



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

Mr. Mrs. Miss

1. Name in full MRS. Booth HASEL
(Family name.) (Given names.)

2. Date of birth 14^a - 7^a - 1896 3. Place of birth TORONTO, YORK Co.
(Day.) (Month.) (Year.)

If married—

4. Maiden name ARMSTRONG HASEL

5. Husband's given names HUBERT HALLOWELL "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 NANOOSE BAY, Nov. 1921
(Day.) (Month.) (Year.)

(b) Where did you first live in British Columbia NANOOSE BAY, R.R.1.

(c) Where did you live immediately before coming to British Columbia EDMONTON, ALTA.

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 ARMSTRONG CHARLES MARTIN,
(Family name.) (Given names.)

Mother WILSON MARY, ANN,
(Maiden name.) (Given names.)

11. Given names of brothers or sisters CHARLES, ERROLL, DEC. WILLIAM, WILSON, DEC.

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.) (Signature of applicant.)

R.R. #1. NANOOSE, BAY, B.C. Mrs. Hazel Booth, 1970.
(Date.) 26th - 9th - 1970

RETURN THIS FORM IN QUADRUPPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FOR FORWARDING TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 1970.

Robert S. [Signature] Mrs. Booth
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

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