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 to download a new application.**