

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.

Office Use Only

Assigned ID

1	Mr. Mrs. Miss Ms.	Last Name	Jr. II. Sr. III. IV.	First Name	Middle Name	
	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot#	City/Town	County	State ZIP Code
2	Address Where You Receive Mail If Different From Above		Apt. or Lot#	City/Town	County	State ZIP Code
3	Date of Birth	Month / Day / Year	4	Home & Work Phone Numbers (Optional) (H) (W)	5	Party Affiliation (Optional)
6	E-mail Address (Optional)		7		8 Have you ever voted in a federal election in this State? <input 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.			
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input 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.			
	(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		11		Date: _____ / _____ / _____ Month Day Year		
(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 applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance:		Name _____ Address: _____ City: _____ State: _____ Phone#: _____		
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.						

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 _____ / _____ / _____
 Month Day Year

A	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. II. Sr. III. IV.	First Name	Middle Name	
	Previous House Number and Street Name		Apt. or Lot#	City/Town	County	State ZIP Code
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, or if you have no address, please show on the map where you live.

C

- Write in the names of the crossroads (or streets) nearest where you live.
- Draw an "X" to show where you live.
- Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.

Example

• Grocery Store	Route #2	Woodchuck Road	NORTH ↑
• Public School			
X			

IDENTIFICATION REQUIREMENTS

IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.