



DECEASED/MISSING IN ACTION VETERAN BIOGRAPHY FORM



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

Veteran's Name: _____

Branch of Service: _____

Rank Upon Discharge: _____

Years Serving From: _____ **To:** _____

Specialties: _____

Foreign Countries Where 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 this 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 ★

Your Name: _____

Relationship to the Deceased/MIA Veteran: _____

Home address: _____ **Daytime Phone #:** _____

Return this completed form to:
Voter Education Department
Pinellas County Supervisor of Elections
13001 Starkey Road, Largo, FL 33773

For additional information
Call: 727-464-5700
Email: VoterEd@votepinellas.com