



Active Military and Veteran: Biography Form



Name: _____

Address _____ City, ST, Zip _____

Email: _____ Phone: (____) _____

DOB: ____/____/____

Circle One: Living Deceased KIA MIA POW

If you are filling this form out for a Deceased, KIA or MIA Veteran please write your name and relationship to the Veteran here: _____

Branch of Service: _____

Rank upon Discharge or Current Rank: _____

Years of Service: _____ Year Service Began: _____ Year Service Ended: _____

Specialties: _____

Wars or Conflicts Served: _____

Foreign Countries Served In: _____

Medals/Awards/Honors Received: _____

Highlights of Military Service: _____

Why is voting important to you and what would you say to others to encourage them to vote?: _____

If interested in having the biography included on the Wall of Honor please submit a photo from time in service as well as most current photo.

Please return completed form to:
Shirley Anderson
Supervisor of Elections
Hernando County
20 N. Main St, Room 165
Brooksville, FL 34601