



## **Historical Markers Project Submission Form**

**Name of Student or Name of Classroom, Community Youth Group, Teacher, or Sponsoring Adult:**

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**Contact Information, name and email(s):**

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**Grade Level:** \_\_\_\_\_

**Name of School Attending:** \_\_\_\_\_

**Submission for proposed history marker (Person, Group, Event, or Place):**

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**Dates of Significance (Dates of birth and death if an individual, or date of event)**

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**Brief Description (3-5 sentences)**

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A Fairfax County, VA, publication. 1/2022

To obtain this information in an alternative format, please call the Department of Neighborhood and Community Services

at 703-324-4600, TTY 711.

[www.fairfaxcounty.gov/neighborhood-community-services](http://www.fairfaxcounty.gov/neighborhood-community-services)





**Evidence of historical accuracy (source material, oral history, bibliography, references, photographs, newspaper article):**

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**Location associated with person, place or event (3-5 sentences)**

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**Why does this topic matter to you personally?**

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**Email any additional documents, photos or graphics to:**  
**[NCSblackhistorycommittee@fairfaxcounty.gov](mailto:NCSblackhistorycommittee@fairfaxcounty.gov)**

