

Voter Registration

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 9/05

ARKANSAS VOTER REGISTRATION APPLICATION					
Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.				Office Use Only	
				Assigned ID	
1	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot #	City/Town	County State Zip Code
3	Address Where You Receive Mail If Different From Above		Apt. or Lot #	City/Town	County State Zip Code
4	Date of Birth _____ Month Day Year		5	Home & Work Phone Numbers (Optional) (H) (W)	6 Party Affiliation (Optional)
7	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Driver's license number _____ <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number _____ <input type="checkbox"/> I have neither a driver's license nor social security number.			8 Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 (A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever pleaded guilty or nolo contendere to, or found guilty of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No (E) Do you claim the right to vote in another county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to one or more of questions C, D or E, do not complete this form.				Signature of elector - Please sign full name or put mark.	
				10 Date: _____ Month Day Year If applicant is unable to sign his/her name , provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____	

Please complete the sections below if: **MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

	Agency Code (For Official Use Only)
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A	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name(s)
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Date of Birth _____
 Month Day Year

B	Previous House Number and Street Name	Apt. or Lot #	City or Town	County	State	Zip Code
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If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> Write in the names of the crossroads (or streets) nearest where you live. Draw an "X" to show where you live. Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.
Example	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">• Grocery Store</div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> <p style="text-align: center;">Woodchuck Road</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">• Public School</div> <div style="border: 1px solid black; width: 100px; height: 30px; text-align: center;">X</div> </div>

D	<p style="text-align: center;">IDENTIFICATION REQUIREMENTS</p> <p>IMPORTANT: If you are a first time registrant submitting this application by mail, a copy of a current and valid photo ID or a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address MUST be submitted with this application in order to avoid additional ID requirements upon voting for the first time.</p>
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Voter Registration

Secretary of State
ATTN: Voter Registration
P. O. Box 8111
Little Rock, Arkansas 72203-8111

First
Class
Postage
Required

From:

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election.

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?
Call your local County Clerk
or
Secretary of State's Office Voter Services
1-800-482-1127
TDD 1-800-262-4704

Contact your County Clerk if you have not received confirmation of this application within two weeks.