



## *Mercer County I.D. Card*

Full Name of Applicant: \_\_\_\_\_  
(Please Print)                      First    Middle    Last

Residence Address of Applicant:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      Organ Donor: \_\_\_\_\_      Veteran: \_\_\_\_\_

**Applicant must present the following documentation to establish age & identification:**

\_\_\_\_\_ Birth Certificate with raised seal & file date; **OR**

\_\_\_\_\_ United States Passport; **OR**

\_\_\_\_\_ Naturalization Certificate; **OR**

\_\_\_\_\_ Valid Resident Alien card

**Applicants whose last name differs from that of their birth certificate because of marriage must also present a Marriage Certificate with a raised seal PHOTOCOPIES of these documents are not acceptable**

**Proof of county residency (NO MAIL IS ACCEPTED)**

\_\_\_\_\_ N.J. Drivers License; **OR**

\_\_\_\_\_ Voter Registration Card; **OR**

\_\_\_\_\_ Deed or Lease; **Or**

\_\_\_\_\_ Witness (Family member who resides at the same address)

N.J. Driver License #: \_\_\_\_\_

Date of expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has the applicant ever applied for an I.D. card before? \_\_\_\_\_ If yes when? \_\_\_\_\_

**I CERTIFY THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**Applicant: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_