



New Jersey Voter Registration Application

Print clearly in black or blue ink using a ball point pen or marker

1 Check boxes that apply

I am a U.S. citizen Yes No*

I will be 18 years of age by the next election Yes No*

STOP *If you check "No" in either box DO NOT COMPLETE THIS FORM

2 Check boxes that apply

New Registration (if you are registering for the first time in the county in which you live)

Address Change (if you are currently registered and have moved within your county)

Name Change (if you are currently registered in the county in which you live)

3 Last Name First Name Middle Initial Suffix

4 Street Address (where you live) Apartment #

Municipality (town/city) County Zip Code

5 Complete only if different from address above

Address (where you get your mail) Apartment #

Municipality (town/city) County Zip Code

6 Date of Birth Month Day Year

7 Telephone Number (optional) Area Code

8 Name and address used for your last voter registration, if applicable

Last Name First Name Middle Initial Suffix

Address Apartment #

Municipality (town/city) County State Zip Code

***9** Give one ID # NJ Driver's Lic. # OR Only the last four numbers of your Social Security #

FOR OFFICE USE ONLY

Clerk

Registration #

Office Time Stamp

by mail in person

10 Declaration -

I swear or affirm that:

- I am a U.S. Citizen.
- I will be at least 18 years old on or before the next election.
- I live at the above address.
- I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws.
- I understand that any false or fraudulent registration may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

X _____ Signature / Mark Date

If applicant is unable to complete this form, print name and address of individual who completed this form

Name Address Municipality (town/city) State Zip Code

FOLD

MAILING INSTRUCTIONS: Print out both sides of this application, complete this application, cut off the instructions as indicated below, place both pages together (top to top), fold along blue dashed lines making sure mailer side is facing out, tape shut and mail. Do not use staples. (You may also enclose this application in an envelope and mail to the address on mailer.)

After cutting off instructions below, fold this flap over and tape shut.

Important Instructions for Sections 4, 6, 9, and 10 **CUT ALONG DASHED LINE**

4 This form will be rejected if this section (4) is not completed. Give your home address, not a business address.

6 Birth date is required.

***9** You must complete Section 9 ONLY if you are registering by mail for the first time in your county and have never voted in a federal election in the county. The ID # that you give must be verified. You will be contacted by the county commissioner of registration if those numbers cannot be verified. If you do not provide either a driver's license number or the last four numbers of your social security number, you must include a copy of a current and valid ID document such as: **A valid photo ID, current utility bill, bank statement, government check, pay check, or any other government document that shows your name and address.**

If you are a first-time registrant by mail and you do not provide any ID, or if your ID numbers cannot be verified, before voting for the first time, you must provide ID at the polling place or submit ID if voting by absentee ballot. If you do not provide ID at the polling place, you must vote by provisional ballot. You will have until the close of business on the second day after the election to provide ID to the county commissioner of registration. Your provisional ballot will be rejected if you do not provide ID. **ID numbers are confidential and will not be released by any governmental agency. Any person who uses identification illegally shall be subject to criminal penalties.**

10 This form will be rejected if this section (10) is not completed. Requires signature or mark of applicant.



Democracy Starts Here! New Jersey Voter Registration Application

You can register to vote if:

1. You are a United States citizen
2. You will be 18 years of age by the next election
3. You will be a resident of the county 30 days before the election
4. You are NOT currently serving a sentence, probation or parole because of a felony conviction

Registration deadline is 29 days before an election

Your County Commissioner of Registration will notify you if your application is accepted. If it is not accepted, you will be notified on how to complete and/or correct the application.

FOLD



TRENTON NJ 08625-9983
PO BOX 304
DIVISION OF ELECTIONS

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 206 TRENTON NJ



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



State of New Jersey
Office of the Attorney General
Department of Law & Public Safety
Division of Elections



FOLD

? Check boxes below if you would like more information about:

- | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> absentee voting | <input type="checkbox"/> polling place accessibility |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairments |

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)



CUT ALONG DASHED LINE



If you are sending a copy of any ID in with this application, be sure to tape the sides shut before mailing

Democracy Starts Here!



New Jersey Voter Registration Application

Use this form to Register to Vote or to Change Your Name and/or Address

www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)