

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. This information is used to identify the veteran's photograph for the Wall of Honor. You may attach a copy (not an original) of any item you would like to include with the biography form. All included in the biography will be published.

Veteran's Name: _____
Submitter's Name: _____ Relationship: _____ Phone#: _____
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: _____
Additional Information (KIA, MIA, POW, DECEASED, ETC.): _____
Highlights of Military Service/Important Military Experience: _____

USE THE BACK OF THIS FORM TO ADD ANY ADDITIONAL INFORMATION

PHOTOGRAPH AND BIOGRAPHY RELEASE

May we use your photograph and/or biographic information in publications?

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

Mailing address: _____

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

SIGNATURE: _____ **Date:** _____

Return this completed form to:

DIANE HAGAN

Okeechobee County Supervisor of Elections

304 NW 2nd St, Room 144

Okeechobee, FL 34972

Phone: (863) 763-4014 ★ Fax: (863) 763-0152

★ E-mail: elections@voteokeechobee.com ★

www.VoteOkeechobee.com

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: _____