



# JOHN THURSTON

ARKANSAS SECRETARY OF STATE

## Capitol Citation Request Form

Gold Award (Girl Scouts) or Eagle Scout (Boy Scouts) (**ARKANSAS RESIDENTS ONLY**)

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

Line 1: Name \_\_\_\_\_

Line 2:  Gold Award       Eagle Scout

Line 3: Troop number \_\_\_\_\_

Citation dated: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Recipients home address: \_\_\_\_\_

Detail description of the Eagle Scout or Girl Scout Project(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Pick-up |  Mailto: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<p><b>Internal Use Only:</b></p> <p>Date Request Received: _____</p> <p>Contacted: _____ Mailed: _____ Picked up: _____</p>
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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.