

NEW VOTER REGISTRATION SAMPLE

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 6-13-17

ARKANSAS VOTER REGISTRATION APPLICATION					
Check all that apply: <input checked="" 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			
1	Mr. Mrs. Miss Ms.	Last Name Smith	Jr. Sr. II. III. IV.	First Name Terri	Middle Name
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.) 123 Main St.		Apt. or Lot#	City/Town Little Rock	County Pulaski
3	Address Where You Receive Mail If Different From Above		Apt. or Lot#	City/Town	County
4	Date of Birth	11 / 03 / 2002	5	Home & Work Phone Numbers (Optional) (H) 501-340-8500 (W)	6
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 checked="" type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number 1234 <input type="checkbox"/> I have neither a driver's license nor social security number.		Signature of elector: <i>Terri Smith</i> Please sign full name or put mark.		
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No		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 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 _____ / _____ / _____

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

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

