

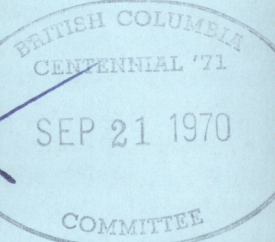


APPLICATION FOR THE PIONEER MEDALLION

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. KLEIN OLIVE FRANCES
(Family name.) (Given names.)

2. Date of birth 20 OCTOBER 1895 Place of birth SOUTH SAIT SPRING ISLAND
(Day.) (Month.) (Year.)

4. Maiden name OLIVE FRANCES LEE

5. Husband's given names CHARLES KLEIN

6. Wife's full maiden name OLIVE FRANCES LEE

7. Occupation before retirement HOUSE WIFE

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 SOUTH SAIT SPRING ISLAND

(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 SOUTH SAIT SPRING ISLAND - B.C.

(d) When did you first come to British Columbia _____
(Day.) (Month.) (Year.)

10. Names of parents in full, including maiden name of mother—
Father LEE EDWARD
(Family name.) (Given names.)

Mother POLLARD MARTHA
(Maiden name.) (Given names.)

11. Given names of brothers or sisters BERTHA - LAURA - LILY - WINNIE - ANN OLIVE
HUDSON - NEWCOMBE - DECEASED

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

13. #20-12860-26th Ave. Olive Frances Klein
(Present address of applicant.) (Signature of applicant.)
Surrey, B.C. _____, 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. _____ White Rock Centennial Com.
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)
15. What, if any, verification of date of birth was available BIRTH CERT.