

**Faulkner County Voter Registration
Address/Name Change Form**

Name: _____

Prior Name (If Applicable): _____

Date of Birth: _____ Phone #: _____

Prior Address: _____

(Street Address)

(City, State, Zip Code)

New Address: _____

(Street Address)

(City, State, Zip Code)

Mailing Address (If Different): _____

(Street Address or P.O. Box)

Signature: _____

Date: _____

**Faulkner County Clerk
801 Locust Street
Conway, AR 72034
501-450-4909**