

Hall of Heroes Nomination for 2024

Information

Veteran's Name: _____

Branch of Service: _____

Rank @ Time of Discharge: _____

In Honor or In Memory

Contact Information

Contact Information: _____

Address: _____

Phone #: _____

I confirm this an accurate list of information and I will provide a Shadow Box to display for one year at the Hall of Heroes located at the Hillcrest Courthouse by the required date. If you have any questions, please contact personnel at the Laurens County Veterans Affairs Office @ # 864-984-4041.

Print Name: _____ Signature: _____

Date: _____

Office Use Only

Date Received: _____ 4x6 Photo of Veteran: _____

DD 214: _____ Shadow Box: _____

Estimated date of Ceremony - October or November