

ADDRESS & NAME CHANGE FORM

Please Print Name: _____
First, M., Last

Prior Name (if applicable): _____
First, M., Last

Old Address: _____
Street Address

City, State, Zip

Current Address: _____
Street Address

City, State, Zip

Mailing Address: _____
(If different from Current) Street, City, Zip

Date of Birth: / / Last Four Digits of Social Security #: XXX-XX- _____
 MM/DD/YY

Home Phone: _____ Work Phone: _____

Email Address: _____

Voter's Signature

Date

LARRY CRANE
Pulaski Circuit/County Clerk
Voter Registration Department
P.O. Box 2659
Little Rock, AR 72203-9444
Office (501) 340-8336 Fax (501) 340-3556

*When moving to Pulaski County from another state, you must complete a new voter registration application. Please go to Voting 101 at www.PulaskiClerk.com to download a new application.