



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: _____

(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.