



APPLICATION FOR THE PIONEER MEDALLION



COMMITTEE

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.

ME. PLEASE PRINT OR TYPE Mrs. D. T. Lith					
1.	Name in full Miss Dernard Rose Earn				
2.	Date of birth 14 10 1891 3. Place of birth VIrden, Manitoba (Year.)				
4.	If married— Maiden name Ivens				
5.	Husband's given names Thomas Kirkpatrikck (deceased)				
6.	Wife's full maiden name Rose Edith Ivens				
7.	Occupation before retirement No Retirement				
8.	If born in Canada but outside British Columbia— (a) When did you first come to British Columbia (Day.) (Day.) (Month.) (Year.)				
	(b) Where did you first live in British Columbia Salmon Arm				
0	(c) Where did you live immediately before coming to British Columbia Virden, Manitoba				
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.)				
	(c) Where did you first live in Canada				
	(d) When did you first come to British Columbia (Day.) (Month.) (Year.)				
0.	0. Names of parents in full, including maiden name of mother—				
Father Ivens Charles Howe					
	(Family name.) (Given names.)				
	Mother Webb Julia (Maiden name.) (Given names.)				
1.	Given names of brothers or sisters Catherine, Charles,				
	Elsie, Louise				
2.	Any remarks you may care to make about your family background or experiences (if required, please				
	attach separate sheet)				
3.	Beach Ave, R.R.2. Gibsons (mail) R.E. Bernard (Present address of applicant.) (Signature of applicant.)				
	Residence, Beach Ave., Roberts Creek hovember 2nd, 1970.				
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 Centennial Committee				

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	14. Charles Barnes	ROBERTS CREEK	1	
I	(Signature of local Centennial Committee Chairman.)	(Name of local Centennial Committee.)		
	15. What, if any, verification of date of birth was available	BIRTH CERTIFICATE	E	