

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 | | | | □ Name Change□ Political Party Affiliation□ Signature Update□ Vote By Mail | | | liation | | R 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 | | | ne | | Middle N | iddle Name or Initial Suffix (Jr., Sr., III) | | | Reg | jistration # | |
| 5 | Date of Birth (MM / DD / YYYY) / / | | | | 6 Gender | 6 Gender (Optional) □ Female □ Male | | | | | ce Time Stamp | |
| 7 | NJ Driver's License Number or N | er | 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 Licely Home Address (DO NOT use PO Box) Apt. | | | | nse, MVC Non-driver ID or a Social Security Number." Municipality (City/Town) County State Zip | | | | _ | | | |
| 8 | Home Address (DONOT use I | - О Бох) | Api | '. | vidinoipanty (| Sity/ TOWII) | County | Otato | Zip Gode | | | |
| 9 | Mailing Address (If different from Home Address) | | | | Municipality (| City/Town) | (Town) County State Zip | | Zip Code | | □ by mail □ in person | |
| 10 | Last Address Registered to Vo | te (DO NOT use PO Bo | x) Apt | t. I | 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 | <i>I)</i> | | | 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. | | | | | | | | | | | |
| 14 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 | State | Zip Code | |
| • I | eclaration - I swear or affirm am a U.S. Citizen live at the above home address am at least 17 years old, and u that I may not vote until reaching | nderstand | at lead I am it as the offens | ast 30 not sei e resu se uno | esided in the S days before the rving a sentend It of a conviction der the laws of the United Stat | e next elect be of incard on of any in this or and | ction i ceration t ndictable I | registration | | ct me to nent up | o a fine of up to 5 years, or | |
| s | ignature of Registrant: Siç | nes below | If applicant is unable to complete this form, print the name and address of individual who completed this form. | | | | | | | | | |
| | | | | | | | | or marriadar vino completed the form. | | | | |
| | | | | | | I | Date (MM/DD/YYYY)// | | | | | |
| × | | | | Date | = / / (MM/DD/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 Confillegally shall be subject to coll for you are homeless, you may you may declare a political previously affiliated voter with 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? Charter of the primary woting by mail | ng this form by mainformation you per information you per your name and idential and will naminal penalties. The way complete sect party affiliation of the wants to chan election in order registration applicable for all felections until your polling place. | ail and corovide curre of be ion 8 r you ge po to voolicati uture u requacces | d are r de car ent ad relea by pr may olitica te in t ion. e elect juest o if you ssibilit | registering to various be verified dress on it to seed by any go roviding a cordeclare to be a party affiliation, mark the primary endings, mark the otherwise in value of the could like ty value verified to verified to the could like ty value verified to ver | rote for the d, you wi avoid have poermer intact poin unaffiliation or bed lection. Come approprinting to the to recepting if you | Il be asked to pring to provide atal agency. And to r the location ed, regardless come unaffiliate ompleting securiate box in sequence of the county County County County County and have a disal | orovide a identificate persoon where of any ed, you tion 13 identification 14 ction 14 format | a COPY of ation at the n who uses by you spend prior party a must file this OPTION. You will caffice. ion about | a curre polling such i most affiliation form AL and ontinue | ent and valid g place. numbers of your time. on. If you are a n no later than I will not affect | |
| | ☐ becoming a poll worker NJ Division of Elections - 01/09/20 | □ available elec | tion r | mater | 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.
- I am not serving a sentence of incarceration as the result of a conviction of any indictable offense under the laws of this or another state or of the United States.
- *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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

HUNTERDON COUNTY PERMANENT REGISTRATION OFFICE PO BOX 2900 FLEMINGTON NJ 08822-9895

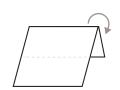
վուդնիրդիվիրությունների հետորակին հետու

2 FOLD

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



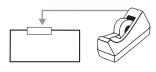
Put both pages together as shown



fold top down



2 fold bottom up



3 Tape top shut