Veterans Wall of Fame Biography
Calhoun County Supervisor of Elections

Veteran's Name: _____ _____
First Name Last Name

Branch of Service: _____

Rank (current or at discharge): _____

Year service began: ____/____/____ Year service ended: ____/____/____
(if currently serving, write "present")

Wars of conflicts veteran served in: _____

Medals/Honors received: _____
_____

If the veteran is deceased or MIA, you may provide information here (rank, date KIA, MIA, etc):

_____

_____

Highlights of military service/important military experience: _____
_____

May we use your photograph and biographic information on the Calhoun County Supervisor of Elections Office Website and Social Media?

☐ Yes ☐ No

If you are submitting for a veteran, please include your name and relationship to the veteran: _____

Signature: _____ Date: _____

Mailing Address: _____

Telephone number: _____

Please return this form with a **PHOTO** to soe@votecalhounfl.gov with the subject "Veteran Bio," or mail or hand-deliver to 20859 Central Avenue E., Rm 117, Blountstown, FL 32424.