

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

1	Check all boxes that apply: ☐ New Registration ☐ Address Change				<ul><li>□ Name Change</li><li>□ Political Party Affiliation</li><li>□ Signature Update</li><li>□ Vote By Mail</li></ul>				liation	FOR OFFICIAL USE ONLY		
2	Are you a U.S. Citizen? ☐ Yes ☐ No (If No, DO NOT complete this form)  Are you at least 17 years of age? ☐ Yes ☐ No (If No, DO NOT complete this form)									Cle	rk	
4	Last Name First Name			;		Middle Name or Initial Suffix (Jr., Sr., III)			(Jr., Sr., III)	Registration #		
5	Date of Birth (MM / DD / YYYY) / /				6 Gender (Optional) □ Female □ Male					Offic	ce Time Stamp	
7	NJ Driver's License Number or I		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 Lice Home Address (DO NOT use PO Box) Apt.				ense, MVC Non-driver ID or a Social Security Number."    Municipality (City/Town)				-			
8	Home Address (Do Not use)	- O B0x)	Apt.	ľ	viaincipanty (	Sity/ TOWIT)	County	Otato	Zip Codc			
9	Mailing Address (If different from Home Address)				Municipality (	City/Town)			Zip Code		□ by mail □ in person	
10	Last Address Registered to Vo	te (DO NOT use PO Box	Apt.	ſ	Municipality (	City/Town)	County	State	Zip Code	Mur	ni Code #	
11 Former Name if Making Name Change 12 Day Phone Number (Optional)									Par	ty		
				Е	-Mail Address	(Optiona	ıl)			Wai	rd	
13	3 Do you wish to declare a political party affiliation? ☐ Yes, the party name is									Dist	· District	
	(Optional) □ No, I do not wish to be affiliated with any political party.											
<b>14</b> Request for Mail-In Ballot for all future elections ( <i>Optional</i> )  ☐ I wish to receive a Mail-In Ballot for all future elections until I request otherwise in writing to the County Clerk's office.  ☐ Mail my ballot to the following address if different from Mailing Address above.												
Mailing Address if different from above						Apt.	Municipality	/ (City/Tov	vn) S	tate	Zip Code	
Declaration - I swear or affirm that:  I am a U.S. Citizen  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											o a fine of up to 5 years, or	
Signature of Registrant: Sign or mark and date on					ines below If applicant is unable to complete this finame and address of individual who co							
							Name					
						Dat	Date (MM/DD/YYYY) / /					
X				Date	(MM/DD/YY	${YY)}$ Add	dress					
7) 8) 13)	Registrants who are submitting required by section 7, or the photo ID, or a document with Note: ID Numbers are Contillegally shall be subject to a life you are homeless, you may declare a political previously affiliated voter was 55 days before the primary the acceptance of your vote If you wish to receive a Mai Mail-In Ballots for all future ad More Information? Clark control worth and the control of the submitted worth of the submitted in the	ng this form by mae information you per hyour name and of idential and will not riminal penalties. The wants to change election in order the registration appears affiliation and the elections until you appears affiliation appears affiliation appears affiliation appears affiliation	il and a provide current of be reformed by the	are reconstruction to the control of	nnot be verified dress on it to sed by any go oviding a condeclare to be I party affiliation, mark the therwise in way would like	ed, you wi avoid have overnment atact poin unaffiliat on or bed ection. Come e appropositing to ectorece	Il be asked to pring to provide atal agency. And to the location to the location and the completing section and the completing section are the completing section are the completing section and the completing section are the completing section and the completing section are the completing section and the completing section are the completing section and the completing section are the completing se	orovide identificity person where of any ed, you tion 13 ction 14 cterk's of format	a COPY of a sation at the n who uses e you spend prior party a must file this OPTIONA. You will coffice.	a curre polling such i most affiliation s form AL and ontinue	ent and valid g place. numbers of your time. on. If you are n no later than I will not affect	
	☐ becoming a poll worker  NJ Division of Elections - 08/24/18	□ available elect	ion ma	ateri	ials in this alt	ernative I	anguage:					

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

## 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)

1 FOLD



BUSINESS REPLY MAIL PERMIT NO. 206 TRENTON, NJ

POSTAGE WILL BE PAID BY ADDRESSEE
SUSSEX COUNTY BOARD OF ELECTIONS
STE 305
83 SPRING ST
NEWTON NI 07860-9808

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

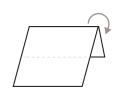
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2 FOLD

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



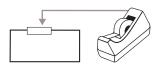
Put both pages together as shown



fold top down



2 fold bottom up



3 Tape top shut