TISH COLUMN

## BRITISH COLUMBIA CENTENNIAL '71 COMMITTEE



## APPLICATION FOR THE PIONEER MEDALLION



**ELIGIBILITY** 

For purposes of this award, a *Pioneer* shall be any person who was either born CENTENNIAL '71 in Canada or a resident of Canada prior to January 1, 1897, but must be a resident of British Columbia NOW.

	of British Columbia NOW.  Award to be made during 1971.	70	
	Mr. PLEASE PRINT OR TYPE, COMMITTEE	_	
1.	Name in full Miss DAWSON Henre		
2.	Date of birth (Given names.)  (Day.) (Month.) (Year.)  (Given names.)  (AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
4.	If married—  Maiden name		
5.	Husband's given names HENRY (HARRY)  Wife's full maiden name ANNIE BAKER		
6.	Wife's full maiden name ANNIE BAKER		
7.	Occupation before retirement $FARMER$		
8.	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(Month.) (Year.)		
(c) Where did you live immediately before coming to British Columbia			
9.	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.)		
	(d) When did you first come to British Columbia		
0.	(Day.) (Month.) (Year.)  Names of parents in full, including maiden name of mother—		
	Father DAWSON SIDNEY (Family name.) (Given names.)		
	Mother ISABELLA (Given names.)		
1.	Given names of brothers or sisters GRACE BEATRICE		
2.	Any remarks you may care to make about your family background or experiences (if required, please		
	attach separate sheet)		
3.	(Present address of applicant.)  (Present address of applicant.)  (Signature of applicant.)  (Signature of applicant.)  (Signature of applicant.)	n	
	(Date.)		

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

To be completed by the local Ce	ntennial Committee
	2 100
14 4 7 7 1 6 001	Mansore Bl.
(Signature of local Centennial Committee Chairman.)	(Name of local Centennial Committee.)
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15. What, if any, verification of date of birth was available	Birch Chilicale: