



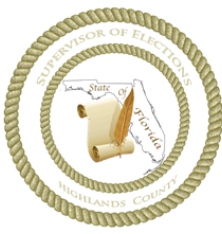
Biography Form



Veteran's Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deceased	KIA	MIA	POW	Active	Retired
<i>If you are filling this form out for a Deceased, KIA or MIA Veteran, please write your name and relationship to the Veteran here:</i> _____						
Branch of Service _____	Rank Upon Discharge _____					
Years of Service _____	Specialties: _____					
Highlights of Military Service: _____						
Medal/Honors Received: _____						
Foreign Countries Stationed At: _____						
Why you believe it is important for our citizens to get involved, register and VOTE? _____						

Submitters Name: _____ Date: _____

Please return the completed form to: P.O. Box 3448, Sebring, FL 33871 Attn: Karen Healy
 Call: 863-402-6655 if you have any questions or comments about this program.



Don't forget to include a photo (no larger than 5x7") if you would like this included, or you can email it to SOE@VoteHighlands.gov.

Please feel free to reproduce this form if needed. If you have any questions, please contact The Supervisor of Elections' Office. Also visit our website www.VoteHighlands.gov for additional information.



VOTE IN HONOR OF A VETERAN

Karen Healy
 Supervisor of Elections
 Highlands County, FL