

New Jersey Voter Registration Application

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

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1	Check boxes ☐ New Registration ☐ Address Change ☐ Political Party Affiliation that apply: ☐ Name Change ☐ Signature Update or Non-affiliation Change						FOR OFFICIAL USE ONLY		
. –	I.S. Citizen? ☐ Yes ☐ No NOT complete this form)		_	ou be 18 years of a DO NOT complete			? □ Yes	s □ No	Clerk
3 Last Name First		First	t Name		1iddle I	iddle Name or Initial		(Jr., Sr., III)	Registration #
4 Date of Birt	h	-					1		Office Time Stamp
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 o	r affirm that I DO NOT have a N	J Driver	's License	e, MVC Non-driver I	D or a S	ocial Security Num	nber."		1
6 Home Address (DO NOT use PO Box)		Apt.	Municipality		County		Zip Code		
7 Mailing Address if different from above		Apt.	Municipality		County	State	Zip Code	1	
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality		County	State	Zip Code	□ by mail □ in person	
Former Name if Making Name Change a. Day Phone Number (Optional)									
b. E-Mail Address (Optional)									
10 Do you wis	sh to declare a political pa	artv affi	liation?	☐ Yes. the pa	rtv nar	me is			
(Optional)	, ,	,				to be affiliated		ny political p	party.
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Signature: Sign or mark and date on lines below If applicant is unable to complete this to name and address of individual who complete this to name and the name									
					Naı	me			
					Dat	:e			
X			Dat	te	_ Add	dress			
5) Registrant informatior current an identificati	t Instructions for submitting this is required by section 5, or the divalid photo ID, or a doctor at the polling place.	form by ne infor ument	mail ar mation y with yo	nd are registering you provide cann our name and cu	g to voi ot be v rrent a	te for the first tir erified, you will b address on it to	oe aske avoid	ed to provide having to p	e a COPY of a rovide
nur	Numbers are Confidentia mbers illegally shall be su	bject to	crimin	al penalties.		-			
If you are your time	homeless, you may com	plete s	ection 6	by providing a	contac	t point or the lo	ocation	where you	spend most of
	declare a political affiliation ng section 10 is OPTION								
Need More I	nformation? Check box	es belo	w if you	ı would like to re	ceive	more information	n abou	ıt:	
□ voting by mail □ becoming a poll worker			□ pol	lling place access ing if you have a luding visual impa	ibility disabilit	ty,	⊒ availa	ble election ternative lan	

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election

PO BOX 352

WOODBURY NJ 08096-9946

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

FOLD



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

POSTAGE WILL BE PAID BY ADDRESSEE



GLOUCESTER COUNTY SUPERINTENDENT OF ELECTIONS

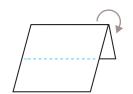
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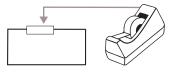


Important: Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



Put both pages together as shown





Tape top shut