or her 100th birthday by or during 1971 but must be a resident of British Columbia NOW.

Award to be made during 1971.

PLEASE PRINT OR TYPE

1. Name in full Miss GRACE THURZA  
(Family name.) (Given names.)
2. Date of birth 1 12 1869 3. Place of birth ENGLISHCOMBE, SOMERSET, ENG.  
(Day.) (Month.) (Year.) (BIRTH CERTIFICATE AVAILABLE)
- If married—
4. Maiden name PHILLIPS
5. Husband's given names JOHN HEDLEY GRACE
6. Wife's full maiden name THURZA PHILLIPS
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 LONDON, ENGLAND
  - (b) When did you first come to Canada \_\_\_\_\_  
(Day.) (Month.) (Year.) 1895?
  - (c) Where did you first live in Canada VANCOUVER
  - (d) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.) 1895?
10. Names of parents in full, including maiden name of mother—
 

Father <u>PHILLIPS</u> <small>(Family name.)</small>	Father <u>JOHN</u> <small>(Given names.)</small>
Mother <u>ESCOFF</u> <small>(Maiden name.)</small>	Mother <u>SUSAN HARRIET</u> <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. HAWTHORNE PRIVATE HOSPITAL  
(Present address of applicant.) 2665 POINT GREY RD. VAN.  
(Signature of applicant.) November 18, 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] Vancouver Centennial Committee  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available \_\_\_\_\_