New Jersey Voter Registration Application

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

1 Check boxes that apply: ☐ New Registration ☐ Address Change ☐ Political Party Affiliation ☐ Name Change ☐ Signature Update or Non-affiliation Change

2 Are you a U.S. Citizen? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

Will you be 18 years of age by the next election? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

3 Last Name | First Name | Middle Name or Initial | Suffix *(Jr., Sr., III)*

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 that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."

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

FOR OFFICIAL USE ONLY

Clerk

Registration #

Office Time Stamp

☐ by mail
☐ in person

9 Former Name if Making Name Change

a. Day Phone Number *(Optional)* _____

b. E-Mail Address *(Optional)* _____

10 Do you wish to declare a political party affiliation? *(Optional)* ☐ Yes, the party name is _____. ☐ No, I do not wish to be affiliated with any political party.

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 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

Signature: Sign or mark and date on lines below

X _____ 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 party affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. If you are a previously affiliated voter who wants to change political party affiliation or become unaffiliated, you must file this form no later than 55 days before the primary election in order to vote in the primary election. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

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

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

For further information visit **Elections.NJ.gov** or call toll-free **1-877-NJVOTER** (1-877-658-6837)