



New Jersey Voter Registration Application

Print clearly in black or blue ink using a ball point pen or marker

1 Check boxes that apply

I am a U.S. citizen Yes No*

I will be 18 years of age by the next election Yes No*

STOP *If you check "No" in either box DO NOT COMPLETE THIS FORM

2 Check boxes that apply

New Registration (if you are registering for the first time in the county in which you live)

Address Change (if you are currently registered and have moved within your county)

Name Change (if you are currently registered in the county in which you live)

3 Last Name _____ First Name _____ Middle Initial _____ Suffix _____

4 Street Address (where you live) _____ Apartment # _____

Municipality (town/city) _____ County _____ Zip Code _____

5 Complete only if different from address above

Address (where you get your mail) _____ Apartment # _____

Municipality (town/city) _____ County _____ Zip Code _____

6 Date of Birth: Month _____ Day _____ Year _____

7 Telephone Number (optional) _____ Area Code _____

8 Name and address used for your last voter registration, if applicable

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Address _____ Apartment # _____

Municipality (town/city) _____ County _____ State _____ Zip Code _____

***9** Give one ID # NJ Driver's Lic. # _____ OR Only the last four numbers of your Social Security # _____

FOR OFFICE USE ONLY

Clerk _____

Registration # _____

Office Time Stamp _____

by mail in person

10 Declaration -

I swear or affirm that:

- I am a U.S. Citizen.
- I will be at least 18 years old on or before the next election.
- I live at the above address.
- 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 any false or fraudulent registration may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

X _____
Signature / Mark _____ Date _____

If applicant is unable to complete this form, print name and address of individual who completed this form

Name _____

Address _____

Municipality (town/city) _____ State _____ Zip Code _____

OAG-v08.04

THIS FLAP IS GUMMED - MOISTEN THIS GUMMED AREA AND SEAL. If you have any questions contact the Atlantic County Superintendent of Elections at 609-343-2246

Important Instructions for Sections 4, 6, 9, and 10

- 4** This form will be rejected if this section (4) is not completed. Give your home address, not a business address.
- 6** Birth date is required.
- *9** ● You must complete Section 9 **ONLY** if you are registering by mail for the first time in your county and have never voted in a federal election in the county. The ID # that you give must be verified. You will be contacted by the county commissioner of registration if those numbers cannot be verified. If you do not provide either a driver's license number or the last four numbers of your social security number, you must include a copy of a current and **valid ID document** such as: **A valid photo ID, current utility bill, bank statement, government check, pay check, or any other government document that shows your name and address.** ● If you are a first-time registrant by mail and you **do not** provide any ID, or if your ID numbers **cannot** be verified, before voting for the first time, you must provide ID at the polling place or submit ID if voting by absentee ballot. If you do not provide ID at the polling place, you must vote by provisional ballot. You will have until the close of business on the second day after the election to provide ID to the county commissioner of registration. Your provisional ballot will be rejected if you do not provide ID. **ID numbers are confidential and will not be released by any governmental agency. Any person who uses identification illegally shall be subject to criminal penalties.**
- 10** This form will be rejected if this section (10) is not completed. Requires signature or mark of applicant.



Democracy Starts Here!
New Jersey Voter Registration Application

You can register to vote if:

1. You are a United States citizen
2. You will be 18 years of age by the next election
3. You will be a resident of the county 30 days before the election
4. You are NOT currently serving a sentence, probation or parole because of a felony conviction

Registration deadline is 29 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.

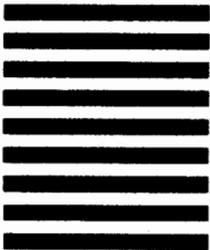
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ATLANTIC COUNTY
 COMMISSIONER OF REGISTRATION
 1333 ATLANTIC AVE STE 400
 ATLANTIC CITY NJ 08401-9951

POSTAGE WILL BE PAID BY ADDRESSEE

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



State of New Jersey
 Office of the Attorney General
 Department of Law & Public Safety
 Division of Elections



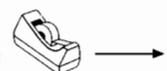
? Check boxes below if you would like more information about:

- | | |
|---|--|
| <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 impairments |

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



TEAR ALONG PERFORATION



If you are sending a copy of any ID in with this application, be sure to tape the sides shut before mailing



Democracy Starts Here!
New Jersey Voter Registration Application

Use this form to **Register to Vote** or to **Change Your Name and/or Address**

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