

VETERAN BIOGRAPHY FORM



Please <u>print</u> 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 Sta	ationed or Served:
Medals/Honors Received:	
Highlights of Military Service/Important Military Experience:	
Why do you believe it is important for y	young people to register and vote?
May we use your biographic information students, for display in our office, on our	<u> </u>
YesNo Signature:	Date:
★THE FOLLOWING INFORMATION Home Address: Daytime]	
Return this completed form to: Voter Education Department Pinellas County Supervisor of Elections	For additional information Call: 727-464-5700 Email: VoterEd@votepinellas.com

13001 Starkey Road, Largo, FL 33773