



JOHN THURSTON

ARKANSAS SECRETARY OF STATE

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 to add additional information about the person, each line no more than 60 letters and spaces)

Line1: _____
Name (Include Rank if Military)

Line2: _____

Line3: _____

Citation dated: Month: _____ Day: _____ Year: _____

Department, Business or Organization: _____

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

Military: YES NO Branch: _____

Recipients Home Address (for Retirement Letter)

Street Address: _____

City: _____ State: _____ ZIP: _____

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.