



COLE JESTER

ARKANSAS SECRETARY OF STATE

Application for Secretary of State Certificate of Recognition

Please return your application via instructions at the bottom of this application

Recipient's Name (must be 16 or older): _____

Person or entity nominating recipient: _____

Wording for the certificate (Minimum of four lines of text and a maximum of six lines of text)

Date of presentation: _____

Certificate dated: Month: _____ Day: _____ Year: _____

Requested by: _____ Contact #: _____

Pick-up Mail to: Name: _____

(Check one)

Address: _____

City: _____ State: _____ ZIP: _____

Internal Use Only:

Date Request Received: _____

Contacted: _____ Mailed: _____ Picked up: _____

Lyndajo Jones-Watson
lyndajo.jones@sos.arkansas.gov
501 682-3013 Fax: 501 682-3510

Note: Once application is completed save as a document to your computer and send back as an attachment to the above e-mail address.