

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.



Mr.
Mrs.
Miss

PLEASE PRINT OR TYPE

1. Name in full Miss M Kjelby Anna Helga Frances
(Family name.) (Given names.)
2. Date of birth 22 July 1892 3. Place of birth Vancouver, B.C.
(Day.) (Month.) (Year.)
- If married—
4. Maiden name Becker, Anna Helga Frances
5. Husband's given names Mikal
6. Wife's full maiden name Anna Helga Frances Becker
7. Occupation before retirement Graduate Nurse
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 Becker DeWitt Alfred
(Family name.) (Given names.)

Mother Mobeck Lucia, Isabelle, Zenobia
(Maiden name.) (Given names.)
11. Given names of brothers or sisters Ira, Oliver, Pearl, Grace Lucia, Florence, George
12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) Grand daughter of Abigail Becker, heroine of Long Point.
13. Gambier Island Helga F Kjelby
(Present address of applicant.) (Signature of applicant.)
B.C. August, 12, 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. Shedden Gibsons B.C.
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)
15. What, if any, verification of date of birth was available none - Committee is satisfied application is correct