



Heritage Museum
Dorchester County Archives & History Center
101 Ridge Street
St. George, SC 29477

(843) 931-1020 (843) 931-1021 contact-us@dca-hc.com

Veteran / Active Duty Information Form

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ E-mail: _____

Male Female Date of Birth: _____

Where were you born? _____

If deceased, date of death: _____ Place of Internment: _____

Branch of Service: Army Navy Air Force
 Marines Coast Guard Other

(If Other, please explain.)

Date of Enlistment: _____ Location: _____

Date of Discharge _____ Location: _____

Rank at Discharge: _____

Duty Assignments: _____

Veteran Information Form

Decorations, Medals, Commendations, Citations and Campaign Ribbons awarded or authorized: (Please include how and where earned.) _____

Special Notes: _____

Yes, I have items I would like to donate or loan to the Veterans' Room exhibit at Heritage Museum.

____ Yes ____ No My signature on this form gives The Heritage Museum my permission to use information provided in this form and/or any photographs that may include me for museum promotional materials.

Signature: _____ Date: _____

Form Completed By: _____

Please return completed form to: Heritage Museum
Dorchester County Archives & History Center
Attn: Veteran's Form
101 Ridge Street
St. George, SC 29477