



JOHN THURSTON
ARKANSAS SECRETARY OF STATE

Application for Secretary of State Certificate of Recognition

Please return your application via instructions at the bottom of this application

Recipient's Name (must be 16 or older):

Person or entity nominating recipient:

Wording for the certificate (Minimum of four lines of text and a maximum of six lines of text)

Date of presentation:

Certificate dated: Month: Day: Year:

Requested by: Contact #:

Pick-up Mail to: Name:

(Check one)

Address:

City: State: ZIP:

Internal Use Only:

Date Request Received:

Contacted: Mailed: Picked up:

Lyndajo Jones-Watson
lyndajo.jones@sos.arkansas.gov
501 682-3013 Fax: 501 682-3510

Note: Once application is completed save as a document to your computer and send back as an attachment to the above e-mail address.