

# Voter Registration Application

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

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.		
1	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Last Name Rodriguez	First Name Max	Middle Name(s) Avery	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
2	Home Address 304 S 14th St	Apt. or Lot #	City/Town Fort Smith	State AR Zip Code 72901
3	Address Where You Get Your Mail If Different From Above		City/Town	State Zip Code
4	Date of Birth 12 21 1985 Month Day Year	5 Telephone Number (optional) 4796292889	6 ID Number - (See item 6 in the instructions for your state)	
7	Choice of Party (see item 7 in the instructions for your State)	8 Race or Ethnic Group (see item 8 in the instructions for your State) Hispanic		
9	I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.		Please sign full name (or put mark) ▲ Date: 1 / 3 / 2018 Month Day Year	

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number) 708 Collum Lane West	Apt. or Lot #	City/Town/County Alma	State AR Zip Code 72921
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> <li>Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>Draw an X to show where you live.</li> <li>Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	NORTH ↑  <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> JAN 08 2018  SHARON BROOKS Sebastian County Clerk & Recorder BY								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Example</td> <td style="width: 10%; text-align: center;">Route #2</td> <td style="width: 60%;">● Grocery Store</td> </tr> <tr> <td></td> <td></td> <td>Woodchuck Road</td> </tr> <tr> <td>Public School ●</td> <td></td> <td style="text-align: right;">X</td> </tr> </table>	Example	Route #2	● Grocery Store			Woodchuck Road	Public School ●		X
Example	Route #2	● Grocery Store								
		Woodchuck Road								
Public School ●		X								

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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**Mail this application to the address provided for your State.**

# ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input checked="" type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only					
		Assigned ID					
1	Mr. Mrs. Miss Ms.	Last Name <b>Avery</b>	Jr. Sr. II. III. IV.	First Name <b>Maximus</b>	Middle Name <b>Tyrannus</b>		
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	12 / 21 / 1985	5	Home & Work Phone Numbers (Optional) (H) (W)		6	Party Affiliation (Optional)
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 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.		11 Date: _____ / _____ / _____ Month Day Year 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#: _____				

**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 12 21 1985  
Month Day Year

A	Mr. Mrs. Miss Ms.	Previous Last Name <b>Rodriguez</b>	Jr. Sr. II. III. IV.	First Name <b>Max</b>	Middle Name <b>A</b>		
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**

Route #2

• Grocery Store

Woodchuck Road

• Public School

**FILED**

MAR 13 2019

SHARON BROOKS

Sebastian County Clerk & Recorder

BY \_\_\_\_\_

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.