

MARION COUNTY HALL OF FAME



NOMINATION FORM

Full Name of Nom	inee:	
Date of Birth:	Place of Birth:	
Date of Death:	Place of Death:	
Addresses lived at i	in Marion County (If using as crite	eria for eligibility):
Year(s)	Street Address	City
Burial Location (If	using as criteria for eligibility):	
family Members /	Descendants / Colleagues:	
<u>Name</u>	<u>Relationship</u>	Contact Information (Address or Phone Number)

Which of the following criteria for membership doe (Check all that apply)	s the candidate meet?
Born in Marion County	Died in Marion County
Lived in Marion County at least five years	Entombed in Marion County cemetery
Nominee is not deceased or has been for less	than five years
Attach a brief (no more than two pages) biography of as to why the nominee should be considered for me Citation of sources is an important aspect in helping the Honors Panel. Be sure to include which criteria significant historical, artistic, or humanitarian activity recognized for.	mbership in the Marion County Hall of Fame. g to facilitate verification of the information by for membership the candidate meets and what
Supporting materials in addition to the biography materials submitted become the property of the be returned. The nomination form and supporting membership will be maintained by the Marion Cosubsequent renominations.	Marion County Historical Society and will not ng materials for all nominees not chosen for
Nominator Information:	
Name:	
Address:	
City: State:	Zip:
Phone: _()	
Email:	
All materials should be submitted no later than Octo	ober 15 to:
Marion County Hall of Fame Marion County Historical Society 169 E. Church Street	admchs@marionhistory.com Subject: Marion County Hall of Fame

Marion, OH 43302