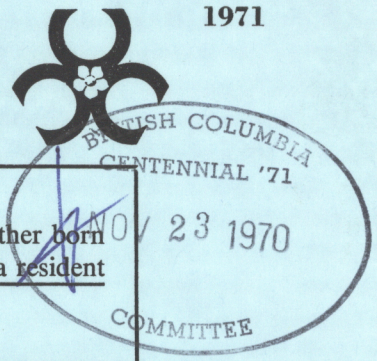




APPLICATION FOR THE PIONEER MEDALLION



**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 <sup>Mr.</sup> ~~Miss~~ MR. OAKES WILLIAM FREDERICK  
(Family name.) (Given names.)

2. Date of birth 6 OCTOBER 1881 3. Place of birth AUSTIC ONT  
(Day.) (Month.) (Year.)

If married—  
 4. Maiden name \_\_\_\_\_

5. Husband's given names \_\_\_\_\_

6. Wife's full maiden name MERCER, Caroline

7. Occupation before retirement FARMER

8. If born in Canada but outside British Columbia—  
 (a) When did you first come to British Columbia 10 NOVEMBER 1895  
(Day.) (Month.) (Year.)

(b) Where did you first live in British Columbia VANCOUVER

(c) Where did you live immediately before coming to British Columbia ONTARIO

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 OAKES William James  
(Family name.) (Given names.)

Mother Blanchfield Bridgett Josephine  
(Maiden name.) (Given names.)

11. Given names of brothers or sisters John - Cyril - Herbert - Aubrey  
Blanche - Lillian - Geraldine - Elizabeth  
VERA

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

13. 46067 Southlands Dr Dr H. Oakes  
(Present address of applicant.) (Signature of applicant.)  
Chilliwack BC Nov 5 - 1970, 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. Lloyd Maskey Chilliwack & District  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available Birth Certificate