

VOTE IN HONOR OF A VETERAN BIOGRAPHY FORM

PLEASE PRINT. Include as much or as little information as you wish, and use the back side of this form or attach additional information, if necessary. The information on this form will be used to identify the veteran's photograph for the honor wall and for the veteran's personal biography page in an album that will be on display in the Elections Office. You may attach an 8 1/2-by-11-inch **copy (not an original)** of any item you'd like to include in the display album. When the display album is completed, it will be available to the public to view during office hours. We also have a Facebook page where we post photographs, with written permission.

Veteran's name: _____

If you are submitting this for a veteran, please print your name here: _____

Your relationship to the veteran: _____

Branch of service: _____ Rank at discharge (or current rank if now serving): _____

Year service began: _____ Year service ended: _____ (if currently serving, write "present")

Specialties: _____

Wars or conflicts veteran served in: _____

Foreign countries where the veteran was stationed or served: _____

Medals/honors received: _____

If the veteran is deceased or MIA, you may provide information here (rank, date KIA or MIA, etc.). _____

Highlights of military service/important military experience: _____

May we use your photograph and biographic information in future brochures, public service announcements and on our Web site?

_____ Yes _____ No (If you check "no," we will post your photograph on the Veterans Wall in the Calhoun County Courthouse ONLY and we will not use it anywhere else.)

Mailing address: _____

Telephone number where you can be reached during the day: _____

SIGNATURE: _____ **Date:** _____

FACEBOOK PAGE PERMISSION

YES! Please place this photograph on the Calhoun County Elections Office Facebook Page! (You must sign here if you'd like the photo to be on Facebook.)

Signature: _____ Date: _____

OFFICE USE ONLY: PHOTO RECEIPT & RETURN

Date form received: _____ By: _____

Date photo received: _____ Date scanned: _____ By: _____

Photo file name: _____

- Photo scanned immediately and given back to owner or _____ (name)
- Photo dropped off by _____ for scanning at a later time. Owner or a designee will pick up photo on another day.
- Photo returned via other method: _____

I hereby acknowledge that the photograph of the veteran described on this form was returned to me. If I am not the owner, I am authorized by the owner to take possession of the photograph.

Signature of owner of photograph or designee

Date

Office Staff Initials: _____

Return this completed form to:

Calhoun County Supervisor of Elections

20859 Central Ave. E., Rm. 117
Blountstown, FL 32424

Phone: (850) 674-8568 ★ Fax: (850) 674-2449

E-mail: soecalco@fairpoint.net

web: www.votecalhoun.com