



COLE JESTER

ARKANSAS SECRETARY OF STATE

Capitol Citation Request Form

Arkansas Residents Only (Now or Previously)

Please return your application via email to lyndajo.jones@sos.arkansas.gov

Requested by: _____ Contact Number: _____

(Fill out lines 2 & 3 ONLY if you want to add additional information about the person, each line no more than 60 letters and spaces)

Line 1: _____
Name (Include Rank if Military)

Line 2: _____

Line 3: _____

Citation dated: Month: _____ Day: _____ Year: _____

Department, Business or Organization: _____

Retiring: ☐ YES ☐ NO # of Years: (retirement only) Military: ☐ YES ☐ NO

MILITARY ONLY

If the recipient is retiring and you want a retirement letter with the Capitol Citation, please provide the recipient's complete home address, branch, and years of service.

Address: _____

City: _____ State: _____ ZIP: _____

Requested by: _____

Branch: _____ Years of Service: _____

☐ Pick-up ☐ Mail to: Name: _____

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.

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