New Jersey
Voter Registration Application

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

1 Check all boxes that apply: ☐ New Registration ☐ Name Change ☐ Political Party Affiliation ☐ Address Change ☐ Signature Update ☐ Vote By Mail

FOR OFFICIAL USE ONLY

Clerk

Registration #

Office Time Stamp

☐ by mail
☐ in person

Muni Code #

Party

Ward

District

2 Are you a U.S. Citizen? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

3 Are you at least 17 years of age? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

4 Last Name | First Name | Middle Name or Initial | Suffix *(Jr., Sr., III)*

5 Date of Birth *(MM / DD / YYYY)* / /

6 Gender ***(Optional)*** ☐ Female ☐ Male

7 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."

8 Home Address *(DO NOT use PO Box)* | Apt. | Municipality *(City/Town)* | County | State | Zip Code

9 Mailing Address *(If different from Home Address)* | Apt. | Municipality *(City/Town)* | County | State | Zip Code

10 Last Address Registered to Vote *(DO NOT use PO Box)* | Apt. | Municipality *(City/Town)* | County | State | Zip Code

11 Former Name if Making Name Change

12 Day Phone Number ***(Optional)*** _____

E-Mail Address ***(Optional)*** _____

13 Do you wish to declare a political party affiliation? ***(Optional)***

☐ Yes, the party name is _____.

☐ No, I do not wish to be affiliated with any political party.

14 Request for Mail-In Ballot for all future elections ***(Optional)***

☐ I wish to receive a Mail-In Ballot for all future elections until I request otherwise in writing to the County Clerk's office.

☐ Mail my ballot to the following address if different from Mailing Address above.

Mailing Address if different from above | Apt. | Municipality *(City/Town)* | State | Zip Code

Declaration - I swear or affirm that:

- I am a U.S. Citizen
- I live at the above home address
- I am at least 17 years old, and understand that I may not vote until reaching the age of 18
- I will have resided in the State and county at least 30 days before the next election
- I am not serving a sentence of incarceration as the result of a conviction of any indictable offense under the laws of this or another state or of the United States.
- 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 of Registrant: Sign or mark and date on lines below

x _____ Date ___/___/___ *(MM / DD / YYYY)*

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

Name _____

Date *(MM / DD / YYYY)* ___/___/___

Address _____

Important Instructions for sections 7, 8, 13 and 14

7) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not supply any of the information required by section 7, 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.*

8) If you are homeless, you may complete section 8 by providing a contact point or the location where you spend most of your time.

13) You may declare a political party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 13 is OPTIONAL and will not affect the acceptance of your voter registration application.

14) If you wish to receive a Mail-In Ballot for all future elections, mark the appropriate box in section 14. You will continue to receive Mail-In Ballots for all future elections until you request otherwise in writing to your County Clerk's office.

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

☐ voting by mail ☐ polling place accessibility ☐ voting if you have a disability, including visual impairment

☐ becoming a poll worker ☐ available election materials in this alternative language: _____

New Jersey Voter Registration Information

You can register to vote if:

- You are a United States citizen.
- You are at least 17 years of age.*
- You will be a resident of the State and county 30 days before the election.
- I am not serving a sentence of incarceration as the result of a conviction of any indictable offense under the laws of this or another state or of the United States.

**You may register to vote if you are at least 17 years old but cannot vote until reaching the age of 18.*

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 Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

1 FOLD

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

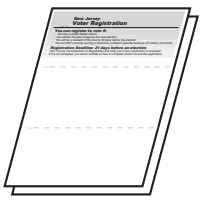
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 206 TRENTON, NJ

POSTAGE WILL BE PAID BY ADDRESSEE

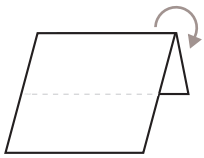
SOMERSET COUNTY COMMISSIONER OF REGISTRATION
20 GROVE ST
PO BOX 3000
SOMERVILLE NJ 08876-9897

2 FOLD

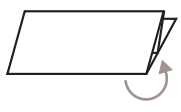
Important: Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



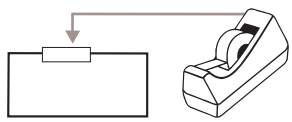
Put both pages together as shown



1 fold top down



2 fold bottom up



3 Tape top shut

3 TAPE HERE