

## New Jersey Voter Registration Application

	P	rint clearly in ink. All inform	nation is	required un	less m	arked optional.			
1	Check boxe that apply:	es		ss Change ture Update	☐ Political Party Affiliation or Nonaffliation Change			FOR OFFICIAL USE ONLY	
2	•	S. Citizen?  Yes  No		•		age by the next election? ☐ Yes ☐ No Clerk mplete this form)			
3	Last Name	Fir	st Name	•	Middle	e Name or Intial	Suffix (ex. Jr., Sr., III)	Registration #	
4	Date of Birth	Day Mont	h 🔲	Year				Office Time Stamp	
5		cense Number (Required)	Driver's Lic	provide the last 4 d	e a NJ Driver's License or MVC Non-Driver ID, gits of your Social Security Number.  Security Number."				
6		ess (DO NOT use PO Box)	Apt.	Municipality		County	Zip Code		
7	Mailing Add	ress if different from above	Apt.	Municipality	<i>i</i>	County	Zip Code		
8	Last Address I	Registered to Vote (DO NOT use PO E	ox) Apt.	Municipality	1	County	Zip Code	□ by mail □ in person	
9	Former Nan	ne if Making Name Change				Day Phone Number (Optional)			
10		o you wish to declare a political party affiliation? <i>(Optional)</i> \(\subseteq\) Yes, Name of Party							
11	Gender  Female Male	Declaration - I swear or affirm  ■ I am a U.S. Citizen  ■ I live at the above address  ■ I will be at least 18 years old on or before the next election	•	at least 30 days I am not on pard sentence due to	ed in the State and county before the next election le, probabtion or serving a a conviction for an indictder any federal or state laws  • I understand that any false or fradulent 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: S	Sign or mark on line below					able to complete this form, print the name dividual who completed this form.		
	<b>x</b>							Date	
					Addr	ess			
5)	If you provide a or if you do no	Instructions for sa Driver's License Number or the last have either of these numbers, your same confidential and will not be released by	st four num u may be o	bers of your Soc contacted by you	cial Secur ir county	rity Number and the commissioner of re	gistration for further in	nformation.	
6)	You do not nee	ed a permament home or residence	to register	r and vote in Ne	w Jersey	. If you are homeles	ss, you may complete	e section 6 by providing	

- the location where you spend most of your time or a contact point.
- 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.

Check Boxes below if you would like more information about:										
□ absentee voting	☐ polling place accessiblity	□ available election materials in								
□ becoming a poll worker	voting if you have a disablity, including visual impairment	this alternative language:								
For further information visit wwwNJElections.org or call toll-free 1-877-NJVOTER (1-877-858-6897)										

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## LEENTON NJ 08625-9983 PO BOX 304 NJ DIVISION OF ELECTIONS

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