

VOTER REGISTRATION ADDRESS CHANGE SAMPLE

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 6-13-17

ARKANSAS VOTER REGISTRATION APPLICATION											
Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input checked="" type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.			Office Use Only							Assigned ID	
1	Mr. Mrs. Miss Ms.	Last Name Smith		Jr. Sr.	First Name Terri		Middle Name				
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)			Apt. or Lot#	City/Town	County	State	ZIP Code			
	123 Victory Street				Little Rock	Pulaski	AR	72201			
3	Address Where You Receive Mail If Different From Above			Apt. or Lot#	City/Town	County	State	ZIP Code			
4	Date of Birth		Month / Day / Year	5	Home & Work Phone Numbers (Optional) (H) 501-340-8500 (W)		6	Party Affiliation (Optional)			
7	E-mail Address (Optional) tsmith@xyzmail.com				8 Have you ever voted in a federal election in this State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
9 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. Terri Smith						
10 (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 section. If you checked Yes in response to either questions C or D, do not complete this section.					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. Date: _____ If an applicant 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 of your current registration.

Agency Code (For Official Use Only)

Date of Birth: 11 / 03 / 2002

A	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr.	First Name		Middle Name			
			II. III. IV.						
B	Previous House Number and Street Name			Apt. or Lot#	City/Town	County	State	ZIP Code	
	123 Main St				Little Rock	Pulaski	AR	72201	

Tips to Remember

- #1: Complete the form in black or blue ink
- #2: Yellow highlighted areas must be completed
- #3: Areas #5 and #7 are optional yet highly encouraged
- #4: Be sure to sign the form
- #5: Return completed form to:

Pulaski County Circuit and County Clerk
 401 West Markham Street
 Little Rock, Arkansas 72201
 501-340-8336

Terri Hollingsworth
 Pulaski County Circuit and County Clerk
 www.pulaskiclerk.com



VOTER REGISTRATION NAME CHANGE SAMPLE

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Rev. 6-13-17

ARKANSAS VOTER REGISTRATION APPLICATION											
Check all that apply: <input type="checkbox"/> This is a new registration. <input checked="" 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	
1	Mr. Mrs. Miss Ms.	Last Name Jones		Jr. II. III. IV.	Sr. Terri	First Name		Middle Name			
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)			Apt. or Lot#	City/Town		County	State	ZIP Code		
3	Address Where You Receive Mail If Different From Above			Apt. or Lot#	City/Town		County	State	ZIP Code		
4	Date of Birth _____ / _____ / _____ Month Day Year			5	Home & Work Phone Numbers (Optional) (H) 501 - 340 - 8500 (W)			6	Party Affiliation (Optional)		
7	E-mail Address (Optional) tsmith@xyzmail.com				8 Have you ever voted in a federal election in this State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
9	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. <i>Terri Jones</i>						
10	(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.				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. 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.

Date of Birth 11 / 03 / 2002
Month Day Year

A	Mr. Mrs. Miss Ms.	Previous Last Name Smith	Jr. II. III. IV.	Sr. Terri	First Name		Middle Name		
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, _____

IDENTIFICATION REQUIREMENTS

Tips to Remember

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