

# ARKANSAS VOTER REGISTRATION APPLICATION

<b>Check all that apply:</b> <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only		Assigned ID	
<b>1</b>	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
<b>2</b>	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot#	City/Town	County
<b>3</b>	Address Where You Receive Mail If Different From Above		Apt. or Lot#	City/Town	County
<b>4</b>	Date of Birth	Month / Day / Year	<b>5</b>	Home & Work Phone Numbers (Optional) (H) (W)	<b>6</b> Party Affiliation (Optional)
<b>7</b>	E-mail Address (Optional)			<b>8</b>	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9</b>	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number _____ <input type="checkbox"/> I have neither a driver's license nor social security number.			Signature of elector - Please sign full name or put mark.  The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.	
<b>10</b>	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form.				
<b>11</b>	Date: _____ Month / Day / Year If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance: Name _____ Address: _____ City: _____ State: _____ Phone#: _____				

**Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

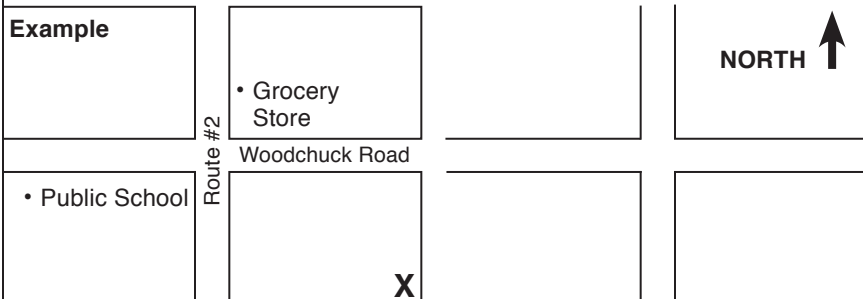
Agency Code (For Official Use Only)

Date of Birth \_\_\_\_\_  
 Month / Day / Year

<b>A</b>	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
<b>B</b>	Previous House Number and Street Name		Apt. or Lot#	City/Town	County
					State
					ZIP Code

**If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.**

- C**
- Write in the names of the crossroads (or streets) nearest where you live.
  - Draw an "X" to show where you live.
  - Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.



**IDENTIFICATION REQUIREMENTS**

**IMPORTANT:** Applicants will be required to verify their registration when voting in person or by absentee ballot by providing a required document or identification card as provided in Arkansas Constitution, Amendment 51, Section 13. If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**D**

Arkansas Secretary of State  
ATTN: Voter Registration  
P.O. BOX 8111  
Little Rock, Arkansas 72203-8111

First  
Class  
Postage  
Required

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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  
Mark Martin  
Elections Division – Voter Services  
1-800-482-1127

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