



ARKANSAS SECRETARY OF STATE

MARK MARTIN

Capitol Citation Request Form

Arkansas Residents Only (Now or Previously)

Please return your application via email to lyndajo.jones@sos.arkansas.gov

(Fill out lines 2 & 3 **ONLY** if you want additional information, each line no more than 60 letters and spaces)

Line 1: _____
Name (Include Rank if Military)

Line 2: _____

Line 3: _____

Date of to be presented: _____

Retirement Letter: YES NO _____ # of Years: (retirement only) Military: YES NO

Recipients Home Address (for Retirement Letter)

Street Address: _____

City: _____ State: _____ ZIP: _____

Requested by: _____ Contact #: _____

Please check one

Pick-up: Mail:

Mailing 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.

