



New Jersey Voter Registration Application

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY	
2 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
3 Last Name		First Name		Middle Name or Initial	Suffix (Jr., Sr., III)		Registration #
4 Date of Birth						Office Time Stamp	
Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<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."						<input type="checkbox"/> by mail <input type="checkbox"/> in person	
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State		Zip Code
7 Mailing Address if different from above		Apt.	Municipality	County	State		Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State		Zip Code
9 Former Name if Making Name Change				Day Phone Number (Optional)			
10 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.							
11 Gender		Declaration - I swear or affirm that: <ul style="list-style-type: none"> <input type="checkbox"/> Female <input type="checkbox"/> Male 		<ul style="list-style-type: none"> <input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <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 		<ul style="list-style-type: none"> <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I live at the above address <input type="checkbox"/> I will be at least 18 years old on or before the next election 	
Signature: Sign or mark and date on lines below _____ 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 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.

Need More Information? Check boxes below if you would like to receive more information about:

- absentee voting
- polling place accessibility
- available election materials in this alternative language:
- becoming a poll worker
- voting if you have a disability, including visual impairment

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)