		ARK	ANS	SAS	VOT	ER	R	EGI	S	TRA	IT/	ON A	PP	LIC	CA.	TIC	NC		
	This is a i	new registra name chang	e.	Office Use	e Only														
		n address ch party chang								Ass	signed	ID							
	Mr. Mrs.	Last Name		•				Jr. S	Sr.	First Name	9					Middle	e Nam	е	
1	Miss Ms.							II. III. I											
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)					Apt. or Lo	.ot#	ot# City/Town County State ZIF					ZIP C	ode					
3	Address Where You Receive Mail If Different From Above A					Apt. or Lo	Lot# City/Town County			State ZIP Code									
4	Date of	Birth	//	/	Year	5	Home (H)	& Work	Pho	ne Numbe	ers (Op	otional)	ļ	6	Party	Affiliat	ion (O	ptiona	l)
7	E-mail	Address (O	ptional)	-					8	Have yo	u ever	voted in a fed	eral elect	ion in t	his Sta	ate?	Yes	s 🔲	No
7								Γ	Sign	ature of e	lector	- Please sign	full name	or pu	mark.				
					provide the	appropria	ate numb	oer.											
9	☐ Arkansas Driver's license number ☐☐ If you do not have a driver's license provide the last 4 digits of social security number																		
					al security nu			L L	_ Γhe in	formation	l have r	provided is true	to the bes	st of my	knowle	edae I	do not	claim t	he right
		you a citizen 'es 🔲 No	of the United	States of A	merica and ar	n Arkansa	is resider	to	o vote	e in anothe	er coun	ty or state. If I and/or imprison	have prov	ided fa	lse info	rmatior	ı, I ma	y be su	bject to
		you be eighte ′es □No	een (18) years	of age or o	older on or be	fore electi	tion day?	a	ııııe	T up to \$1	0,000 8	anu/or imprisorii	nent of up	0 10 10	years u	nuer sia	ale and	ieuera	i iaws.
	(C) Are y	you presently a	adjudged ment	ally incompe	etent by a court	t of compet	tent jurisd	diction?	Date: ///										
10	_	'es ☐ No ve vou ever b	een convicted	d of a felony	without your	sentence	having b	been	If applicant is unable to sign his/her name, provide name, address and phor						l phone				
	discl	harged or pai es No		,	,		Ü		11 number of the person providing assistance:										
	_	_	response to	either quest	tions A or B, d	do not com	nplete thi	is form.	Name Address:										
	If you cl	hecked Yes ir	response to	either ques	tions C or D, o	do not con	mplete thi	is form.		City:			_ State:_	P	hone#				
Ple	ase c	omple	te the s	ection	ns belo	w if:			M	AIL RI	EGIS	STRANTS	S: PL	EAS	ES	EE S	SEC	TIO	N D.
		•			ns belo		or sta	ate. or	M	AIL RI	EGIS	Agency C					SEC	TIO	N D.
• You	u were	previous	sly regist	ered in	another c	county					EGIS						SEC	TIO	N D.
• You	u were u wish	previous	sly regist	ered in		county					EGIS						SEC	TIO	N D.
• You	u were	previous to chang	sly registoge the na	ered in	another c	county			istra	ition.						Only)			N D.
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• You	u were u wish of Birth Mr. Mrs. Miss	previous to chang	sly registoge the na	ered in a	another c	county	curre	nt regi	istra	ition.						Only)			N D.
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Arkansas Secretary of State P.O. BOX 8111 Little Rock, Arkansas 72203-8111

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From:

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that

election. Please don't delay. Make sure your vote counts.

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?
Call your local County Clerk
or
Arkansas Secretary of State
John Thurston
Elections Division – Voter Services
1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.