





# Biography Form

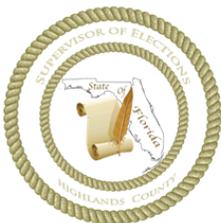


Veteran's Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deceased	KIA	MIA	POW	Active	Retired
<i>If you are filling this form out for a Deceased, KIA or MIA Veteran, please write your name 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  
 Call: 863-402-6655 if you have any questions or comments about this program.

Attn: Penny Ogg



**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.com.**

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.com](http://www.VoteHighlands.com) for additional information.



**VOTE IN HONOR OF A VETERAN**

**Penny Ogg**  
 Supervisor of Elections  
 Highlands County, FL