BRITISH COLUMBIA CENTENNIAL '71 COMMITTEE

APPLICATION FOR THE *PIONEER* MEDALLION

British Columbia Centennial '71 Committee — NOV 6 1970

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

Mr.
Mrs.
Miss

1. Name in full **DUNBAR, ABBIE DELLA**
   (Family name.)   (Given names.)

2. Date of birth **20 NOV. 1895** 3. Place of birth **MATHER, MAN.**
   (Day.) (Month.) (Year.)

If married—
4. Maiden name **BALE, ABBIE DELLA**

5. Husband's given names **DUNBAR, JAMES EDWARD (DECEASED)**

6. Wife's full maiden name _____

7. Occupation before retirement **HOUSEWIFE.**

8. *If born in Canada but outside British Columbia—*
   (a) When did you first come to British Columbia **APRIL 14th 1924**
   (Day.) (Month.) (Year.)

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

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

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 **BALE, GEORGE**
    (Family name.)   (Given names.)
    Mother **McKellar, Margaret**
    (Maiden name.)   (Given names.)

11. Given names of brothers or sisters **John, Richard, Agnes, Mary, Margaret George (Me), Hazel**

12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) *Our home was a happy one, where hospitality & kindness abounded.*

13. **#503-5603 Balsam St**   *Della Dunbar*
    (Present address of applicant.)   (Signature of applicant.)
    Vancouver   **Oct. 20th** _____, 1970.
    (Date.)

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

14. _____
    (Signature of local Centennial Committee Chairman.)   **Vancouver Centennial Committee**
    (Name of local Centennial Committee.)

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

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