

ADDRESS & NAME CHANGE FORM

THIS FORM IS ONLY VALID FOR ADDRESS AND/OR NAME CHANGES WITHIN ARKANSAS

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: / /
MM/DD/YY

Last Four Digits of Social Security #: XXX-XX-_____

Home Phone: _____

Work Phone: _____

Email Address: _____

Voter's Signature

Date

**SARAH SMITH
Garland County Clerk
Voter Registration Department
501 Ouachita Avenue, Room 103
Hot Springs, AR 71901
Office (501) 622-3616 Fax (501) 624-0665**

* When moving to Garland County from another state, you must complete a new voter registration application.