

New Jersey Voter Registration Application

1/2		Please	e print clearly in	ink. All	informa	ntion is require	d ur	nless marked option	nal.			
1	Officer boxes a recwire glotiation a					ess Change ature Update		□ Political Party Af or Non-affiliation C	FOR OFFICIAL USE ONLY			
2	Are you a U.	n? Yes No plete this form)		you be 18 years of age by the next election? Yes No p. DO NOT complete this form)					Clerk			
3	Last Name	;		First	Name		Mic	ddle Name or Initia	I Suffix	(Jr., Sr., III)	Registration #	
4 Date of Birth												
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 or	affirm tha	t I DO NOT have a	NJ Driver	's Licens	e, MVC Non-drive	r ID	or a Social Security No	ımber."			
6	Home Addr	ess (DO N	IOT use PO Box)		Apt.	Municipality		County	State	Zip Code		
7	7 Mailing Address if different from above				Apt.	Municipality		County	State	Zip Code		
8	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	(Opt	tional <u>)</u>				
10	0 Do you wis	h to dec	lare a political ¡	oarty aff	iliation?	Yes, the	part	y name is				
	(Optional)					No, I do i	not v	wish to be affiliate	d with ar	ny political p	arty.	
1'	11 Gender Female Male Declaration - I swear or affirm that: I am a U.S. Citizen I live at the above address I will be at least 18 years old on or before the next election 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 I understand that fraudulent registra me to a fine of up imprisonment up or both pursuant or both pursuant or before the next election									ition may subject to \$15,000, to 5 years,		
oignature. Oign of mark and date on lines below								If applicant is unable to complete this form, print the name and address of individual who completed this form.				
	v			Date			Name					
X					Da	.e		_ Address				
	Registrants information current and	s who ar required d valid p	l by section 5, or	s form by the infor	/ mail ai mation :	nd are register you provide ca	ing t nnot	d 10 to vote for the first be verified, you will ent address on it t	l be aske	d to provide	a COPY of a	

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.

Need More Information? Check hoxes below if you would like to receive more information at

ng by mail oming a poll worker	 □ polling place accessibility □ voting if you have a disability, including visual impairment 	☐ available election materials in this alternative language:	
0)	□ voting if you have a disability,		in

You can register to vote if:

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

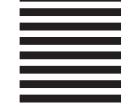




BUSINESS REPLY MAI FIRST-CLASS MAIL PERMIT NO. 206 TRENTON NJ

POSTAGE WILL BE PAID BY ADDRESSEE





MERCER COUNTY COMMISSIONER OF REGISTRATION PO BOX 8068 TRENTON NJ 08650-9905

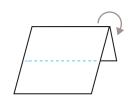
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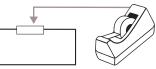
FOLD

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



Put both pages





together as shown



fold top down





Tape top shut