

# Arkansas Agriculture Department

## Arkansas Century Farm Program

Current Name of Farm: \_\_\_\_\_

Address of Farm: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

911 Address of Farm (if available) \_\_\_\_\_

Name of Current Owner(s)

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Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Legal Description of Land: \_\_\_\_\_

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How many acres of the original acquisition are you qualifying as a Century Farm (10 acre minimum)? \_\_\_\_\_

Does the above acreage contribute toward the gross income of the owner(s)?

Yes\_\_\_\_ No\_\_\_\_.

List All Previous Ancestors Who Owned The Land (beginning with first owner to present):

<u>Name</u>	<u>Date owned</u>	<u>Relationship to Present Owner</u>
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The above evidence of family ownership is taken from one or more of the following records: (Copies of documents must accompany this application. Please do not send originals)

- Abstract of Title                       Land Patent                                       Other \_\_\_\_\_  
 Original Deed                               County Land Record

**Application Prepared By:**

Name: \_\_\_\_\_  
Phone  
(day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

Please fill in as you want the family name and farm name to appear on the Certificate of Recognition:

<p style="text-align: center;"><b>Certificate of Recognition</b></p> <p style="text-align: center;"><b>Arkansas Century Farm</b></p> <p style="text-align: center;">It is fitting that we formally recognize on this day (Fill in last or family name) The _____ Family/Families for having owned (Fill in name of farm) _____ established (fill in year) _____</p>
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**Optional Information Regarding the Farm**

Additional information about important events and activities occurring on the farm that may be valuable to historians is welcome. This is not a requirement for Century Farm certification. Additional pages may be attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization/Notary:**

I (We),

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as owner(s) of the land noted, state that the statements contained in the Arkansas Century Farm Program application and the accompanying documentation are true and correct with regard to the land noted. Furthermore, I (we) understand that all documentation becomes the property of the Arkansas Agriculture Department and will not be returned. I (we) grant the Arkansas Agriculture Department permission to use any material submitted in or with this application in any printed material, media presentation, or other information prepared for public dissemination.

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Signature of Applicant(s)

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires:

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Notary Public

Please mail completed application to:

**Arkansas Agriculture Department  
Century Farm Program  
Attn: Melissa Lambert  
#1 Natural Resources  
Little Rock, AR 72205**

We suggest you keep a copy of the completed application for your records. If you have questions, please call Melissa Lambert at 501-225-1598.