



VETERAN BIOGRAPHY FORM

Please print and use the back side of form if needed.
Please include your photo in uniform if you wish.



Veteran's Name: _____

Branch of Service: _____

Rank Upon Discharge: _____

Years Serving From: _____ To: _____

Specialties: _____

Foreign Countries Where You Were Stationed or Served: _____

Medals/Honors Received: _____

Highlights of Military Service/Important Military Experience:

Why do you believe it is important for young people to register and vote?

May we use your biographic information and photo on our biographies to students, for display in our office, on our website, Facebook page, and Twitter?

____ Yes ____ No

Signature: _____ Date: _____

★ THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL ★

Home Address: _____

_____ Daytime Phone #: _____

Return this completed form to:
Vote in Honor of a Vet
Franklin County Elections Office
47 Ave F
Apalachicola, FL 32320

For additional information
Call: 850-653-9520
Email:
Jennifer@votefranklin.com