

## New Jersey Voter Registration Application Please print clearly in ink. All information is required unless marked optional.

1	Check boxe that apply:	Check boxes   New Registration   Address Change   Political Party Affiliation   hat apply:   Name Change   Signature Update or Non-affiliation Change							FOR OFFICIAL OUSE ONLY		
2 ·	•	Are you a U.S. Citizen?   Yes   No  Will you be 18 years of age by the next election?   Yes   No  (If No, DO NOT complete this form)  Will you be 18 years of age by the next election?   Yes   No									
3	Last Name First Name					Middle Name or Initial Suffix (ex. Jr., Sr., III)				Registration #	
4	Date of Birth	Pate of Birth Month Day Year								Office Time Stamp	
5		U 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.									
	U "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."  Home Address (DO NOT use PO Box)   Apt.   Municipality   County   State   Zip Code										
6	Home Addi	Tionie Address (DO NOT 050 FO BOX)			INIGITICIPALITY		County	State.	Zp 0003		
7	Mailing Add	Mailing Address if different from above			Municipality	•	County	State	Zip Code		
8	LastAddress	Address Registered to Vote (DONOT use PO Box)			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? U Yes, the party name is . (Optional) U No, I do not wish to be							affiliated with any political party.			
11	Gender  Declaration - I swear or affirm that:  I will have resided in the State and county at least 30 days before the next election at least 30 days before									hat any false or stration may subject f up to \$15,000, up to 5 years,	
	Signature: Sign or mark on line below						If applicant is unable to complete this form, print the name and address of individual who completed this form.				
	•				Name Date						
ж.	Date						Address				
_		Instructions			-			ocial Sec	urity Number	and these numbers cann	
	be verified, or	de a Driver's License Number, MVC Non-driver ID Number or the last four numbers of your Social Security Number and these numbers canno or if you do not have any of these numbers, you may be contacted by your county commissioner of registration for further information.									
	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 crimin										
	You do not need a permanent home or residence to register and vote in New Jersey. If you are homeless, you may complete section 6 by providing the location where you spend most of your time or a contact point.										
	will not affect t	re a political affiliation or he acceptance of your v apublican, Green, Liberta	oter registration	on applic	ation. A voter ca	n affiliate	with one of the f			ection 10 is Optional and	
Ne	ed More In	formation? Check	boxes belo	w if yo	u would like to	receive	more informa	tion ab	out:		
	absentee     becoming	voting a poll worker	Q votir	ng if you	e accessibility have a disabi isual impairme	lity,		• •	ction materi re language		
Fo	r further inforr	nation visit www.NJE	lections.org	or call	toll-free 1-877	-NJVOTE	ER (1-877-658-	6837)			