

# 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, on our Web site, Facebook page and Twitter?**

\_\_\_\_\_ Yes \_\_\_\_\_ No (If you check "no," we will post your photograph on the Veterans Wall in the Putnam 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:

**Putnam County Supervisor of Elections**

2509 Crill Ave., Suite 900

Palatka, FL 32177

Phone: (386) 329-0224 ★ Fax: (386) 329-0455

E-mail: jennifer.adkisson@putnam-fl.com ★

www.putnam-fl.com/soe

### 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: \_\_\_\_\_