

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.

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



NO POSTAGE NECESSARY IF MAILED IN THE **UNITED STATES**

POSTAGE WILL BE PAID BY ADDRESSEE **CAMDEN COUNTY BOARD OF ELECTIONS** 100 UNIVERSITY COURT **PO BOX 158** BLACKWOOD NJ 08012-9804



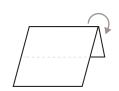
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Important: Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



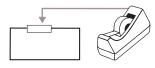
Put both pages together as shown



fold top down



fold bottom up



Tape top shut

^{*}You may register to vote if you are at least 17 years old but cannot vote until reaching the age of 18.