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