		ARK	ANS	SAS	V	ОТ	ER	R	EGIS	STRA	ITA	ON A	PP	LIC	CAT	ΓΙΟΝ		
Т		new registra		Office I	Use Onl	У												
Т	his is ar	name change n address ch party change	ange.							Δο	signed	ID						
·	Mr.	Mr. Last Name					Jr. Sr.	First Name		ib .				Middle Nan	ne			
1	Mrs. Miss								II. III. IV.									
		l ss Where Yo			n "C" B	elow)				# City/Town			County			State	ZIP Code	
2	(Rural addresses must draw map.)																	
3	Addres	ss Where Yo	u Receive	Mail If D	Differen	t From A	bove		Apt. or Lot	# City/Town			County			State	ZIP Code	
4	Date of	f Birth	/	Day	/Yea	ır	5	Home (H)	e & Work P	hone Numb	ers (Op	tional)		6	Party /	Affiliation (0	Optional)	
7	E-mail	Address (O	otional)						8	Have yo	ou ever	voted in a fede	eral elect	ion in	this Stat	te? 🗌 Ye	s 🗌 No	
										gnature of e	elector -	- Please sign f	ull name	or pu	t mark.			
9	ID Number - Check the applicable box and provide the appropriate number. Arkansas Driver's license number If you do not have a driver's license provide the last 4 digits of social security number I have neither a driver's license nor social security number.																	
		you a citizen o ∕es	of the United	States o	f Americ	a and an	Arkansa	s reside	to v	ote in anoth	ation I have provided is true to the best of my knowledge. I do not claim the right another county or state. If I have provided false information, I may be subject to							
	(B) Will	you be eighte ∕es □ No	en (18) year	s of age	or older	on or befo	re elect	ion day'	? a fi	ne of up to \$1	10,000 a	nd/or imprisonm	nent of up	to 10	years un	ider state an	d federal laws.	
	(C) Are	you presently a	ıdjudged men	ntally incon	npetent b	y a court o	of compe	tent juris	sdiction?	iction? Date:////								
10	Yes No (D) Have you ever been convicted of a felony without your sentence having been						been 1	If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance:										
	discharged or pardoned? ☐ Yes ☐ No						'	Name Address:										
		checked No in checked Yes in						•		m.								
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		complet						or ot		IAIL R	EGIS	Aganay					TION 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)									
100	J W1011	i to oriarig							anı remisi									
			<u>'</u>				youi	Ouric	ent regis	Tallott.								
Date	of Birth	Month	/Day	_/			your	ouri	ent regis	ration.								
Date of	Mr.	Month Previous La	/Day	_/			your		Jr. Sr.	First Name	е					Middle Nan	ne	
Date o	Mr. Mrs. Miss		/Day	_/			your	June	Jr. Sr.	_	е					Middle Nan	ne	
A Date of	Mr. Mrs. Miss Ms.	Previous La	/Day st Name	_//	ar		your		Jr. Sr.	First Name			County					
A B	Mr. Mrs. Miss Ms.		/Day st Name	_//	ar		your		Jr. Sr.	_			County				ZIP Code	
Α	Mr. Mrs. Miss Ms.	Previous La	/Day st Name	_//	ar		your		Jr. Sr.	First Name						State	ZIP Code	
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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
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.