

# ADDRESS & NAME CHANGE FORM

Please Print Name: \_\_\_\_\_  
First, M., Last

Prior Name (if applicable): \_\_\_\_\_  
First, M., Last

Old Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Current Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Mailing Address: \_\_\_\_\_  
(If different from Current) Street, City, Zip

Date of Birth:    /    /  
                    MM/DD/YY

Last Four Digits of Social Security #: XXX-XX-\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Voter's Signature

\_\_\_\_\_  
Date

**TERRI HOLLINGSWORTH**  
**Pulaski Circuit/County Clerk**  
**Voter Registration Department**  
**P.O. Box 2659**  
**Little Rock, AR 72203-9444**  
**Office (501) 340-8336 Fax (501) 421-9255**

\*When moving to Pulaski County from another state, you must complete a new voter registration application. Please go to Voting 101 at [www.PulaskiClerk.com](http://www.PulaskiClerk.com) to download a new application.