

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. Sr.	First Name	Middle Name			
			II. III. IV.					
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		5	Home & Work Phone Numbers (Optional)		6	Party Affiliation (Optional)	
	Month / Day / Year	(H)		(W)				
7	E-mail Address (Optional)			8	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					Signature of elector - Please sign full name or put mark.			
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.			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.				
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (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 (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			11 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 <b>No</b> in response to either questions A or B, do not complete this form. If you checked <b>Yes</b> 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)

<b>A</b>	Mr.	Previous Last Name	Jr.	Sr.	First Name	Middle Name(s)
	Mrs. Miss Ms.		II. III. IV.			

Date of Birth                 /            /             
                                 Month      Day      Year

<b>B</b>	Previous House Number and Street Name	Apt. or Lot #	City or Town	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

Woodchuck Road

• Public School

**X**

**NORTH** ↑

## 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.

**REMOVE \* REMOVE TO EXPOSE ADHESIVE**