ARKANSAS VOTER REGISTRATION APPLICATION													
Check all that apply:  This is a new registration. This is a name change.													
	This is an address change. This is a party change.			Ass	signed	ID							
1	Mr. Last Name Mrs. Miss Ms.	Jr.	SI.	First Name	•					Middle	e Nam	е	
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/		rk Pho	ne Numbe	ers (Op (W)	tional)		6	Party	Affiliat	ion (O	ptional)	
7	E-mail Address (Optional)		8	Have yo	u ever	voted in a fede	ral elect	ion in	this Sta	ite?	Yes	s 🗌 No	
Ľ			Sign	ature 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.												
	(A) Are you a citizen of the United States of America and an Arkansas resid	dent?	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.										
	(B) Will you be eighteen (18) years of age or older on or before election da	ay?	a fine		0,000 a	na/or imprisonn	nent of up	to 10	years ur	naer sta	ate and	i tederai laws.	
10	(C) Are you presently adjudged mentally incompetent by a court of competent juiting Yes No	risdiction?		Date:		Month /	Day		_/	Year			
10	(D) Have you ever been convicted of a felony without your sentence havin discharged or pardoned?	ng been	11	If applicant is unable to sign his/her name, provide name, address and phon							ess and phone		
	☐ Yes ☐ No If you checked No in response to either questions A or B, do not complete	this form.	Name Address:										
				City:			State:_	Р	hone#:				
	If you checked Yes in response to either questions C or D, do not complete	tilis loitii.		U.t.y									
Ple		tilis loitii.	M				S: PL				SEC	TION D.	
	ase complete the sections below if:  u were previously registered in another county or s							EAS	SE S	EE S	SEC	CTION D.	
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Arkansas Secretary of State P.O. BOX 8111 Little Rock, Arkansas 72203-8111

Postage Required
Class
First


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.