



# New Jersey Voter Registration Application

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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"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-Affiliation Change						<b>FOR OFFICIAL USE ONLY</b> Clerk _____ Registration # _____ Office Time Stamp _____	
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (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							
<b>5</b> 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. ____ ____ ____ ____ <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	<input type="checkbox"/> by mail <input type="checkbox"/> in person
<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		a. Day Phone Number (Optional) _____ b. E-Mail Address (Optional) _____					
<b>10</b> Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
<b>11</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Declaration - I swear or affirm that:</b> <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input 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 <input 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  <b>X</b> _____ 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 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 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:

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

For further information visit **Elections.NJ.gov** 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 are at least 17 years of age.\*
- 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.

*\*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](http://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



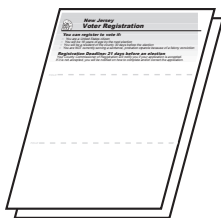
POSTAGE WILL BE PAID BY ADDRESSEE

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

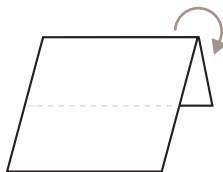


**2** FOLD

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



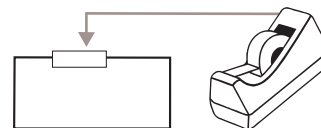
Put both pages  
together as shown



**1** fold top down



**2** fold bottom up



**3** Tape top shut

TAPE HERE **3**