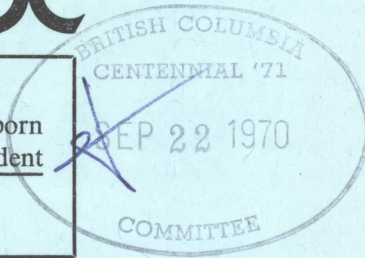




APPLICATION FOR THE PIONEER MEDALLION



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~~ Clarke Henry Percy
(Family name.) (Given names.)
2. Date of birth 27 MAY 1884 3. Place of birth SASK.
(Day.) (Month.) (Year.)
- If married—
4. Maiden name _____
5. Husband's given names _____
6. Wife's full maiden name Dorothy Ann Oliver
7. Occupation before retirement Farmer
8. If born in Canada but outside British Columbia—
- (a) When did you first come to British Columbia _____ 1914
(Day.) (Month.) (Year.)
- (b) Where did you first live in British Columbia Kilkerran - Peace River Dist.
- (c) Where did you live immediately before coming to British Columbia _____
Omenee - 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 Clarke Norman Percy
(Family name.) (Given names.)
- Mother Curry Laura
(Maiden name.) (Given names.)
11. Given names of brothers or sisters Ethel, Frederick,
Norman, Hilda, Susan, Noel
12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) Home steaped in 1914
AT KILKERRAN B.C. in Peace River
DISTRICT
13. RR #2 Henry P Clarke
(Present address of applicant.) (Signature of applicant.)
Quilicum Base H August 28, 1970.
(Pratt Rd) (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. W. Penman Quilicum Base H
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available Family Bible