



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: _____

Wording for the certificate (no more than 175 words)

Date of presentation: _____

Certificate dated: Month: _____ Day: _____ Year: _____

Requested by: _____ Contact #: _____

Pick-up | Mail to: Name: _____
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.