**Voter Registration Application**Before completing this form, review the General, Application, and State specific instructions.

Δ		Linited Ctatos a	£ A			0.5	No		This area	- for off			
ı	e you a citizen of the I II you be 18 years old				-	es es	No No		i nis spac	e for office	use only.		
If y	ou checked "No" in re	sponse to eithe	er of	these questions,									
	Mr. Miss	see state-specific instructions for rules regarding eligibility t  Mr. Miss Last Name					e e	10.)	Middle Name(s)			Jr II	
1	Mrs. Ms.											Sr IV	
2	Home Address					Apt. or Lot #			City/Town		State		Zip Code
3	Address Where You Get Your Mail If Different From Above								City/Town		State		Zip Code
	Date of Birth  Month Day Year  Telephone			Telephone Num	one Number (optional)				ID Number	- (See item 6	in the instructions for yo	our stat	e)
4						6							
7	Choice of Party Race or Et				ic Group instructions for your State)			0					
9	I have reviewed my state's instructions and I swear/affirm that:  I am a United States citizen  I meet the eligibility requirements of my state and subscribe to any oath required.  The information I have provided is true to the best of my.  Please sign full name (or put mark)												
	knowledge under penalty of perjury. If I have provided false							/ / /					
	information, I may be fined, imprisoned, or (if not a U. citizen) deported from or refused entry to the United								Month Day Year				
C	f you are registeriopies of valid identered	tification doc	ume	ents with this fo	orn	n.					for information	on si	ubmitting
lf	this application is for a	change of name	, wha	at was your name b	oefo	re you o	hanged it	?					
A	Mr. Miss Last Name Mrs. Ms.					First Na			me Mic		dle Name(s)		Jr II Sr IV
lf	you were <b>registered be</b>	fore but this is t	he fiı	rst time you are re	gist	ering fı	om the a	ddre	ss in Box 2, wh	at was your	address where you we	ere reg	gistered before?
В	Street (or route and	Street (or route and box number)			Apt. or Lot		ot#	City	//Town/Cour	nty	State		Zip Code
If	you live in a rural area b	out do not have a	stre	et number, or if you	u ha	ve no a	ddress, ple	ease s	show on the m	ap where yo	ou live.		
	■ Write in the names of the crossroads (or streets) nearest to 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.												
C	Example  Grocery Store  Woodchuck Road												
	Public	School •		Woodchuck Roa		X							
<u> </u>	the englishment in the older	to sign, who halr	20d t	ho applicant fill ou	t thi		ation? Civ	,o na	no addross an	d phone nu	mber (phone numbe	r onti	anal)

Mail this application to the address provided for your State.

D

# **MAILING ADDRESS**

# Arkansas **Voter Registration**

Secretary of State Voter Services
P.O. Box 8111
Little Rock, AR 72203-8111

# **INSTRUCTIONS**

# 1. ADD YOUR ID NUMBER

Federal law requires that states collect from each registrant an identification number.

See below for you state's specific instructions.

### 2. SIGN AND DATE

Sign your full name or make your mark, and print today's date in this order — Month, Day, Year.

#### 3. MAIL IT

Place the form into an envelope or make a mailer, write the mailing address on the front, and add the correct postage.

#### 4. VOTE

Vote by requesting an absentee ballot, early vote, or go to the polls on Election Day.

#### REGISTRATION DEADLINE

30 days before the election.

#### **ID NUMBER**

Your completed voter registration form must contain your state issued driver's license number or nonoperating identification number. If you do not have a driver's license or nonoperating identification, you must include the last four digits of your social security number. If you do not have a driver's license or a nonoperating identification or a social security number, please write "NONE" on the form. A unique identifying number will be assigned by the State.

# **RACE OR ETHNIC GROUP**

Leave blank.

#### **CHOICE OF PARTY**

Optional:

You do not have to register with a party if you want to take part in that party's primary election, caucus, or convention.

# **SIGNATURE**

To register in Arkansas you must:

- be a citizen of the United States
- live in Arkansas at the address in Box 2 on the application
- be at least 18 years old before the next election
- not be a convicted felon (or have completely discharged your sentence or been pardoned)
- · not claim the right to vote in any other jurisdiction
- not previously be adjudged mentally incompetent by a court of competent jurisdiction

# FIRST TIME VOTERS WHO REGISTER BY MAIL

If you are registering to vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes: A current and valid photo identification or a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address.

Voters may be exempt from this requirement if they submit a COPY of this identification with their mail in voter registration form.

If you wish to submit a COPY, please keep the following in mind: Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.

Do not submit original documents with this application, only COPIES.

# MORE INFORMATION

For complete general and state-specific instructions for your voter registration application, visit the U.S. Election Assistance Commission.