



New Jersey Voter Registration Application

76

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

1 Check boxes that apply: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Signature Update ☐ Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp
2 Are you a U.S. Citizen? ☐ Yes ☐ No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? ☐ Yes ☐ No (If No, DO NOT complete this form)				
3 Last Name		First Name		Middle Name or Initial	Suffix (ex. Jr., Sr., III)	
4 Date of Birth Month Day Year						
5 NJ Driver's License Number or MVC Non-driver ID Number 				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.		
☐ "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State Zip Code	
7 Mailing Address if different from above		Apt.	Municipality	County	State Zip Code	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State Zip Code	☐ by mail ☐ in person
9 Former Name if Making Name Change				Day Phone Number (Optional)		
10 Do you wish to declare a political party affiliation? ☐ Yes, the party name is _____ (Optional) ☐ No, I do not wish to be affiliated with any political party.						
11 Gender ☐ Female ☐ Male		Declaration - I swear or affirm that: ☒ 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 ☒ I will have resided in the State and county at least 30 days before the next election ☒ 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 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 line below X _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ 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.

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

- | | | |
|---|---|---|
| ☐ absentee voting | ☐ polling place accessibility | ☐ available election materials in this alternative language: |
| ☐ becoming a poll worker | ☐ voting if you have a disability, including visual impairment | |

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



- 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

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.

1 FOLD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



ATLANTIC COUNTY COMMISSIONER OF REGISTRATION
1333 ATLANTIC AVE STE 400
ATLANTIC CITY NJ 08401-9951



2 FOLD

[illegible]

Diagram illustrating the correct way to fold a business reply mail envelope. The envelope is shown with the return address and postage meter stamp on the front. A curved arrow indicates the envelope should be folded over the front, not the back.

A diagram of a business reply mail envelope. It features a return address label on the left and a postage meter stamp on the right. A curved arrow indicates the envelope is to be folded over the stamp.

A diagram illustrating the mail sorting process. On the left, a business reply mail piece is shown with a label that reads "BUSINESS REPLY MAIL" and "FIRST CLASS PERMIT NO. 1000 NEW YORK, NY". An arrow points from this mail piece to a mail sorting machine on the right, which is shown in profile with a curved path for the mail to follow.

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