

Laurens County Veterans Affairs

Hall of Heroes Nomination for 2025

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*