



# 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