

# New Jersey Voter Registration Application

	Please print clearly in ink. A	VII info	rmatio	n is re	equired	unless	man	ked optional	l <u>.</u>	<u> </u>	<u> </u>	
1	Check all boxes that apply: ☐ New Registration ☐ Name Change ☐ Political Party Affiliation ☐ Address Change ☐ Signature Update ☐ Vote By Mail										FC	OR OFFICIAL USE ONLY
2	re you a U.S. Citizen?											erk
4	Last Name F	irst N	lame			Midd	le Na	ame or Initial	Suffix	(Jr., Sr., III)	Re	gistration #
5	Date of Birth (MM / DD / YYYY) /	/		6	Gender	(Opti	onal	) □ Female	☐ Male		Offi	ce Time Stamp
7	JJ 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)	ľ	Apt.	Mun	icipality	(City/To	wn)	County	State	Zip Code		·
9	Mailing Address (If different from Home Address		Apt.	Mun	icipality	(City/To	wn)	County	State	Zip Code		by mail in person
10	Last Address Registered to Vote (DO NOT use Po	O Box)	Apt.	Mun	icipality	(City/To	wn)	County	State	Zip Code	# 13 V V	ni Code #
11	1 Former Name if Making Name Change 12 Day Phone Number (Optional)										Pai	lit militerrisk staat is eest
	E-Mall Address (Optional)								— ∣Wa	rd		
13 Do you wish to declare a political party affiliation?   Yes, the party name is											— · Dis	itrict
(Optional)   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  ☐ Mail my ballot to the following address if different from Mailing Address above.												
	Mailing Address if different from above					A	.pt.	Municipali	ty (City/Tov	vn)	State	Zip Code
Declaration - I swear or affirm that:  I will have resided in the State and county at least 30 days before the next election 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 on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws												to a fine of up to 5 years, or
Signature of Registrant: Sign or mark and date on lines below  If applicant is unable to complete this form name and address of individual who comp											omplete	
	Name Date (MM / DD / YYYY)											
	Date/ /						Address					
*			Da	(M	M/DD/Y	<u> </u>					***	
7) 8) 13)	ortant Instructions for sections 7, 8. Registrants who are submitting this form by required by section 7, or the information of photo ID or a document with your name a Note: ID Numbers are Confidential and willegally shall be subject to criminal penalti. If you are homeless, you may complete s You may declare a political party affiliation previously affiliated voter who wants to close 55 days before the primary election in ord the acceptance of your voter registration if you wish to receive a Mail-In Ballot for all future elections until	mail a product of the control of the	and are ovide carrent a be rele n 8 by pour may politic vote in cation.	regis annot ddres ased provice declar al par the p ctions	be verifies on it to by any garding a colored to be try affilial primary s, mark to try is in	ied, yoo avoid govern ontacty e unafi tion or election the app writing	u will havi ment coint fillate beco n. Co cropri	be asked to ing to provid tal agency. A or the locat ed, regardles ome unaffilia ompleting se late box in se	o provide a e identific Any perso ion where so of any ated, you ection 13 is ection 14 Clerk's o	a COPY of ation at the n who use you spen prior party must file the SOPTION You will office.	a curre e polling s such d most affiliati his form IAL and	ent and valid g place. numbers of your time. ion. If you are n no later than
Nee	d More Information? Check boxes	belo	w if yo	ou w	ould lii	ke to i	rece	ıve more i	ntormat	ion abou	it:	

☐ polling place accessibility

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

□ voting by mail

NJ Division of Elections - 08/24/18

☐ voting if you have a disability, including visual impairment

### **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.

#### 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)



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

PASSAIC COUNTY COMMISSIONER OF REGISTRATION
STE 1
501 RIVER ST

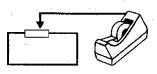
PATERSON NJ 07524-9902

թվակինիներին իրկրին արևանի անկանին հեր









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