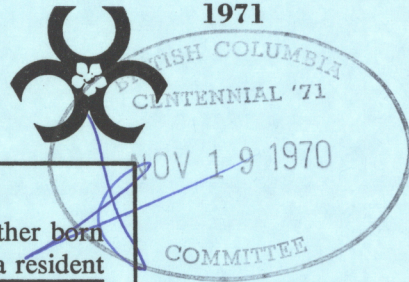




APPLICATION FOR THE PIONEER MEDALLION



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 ~~MR.~~ ~~Mrs.~~ ~~Miss~~ DES BRISAY HAROLD ARCHIBALD
(Family name.) (Given names.)

2. Date of birth 6 February 1893 3. Place of birth NEW WESTMINSTER, B.C.
(Day.) (Month.) (Year.)

If married—
 4. Maiden name _____

5. Husband's given names _____

6. Wife's full maiden name NAOMI SCHMOGROW

7. Occupation ~~before retirement~~ PHYSICIAN

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 DES BRISAY ALBERT
(Family name.) (Given names.)

Mother PATERSON MARGARET
(Maiden name.) (Given names.)

11. Given names of brothers or sisters ALEXANDER CAMPBELL (DECEASED.)
ALBERT GORDON, MERRILL, MARGARET

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

13. 2772 SPRUCE STREET #104 H.A. Des Brisay
(Present address of applicant.) (Signature of applicant.)
VANCOUVER, B.C. November 17, 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 _____