# 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.

### Assigned ID

<table>
<thead>
<tr>
<th>1</th>
<th>Mr.</th>
<th>Mrs.</th>
<th>Mr.</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Mrs.</td>
<td>Mr.</td>
<td>First Name</td>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Jr.</td>
<td>Sr.</td>
<td>Apl. or Lot #</td>
<td>City/Town</td>
<td>County</td>
</tr>
<tr>
<td>Rural addresses must draw map.</td>
<td>Apt. or Lot #</td>
<td>City/Town</td>
<td>County</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>E-mail Address (Optional)</td>
<td>Date of Birth</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home &amp; Work Phone Numbers (Optional)</td>
<td>Party Affiliation (Optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Party Affiliation (Optional)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever voted in a federal election in this State?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of elector - Please sign full name or put mark.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

### Are you a citizen of the United States of America and an Arkansas resident?
- Yes
- No

### Will you be eighteen (18) years of age or older on or before election day?
- Yes
- No

### Are you presently adjudged mentally incompetent by a court of competent jurisdiction?
- Yes
- No

### Have you ever been convicted of a felony without your sentence having been discharged or pardoned?
- Yes
- No

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:
- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

### MAIL REGISTRANTS: PLEASE SEE SECTION D.

#### A
- Previous Last Name
- Jr. | Sr. | First Name | Middle Name(s) |
- Date of Birth | Month | Day | Year |

#### 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

#### D

**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.