



# New Jersey Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

|                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       | <b>FOR OFFICIAL USE ONLY</b><br><br>Clerk<br><br>Registration #<br><br>Office Time Stamp<br><br><input type="checkbox"/> by mail <input type="checkbox"/> in person                                          |                        |
| <b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If No, DO NOT complete this form)                                                                                                                                                                                             |  | Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If No, DO NOT complete this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
| <b>3</b> Last Name                                                                                                                                                                                                                                                                                                          |  | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | Middle Name or Initial                                                                                                                                        |       |                                                                                                                                                                                                              | Suffix (Jr., Sr., III) |
| <b>4</b> Date of Birth Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
| <b>5</b> NJ Driver's License Number or MVC Non-driver ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       | If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                        |
| <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
| <b>6</b> Home Address (DO NOT use PO Box)                                                                                                                                                                                                                                                                                   |  | Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Municipality | County                                                                                                                                                        | State |                                                                                                                                                                                                              | Zip Code               |
| <b>7</b> Mailing Address if different from above                                                                                                                                                                                                                                                                            |  | Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Municipality | County                                                                                                                                                        | State |                                                                                                                                                                                                              | Zip Code               |
| <b>8</b> Last Address Registered to Vote (DO NOT use PO Box)                                                                                                                                                                                                                                                                |  | Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Municipality | County                                                                                                                                                        | State | Zip Code                                                                                                                                                                                                     |                        |
| <b>9</b> Former Name if Making Name Change                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Day Phone Number (Optional)                                                                                                                                   |       |                                                                                                                                                                                                              |                        |
| <b>10</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____<br>(Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
| <b>11</b> Gender<br><br><input type="checkbox"/> Female<br><input type="checkbox"/> Male                                                                                                                                                                                                                                    |  | <b>Declaration</b> - I swear or affirm that:<br><input checked="" type="checkbox"/> I am a U.S. Citizen<br><input checked="" type="checkbox"/> I live at the above address<br><input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election<br><input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election<br><input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws<br><input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 |              |                                                                                                                                                               |       |                                                                                                                                                                                                              |                        |
| Signature: Sign or mark and date on lines below<br><br><b>X</b> _____<br>Date _____                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | If applicant is unable to complete this form, print the name and address of individual who completed this form.<br><br>Name _____ Date _____<br>Address _____ |       |                                                                                                                                                                                                              |                        |

## Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application. A voter can affiliate with one of the following parties: Democratic, Republican, Green, Libertarian, Natural Law, Reform, or United States Constitution.

### Need More Information? Check boxes below if you would like to receive more information about:

- |                                                 |                                                                                       |                                                                                           |
|-------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> absentee voting        | <input type="checkbox"/> polling place accessibility                                  | <input type="checkbox"/> available election materials in this alternative language: _____ |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment |                                                                                           |

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



# New Jersey Voter Registration Information

## You can register to vote if:

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

## Registration Deadline: 21 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.

**Questions?** visit [www.NJElections.org](http://www.NJElections.org) or call toll-free **1-877-NJVOTER (1-877-658-6837)**

**1** FOLD



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO 206

TRENTON NJ

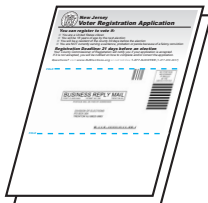
POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF ELECTIONS  
PO BOX 304  
TRENTON NJ 08625-9983

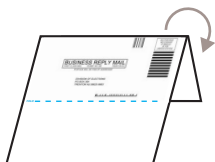


**2** FOLD

**Important:** Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



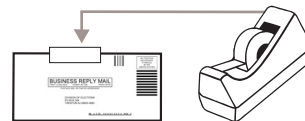
Put both pages  
together as shown



**1** fold top down



**2** fold bottom up



**3** Tape top shut

TAPE HERE **3**