

PETITION FOR MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES**500 Signatures Required** (N.J.S.A. 19:23-8)**PETITION OF NOMINATION FOR THE PRIMARY ELECTION** _____ **PARTY**
(PRINT NAME OF PARTY)_____ **CONGRESSIONAL DISTRICT**

To the Honorable Secretary of State: (N.J.S.A. 19:23-6)

Each signer of this petition certifies that the following statements are true: (N.J.S.A. 19:23-7)

- 1) I reside in the State of New Jersey in the _____ Congressional District;
- 2) I am a qualified voter therein;
- 3) I am a member of the _____ party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I indorse the person named as candidate for the nomination to the office of Member of the United States House of Representatives; and
- 6) I request that you cause to be printed upon the official primary election ballot of the said party, the name of the candidate listed below.

Name of Candidate: _____

(Name must appear the same on all petition booklets to be filed.)

(Please print or type name)

Residential Address City Zip Code_____
Post Office Address City Zip Code_____
(Candidate Email Address)**Total Number of Signatures fields are required to be completed prior to submission.**

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

Total to be confirmed by Division of Elections.**ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION****Petition filing deadline** - Before 4 p.m. on March 23, 2026 (N.J.S.A.19:23-14)

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SIGNATURE SHEET

REJECTED
DOE USE
ONLY

Signature

Print Name

Residence Address *(Number, Street, City, Zip Code)*

11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

SIGNATURE SHEET

REJECTED
DOE USE
ONLY

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)	
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
61.			
62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
79.			
80.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
81.			
82.			
83.			
84.			
85.			
86.			
87.			
88.			
89.			
90.			

SIGNATURE SHEET

Signature	Print Name	Residence Address <i>(Number, Street, City, Zip Code)</i>	REJECTED DOE USE ONLY
91.			
92.			
93.			
94.			
95.			
96.			
97.			
98.			
99.			
100.			

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

(N.J.S.A. 19:23-11)

The person making the affidavit below must be the person who witnessed the signatures appearing on this petition or any other petition for the same candidate and office. The person must make an affidavit for each petition and set of signatures he/she solicits and sign the affidavit in the presence of a person authorized to administer oaths (e.g., notary public).

State of New Jersey :

: ss.

County of :

I, _____, being duly sworn, upon my oath say that I am at least 18 years of age, a citizen of the United States,

(Print Name of Circulator/Witness)

and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey, whose party affiliation is of the same political party named in the petition; that the petition is signed by each of the signers thereof in his/her proper handwriting; that the signers are to the best knowledge and belief of the affiant legal voters of the State or political subdivision thereof, as the case may be, as stated in the petition, belong to the political party named in the petition; and that the petition is prepared and filed in absolute good faith for the sole purpose of indorsing the person or persons therein named.

Sworn and subscribed to before me in

_____ N.J., on
(List County where Affidavit was signed and notarized)

(Signature of Circulator/Witness)

this _____ day of
(Day)

(Residence Address of Circulator/Witness)

_____, 20_____
(Month) (Year)

(City or Town of Circulator/Witness) (Zip Code)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)

CANDIDATE’S REQUEST FOR SLOGAN ON THE OFFICIAL PRIMARY ELECTION BALLOT

The candidate named in this petition requests that there be printed on the primary election ballot the following slogan: (Slogan must not exceed six words and must be in accord with N.J.S.A. 19:23-17. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

County**Slogan** (Please Print or Type)

1.	
2.	
3.	
4.	
5.	
6.	

NOTE: There are up to six counties in a congressional district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.

COMMITTEE ON VACANCIES

(The Committee on Vacancies may only fill a vacancy up to 62 days before the Primary Election) (N.J.S.A.19:23-12)

This committee shall have power in case of death or resignation or otherwise of the person indorsed as a candidate in said petition to fill such a vacancy by filing with the Secretary of State, a certificate of nomination to fill the vacancy.

Note: It is not mandatory to have a “Committee on Vacancies”.

The names and residence addresses of the three members named as a committee on vacancies are as follows:

Name(s)	Residence Address	City	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : SS.

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the
(Print Name of House of Representative Candidate)
State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under
the authority of the people. So help me God.

Subscribed and sworn before me at:

_____, N.J.,
(List County where Oath was signed and notarized)

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(Place Notary Stamp in the area above)

Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance

AFFIRMATION OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : SS.

I, _____, do solemnly, sincerely and truly declare and affirm that I will support the Constitution of the United States and the
(Print Name of House of Representative Candidate)
Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and
in this State, under the authority of the people.

Subscribed and affirmed before me at:

_____, N.J.,
(List County where Oath was signed and notarized)

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(Place Notary Stamp in the area above)

Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance

DECLARATION OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : SS.

I, _____, do declare, in the presence of Almighty God, the witness of the truth of what I say, that I will support the
(Print Name of House of Representative Candidate)
Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the
Governments established in the United States and in this State, under the authority of the people.

Subscribed and declared before me at:

_____, N.J.,
(List County where Oath was signed and notarized)

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(Place Notary Stamp in the area above)

*****Candidate Must Sign a Certificate of Acceptance*****

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19:23-15)

I, the undersigned, hereby certify that I am a member of the _____ Party and qualified for the office.

(Signature of House of Representative Candidate)

(Printed or Typewritten Name of House of Representative Candidate)

(Residence Address of House of Representative Candidate)

(City or Town & Zip Code of House of Representative Candidate)

Pursuant to N.J.S.A. 19:23-15, however, no candidate who has accepted the nomination by a direct petition of nomination for the general election shall sign an acceptance to a petition of nomination for such office for the primary election. In addition, no candidate named in a petition for the office of Member of the House of Representatives shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of member of the House of Representatives in another congressional district in the same calendar year.