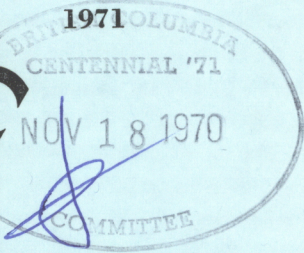




APPLICATION FOR THE PIONEER MEDALLION



**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~~ *Constance ELLEN Hatfield.* (Family name.) (Given names.)
2. Date of birth *17 March 1891* 3. Place of birth *Clayton, B.C.*  
(Day.) (Month.) (Year.)
4. Maiden name *WILTSHIRE.* X
5. Husband's given names *BURTON Leander.*
6. Wife's full maiden name *Constance Ellen ~~Hatfield~~ Wiltshire.*
7. Occupation before retirement *Nurse R.N. & Home maker.*
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 \_\_\_\_\_  
 (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 \_\_\_\_\_  
 (d) When did you first come to British Columbia \_\_\_\_\_  
 (Day.) (Month.) (Year.)
10. Names of parents in full, including maiden name of mother—  
 Father *WILTSHIRE.* *ERNEST Miles.*  
 (Family name.) (Given names.)  
 Mother *JEFFERY.* *ELIZABETH Emily.*  
 (Maiden name.) (Given names.)
11. Given names of brothers or sisters *WALTER, Frank, Arthur,*  
*Daisy, Violet.*
12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) \_\_\_\_\_
13. \_\_\_\_\_  
 (Present address of applicant.) *C. E. Hatfield.*  
 (Signature of applicant.)  
*Box 164, Comox, B.C.,* *October 2, 1970.*  
*Van Island.* (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. *A. Glazner* \_\_\_\_\_ *Garnet* \_\_\_\_\_  
 (Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

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