

# VETERAN BIOGRAPHY FORM



Include as much or as little information as you wish. Use the back of the form or attach additional information, if needed. This information is used to identify the veteran's photo for the Honor Wall. You may attach a copy (not an original) of any item you would like to include with the biography form. Any confidential information included in the biography will not be published. PLEASE PRINT.

## **VETERAN INFORMATION:**

VETERAN'S NAME: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

YEAR SERVICE BEGAN: \_\_\_\_\_ YEAR SERVICE ENDED: \_\_\_\_\_ (If active - "Present")

WARS OR CONFLICTS VETERAN SERVED IN: \_\_\_\_\_

## **CONTACT INFORMATION:**

SUBMITTER'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## **OPTIONAL INFORMATION:**

FOREIGN COUNTRIES STATIONED OR SERVED: \_\_\_\_\_

MEDALS/HONORS RECEIVED: \_\_\_\_\_

ADDITIONAL INFORMATION (KIA, MIA, POW, DECEASED, ETC): \_\_\_\_\_

SPECIALTIES: \_\_\_\_\_ HIGHLIGHTS: \_\_\_\_\_

USE THE BACK OF THIS FORM TO ADD ANY ADDITIONAL INFORMATION

### **PHOTO & BIOGRAPHY RELEASE**

MAY WE USE THE PHOTO AND BIOGRAPHIC INFORMATION IN PUBLICATIONS? \_\_\_ YES \_\_\_ NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:**

**WALTON COUNTY SUPERVISOR OF ELECTIONS**

**571 U.S. HWY 90 EAST, SUITE 102**

**DEFUNIAK SPRINGS, FL, 32433**

**PH: 850-892-8112 FAX: 850-892-8113**

**EMAIL: [vorbill@co.walton.fl.us](mailto:vorbill@co.walton.fl.us)**

**WEB: [www.VoteWaltonCounty.com](http://www.VoteWaltonCounty.com)**