



**Citrus County Supervisor of Elections
Veterans Biography Form**

Veteran's Name: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Branch of Service: _____

Years of Military Service: _____

Military Specialties: _____

Foreign Countries Where You Were Stationed: _____

Medals/Honors Received: _____

Rank Upon Discharge: _____

Highlights of Military Service:

Why do you believe it is important for young people to register and vote?

Additional Information:

Living: _____

MIA/KIA/POW: _____

Deceased: _____

**Please return to:
Maureen 'Mo' Baird, Supervisor of Elections
P.O. Box 1870 Lecanto, FL 34460-1870
Attention: Vote in Honor of a Vet Program**