

New Jersey Voter Registration Application Please print clearly in ink. All information is required unless marked optional.

									***************************************	1569-258,009		
1	11,				□ Name Change □ Political Party Affiliation □ Signature Update □ Vote By Mail					FO	FOR OFFICIAL USE ONLY	
2	Are you a U.S. Citizen?								Clei	†k		
4	Last Name First Name N					ddle Name or Initial Suffix (Jr., Sr., III)				Reg	istration#	
5	Date of Birth (MM/DD/YYYY) / / 6 Gender (Optional) D Female D Male								Offic	e Time Stamp		
7	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."											
8	Home Address (DO NOT use PO Box)						r a Social Securi County		zip Code			
9	Mailing Address (If different from Home Add	ress)	Apt.	Municip	ality <i>(Cit</i>)	/Town)	County	State	Zip Code		y mail n person	
10	Last Address Registered to Vote (DO NOT us	e PO Box)	Apt.	Municip	ality (City	/Town)	County	State	Zip Code	75755A515	i Code #	
11	11 Former Name if Making Name Change 12 Day Phone Number (Optional)										у	
	E-Mail Address (Optional)							- Wai	Ward			
13	13 Do you wish to declare a political party affiliation? Yes, the party name is									· Dist	rict	
(Optional)												
14 Request for Mail-In Ballot for all future elections (Optional) ☐ 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/Town) State Zip Code												
	Maning Addition in another north above	•						,,	,			
Declaration - I swear or affirm that: I am a U.S. Citizen I live at the above home address I am at least 17 years old, and understand that I may not vote until reaching the age of 18 I will have resided in the State and county at least 30 days before the next election lam not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws												
Signature of Registrant: Sign or mark and date on lines below If applicant is unable to complete this form, pame and address of individual who complete the complete that is unable to complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the complete this form, pame and address of individual who complete the co									mplete	d this form.		
							ne e <i>(MM/DD/Y</i> YY					
×			Dat	e /	/ D/YYYY	_ Add	lress					
Important Instructions for sections 7, 8, 13 and 14 7) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not supply any of the information required by section 7, 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. 8) If you are homeless, you may complete section 8 by providing a contact point or the location where you spend most of your time. 13) 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 13 is OPTIONAL and will not affect the acceptance of your voter registration application. 14) If you wish to receive a Mail-In Ballot for all future elections, mark the appropriate box in section 14. You will continue to receive Mail-In Ballots for all future elections until you request otherwise in writing to your County Clerk's office. Need More Information? Check boxes below if you would like to receive more information about: □ voting by mail □ polling place accessibility □ voting if you have a disability, including visual impairment □ becoming a poll worker □ available election materials in this alternative language:												
	□ becoming a poll worker □ availab	le electi	on mate	rials in t	nis alter	native 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.
- Make You are NOT currently serving a sentence, probation or parole because of a felony conviction.
- *You may register to vote if you are at least 17 years old but cannot vote until reaching the age of 18.

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)



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

POSTAGE WILL BE PAID BY ADDRESSEE

PASSAIC COUNTY COMMISSIONER OF REGISTRATION STE 1 501 RIVER ST PATERSON NJ 07524-9902

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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Fold as illustrated to ensure proper mailing.







