



**Dorchester Heritage Center**  
**101 Ridge Street**  
**St. George, SC 29477**  
**(843) 931-1020 (843) 931-1021**  
[contact-us@dhc-sc.com](mailto:contact-us@dhc-sc.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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(SEE ADDITIONAL INFORMATION ON THE REVERSE)**

