

Walton County Supervisor of Elections, Bobby Beasley



Please print legibly. Return completed form and attachments by either email (**dspence@votewalton.com**), regular mail (do not mail an original photograph), or stop by our office if you would like us to scan a photograph or document.

Main Office:

Walton County Courthouse
571 US Hwy 90 East, Suite 102
DeFuniak Springs, FL 32433
phone: (850) 892-8112
fax: (850) 892-8113

Branch Office:

Walton County Courthouse Annex
31 Coastal Centre Blvd., Suite 300
Santa Rosa Beach, FL 32459
phone: (850) 622-0744
fax: (850) 622-1291

Submitter's name: _____

Your relationship to veteran: _____

Submitter's address: _____

City, State, ZIP: _____

Daytime phone number: _____

Contact email: _____

VETERAN BIOGRAPHY FORM



Information below to be displayed on the Honor Wall with the photo:

Name as it will appear on the Honor Wall

Branch of Service: _____

Service Began: month day year

Currently Active Duty: yes no

Service Ended: month day year

Wars or Conflicts Veteran served in: _____

Veteran Photo emailed?

*When emailing the veteran photo, include the veteran's name and send to: **dspence@votewalton.com***

Veteran Photo office mailed or brought in to be scanned?

Please do not mail an original photo. We'll be happy to scan a photo for you in our main or branch office.

Additional notes or comments: _____

Information below is optional and may be included in the directory:

MOS (Military Occupational Specialty)

Foreign Countries stationed or served:

Medals, Honors, and any additional information (KIA/KIT, MIA, POW, deceased, etc):

PERMISSION

By signing below, I grant permission for the veteran's photograph and biography to be published in print and electronically for any lawful purpose.

SIGNATURE: X _____

Date: _____