	AF	RKA	NSAS	VOT	ER	REG	ilS	TR	A	TION	APP	LI	CA.	TIC	N	
	k all that a This is a ne	apply: aw registr	ation.		Office Us		0									
This is a name change. This is an address change.						Assigned ID										
_	This is a pa	I	Jr. Sr. First Name Middle N							e Name	9					
1	Mrs. Miss Ms.					II. III. IV.					n			· 61-4-	Tar Ocdo	
2	Address (Rural ad	Where Y	ou Live (See Secti must draw map.)	on "C" Below)		Apt.	or Lot	# City/To	own		County				Zip Code	
3	Address	Where \	ou Receive Mail If	Different From	m Above	Apt	or Lot	# City/To	own	9	County			State		
4	Date of E	Birth	Month Day	/Year	_ [Home (H)	& Work	Phone I	Num	bers (Optional) (W)		6	Party A	ffiliation	(Optional)	
ID Number - Check the applicable box and provide the appropriate number. 8 Have you ever voted in a federal election in this State?											☐ Ye					
7 Driver's license number If you do not have a driver's license provide the last 4 digits of social security number If you do not have a driver's license provide the last 4 digits of social security number. The information I have provided is true to the best of my knowledge. If I if also information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I if also information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I if also information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I if also information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I if also information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I if it is not information, I may be subject to a fine of up to \$10,000 and/or in the information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I is also information I have provided is true to the best of my knowledge. If I										I have provided r imprisonment						
Ī	(A) Are yo	ou a citizer	of the United States	of America and	an Arkansas			Signa	ature	e of elector - Pleas	se sign full n	ame o	r put mari	k.		
	(B) Will you be eighteen (18) years of age or older on or before election day? ☐ Yes ☐ No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction?															
	☐ Yes	s \square No)									~ ~ ~	ه استامات	بنيس		
9	(D) Have you ever pleaded guilty or noto contendere to, or found guilty of a felor						ithout			Data			,			
	your sentence having been discharged or pardoned? Yes No								- 1	Date:M	onth	Day		Year		
	(E) Do you claim the right to vote in another county or state?							10	If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance:							
	Yes No If you checked No in response to either questions A or B,-do not complete this to						٦.		١	Name:		A	ddress: Phone#:			
-	If you chec	cked Yes in	response to one or m	ore of questions	C, D or E, do	not complete	e this for	m.		City:	Stat	e				
	7							5		SISTRANT	C. DI E	ACE	CEE	CE	CTION D	
Ple	ase co	mple	te the secti	ons belo	w if:			IIL H	EG	Agency Co	ode (For Off	HOL icial U	se Only	SEC	TION D.	
YoYo	u were ¡ u wish t	previou to chan	isly registered ge the name o	in another or address	on your o	or state, courrent re	or egistra	ition.		.,,,						
	Mr. Previous Last Name					Jr. Sr.	First	Name				П	Middle N	ame(s)		
Α	Mrs.						1									
-	Miss Ms.					II. III. IV.							L			
Date	of Birth		1 1													
Date		Month	Day Number and Street	Year Name		Apt.or Lo	t# C	ity or Tov	wn		County			State	Zip Code	
В	Previous	nouse i	tumber and Street	Name		, p e				ā.						
U																
lf y	you liv	e in a	rural area	but do n	ot hav	e a hou	ıse o	r stre	eet	number, o	or if					
yo	u have	e no a	address, ple	ase sho	w on th	ne map	whe	ere yo	ou_	live.						
	• Write in	the nam	nes of the crossroa	ds (or streets)) nearest w	here you liv	/e.			IDENTI	FICATION	I NC	REQL	JIRE	MENTS	
С	• Use a d	 Draw an "X" to show where you live. Use a dot to show any schools, churches, stores or other landmarks near 								IMPORTAL	MT. If yo	ıı are	a fire	t time	registrant	
where you live and write the name of the landmark.									IMPORTANT: If you are a first time registrant submitting this application by mail, a copy of a							
Example NORTH Submitting this application by mail, or current and valid photo ID or a copy of utility bill, bank statement, go											copy (of a current				
											vernment					
EXAII	ibie		Grocery				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		U	check, pa	avcheck	or .	othe	r ac	vernment	
		4	Store	」						document	that	shov	vs yo	ur ĭn	ame and	
• Public School									1	address MUST be submit					with this	
									d add	ditional ID						
requirements upon voting for the firs											first time.					

* REMOVE TO EXPOSE ADHESIVE *