



The Georgia Historical Society  
Georgia Historical Marker Program

Marker Application

**\*\*Please refer to Marker Application Instructions to complete this form.\*\***

1. PROPOSED TITLE OF MARKER

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2. LOCATION OF MARKER SUBJECT  
Address, street, highway (please be specific)

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City or Town (If outside city limits, please list nearest city or town)

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County \_\_\_\_\_ Zip Code \_\_\_\_\_

3. PROPOSED MARKER SITE

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4. PROPOSED MARKER TEXT  
(Please attach a typed separate sheet. Refer to #4 in the Instructions)

5. HISTORICAL DOCUMENT  
(Please attach a typed separate sheet. Refer to #5 in the Instructions)

6. SUMMARY  
A. Why is the nomination important? Why should it receive a historical marker?

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B. Is the nominated structure, site, or event at least 50 years old? Please give date.

yes       no

Date \_\_\_\_\_

C. Is the nomination listed in the National Register of Historic Places? Please see 6C in the instructions. If yes, please include a copy of the nomination with the application

yes       no

D. Is the ownership of the property that is the marker subject public or private? Please refer to Instructions.

public     private

Has the property owner, whose property is the marker subject, been notified as to the intention to erect a marker referencing the property? Please list property owner information. Use a separate sheet if necessary.

yes       no

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

E. Is the ownership of the property that is the proposed marker site public or private?

public     private

Has the property owner been notified as to the intention to erect a marker on the property? Please list property owner information if different from above.

yes       no

Remember that a signed Property Owner Agreement form must accompany the final application.

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

F. Will a marker be accessible to the public if placed at this site on this property?

yes       no

G. If the nomination involves a person, have they been deceased at least 25 years?

yes       no

Date of Death \_\_\_\_\_

H. Is there already a marker, monument, plaque, etc. designating the proposed nomination? Please refer to 6H in the Instructions.

yes       no

If so, please describe. For example, is it a state marker, county/city monument, or a memorial from a private entity? \_\_\_\_\_  
\_\_\_\_\_

I. Has this nomination received previous application for a marker through the state or other entity, including the Georgia Historical Society? If yes, please give entity and date of application.

yes: \_\_\_\_\_

no

J. Is there a process for reviewing and approving the erection of markers in the city/county in which the nomination would reside? \*Please see 6J in Instructions.

yes       no

If yes, please provide contact information for the appropriate city/county representative overseeing the review of historical markers:

Name and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## 7. SUPPORTING MATERIALS

Please include the supporting materials below with Marker Application. Refer to #7 in the Instructions.

- Images of nomination
- City or county map of proposed marker subject and site
- Department of Transportation approval, if appropriate
- Sponsor Agreement(s)
- Property Owner Agreement

## 8. SPONSOR(S) OF NOMINATION

Sponsor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

9. FORM PREPARED BY

Sponsor representing \_\_\_\_\_

Name \_\_\_\_\_

Address (for correspondence) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

Please submit your application without using covers, page protectors, bindings, and other presentation materials, and make a copy of the complete application for your files.