



# New Jersey Voter Registration Application Form

Please print clearly using a black or blue ballpoint pen.

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Nonaffiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update					<b>FOR OFFICIAL USE ONLY</b>	
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				Clerk
<b>3</b> Last Name		First Name	Middle Name or Initial	Suffix (ex. Jr., Sr., III)		Registration #
<b>4</b> Date of Birth (Required) Day ___ /Month ___ /Year _____						Office Time Stamp
<b>5</b> NJ Driver's License Number (Required) _____ / _____ / _____		If you DO NOT have a NJ Driver's License, then please provide the last 4 digits of your Social Security Number. ____ - ____ - ____ - ____				
<input type="checkbox"/> "I swear or affirm that I DO NOT have either a NJ Driver's License or a Social Security Number."						
<b>6</b> Home Address (DO NOT use PO Box)		Apt.	Municipality	County		Zip Code
<b>7</b> Mailing Address if different from above		Apt.	Municipality	County		Zip Code
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County		Zip Code
<input type="checkbox"/> by mail <input type="checkbox"/> in person						
<b>9</b> Former Name if Making Name Change			Day Phone Number (Optional)			
<b>10</b> Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, Name of Party _____ <input type="checkbox"/> I wish to be an unaffiliated voter <input type="checkbox"/> No, I do not wish to declare a political party affiliation at this time.						
<b>11</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Declaration</b> - I swear or affirm that: <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 will be at least 18 years old on or before the next election	<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" 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 checked="" 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 on line 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 _____ Address _____						

## Important Instructions for sections 5, 6 and 10

- If you provide a Driver's License Number or the last four numbers of your Social Security Number and these numbers cannot be verified, you will be contacted by your county commissioner of registration for further information.  
 Note: ID Numbers Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.
- 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.
- You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is Optional and will not affect the acceptance of your voter registration application. A voter can affiliate with one of the following parties: Democratic, Republican, Green, Libertarian, Natural Law, Reform, or United States Constitution.

**Check Boxes below if you would like more information about:**

- |   |   |
|---|---|
| <input type="checkbox"/> absentee voting        | <input type="checkbox"/> polling place accessibility                                  |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment |

For further information visit [wwwNJElectons.org](http://wwwNJElectons.org) or call toll-free 1-877-NJVOTER (1-877-858-6897)

