

# Registering to Vote in New Jersey: How to complete the voter registration application



## New Jersey Voter Registration Application

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

1. - Why are you completing this form? Are you registering to vote for the first time? Have you moved or changed your name? Choose all that apply.

2. & 3. - You must be a U.S. citizen and at least 17 years old to register to vote.

7. - To establish your identity, enter your NJ Driver's License #, the # from your NJ Motor Vehicle Non-driver ID, or the last 4 digits of your Social Security #.

10. - If you moved & are re-registering to vote, include the last address where you were registered.

11. - If you changed your name & are re-registering to vote, include your former name.

Sections #10 & 11 do not apply if this is a new registration application.

Sign your name & date your application after reviewing the Declaration Statements

**NOTE:** If you do not have a NJ Driver's License, a NJ Motor Vehicle Non-driver ID, or a Social Security #, you will be asked to provide more information that establishes your identity and your ability to register to vote.

**NOTE:** If you want to receive more information about any of the following topics, check the boxes in this section.

<b>1</b> Check all boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Political Party Affiliation <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Vote By Mail						<b>FOR OFFICIAL USE ONLY</b> Clerk
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		<b>3</b> Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
<b>4</b> Last Name _____ First Name _____ Middle Name or Initial _____ Suffix (Jr., Sr., III) _____				Registration # _____		
<b>5</b> Date of Birth (MM/DD/YYYY) ____/____/____			<b>6</b> Gender (Optional) <input type="checkbox"/> Female <input type="checkbox"/> Male			Office Time Stamp
<b>7</b> 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. ____-____-____-____ <input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
<b>8</b> Home Address (DO NOT use PO Box) _____ Apt. _____ Municipality (City/Town) _____ County _____ State _____ Zip Code _____						
<b>9</b> Mailing Address (If different from Home Address) _____ Apt. _____ Municipality (City/Town) _____ County _____ State _____ Zip Code _____				<input type="checkbox"/> by mail <input type="checkbox"/> in person		
<b>10</b> Last Address Registered to Vote (DO NOT use PO Box) _____ Apt. _____ Municipality (City/Town) _____ County _____ State _____ Zip Code _____				Muni Code # _____		
<b>11</b> Former Name if Making Name Change _____		<b>12</b> Day Phone Number (Optional) _____ E-Mail Address (Optional) _____		Party _____		
				Ward _____		
				District _____		
<b>13</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
<b>14</b> Request for Mail-In Ballot for all future elections (Optional) <b>Want to receive ballots in the mail? If so, complete #14.</b> <input type="checkbox"/> I wish to receive a Mail-In Ballot for all future elections until I request otherwise in writing to the County Clerk's office. <input type="checkbox"/> 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 _____						
<b>Declaration - I swear or affirm that:</b> <ul style="list-style-type: none"> <li>I am a U.S. Citizen</li> <li>I live at the above home address</li> <li>I am at least 17 years old, and understand that I may not vote until reaching the age of 18</li> </ul>						
<ul style="list-style-type: none"> <li>I will have resided in the State and county at least 30 days before the next election</li> <li>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.</li> </ul>						
<ul style="list-style-type: none"> <li>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</li> </ul>						
Signature of Registrant: Sign or mark and date on lines below X _____ Date ____/____/____ (MM/DD/YYYY)				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date (MM/DD/YYYY) _____ Address _____		

**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: \_\_\_\_\_

NJ Division of Elections - 01/09/20

**Final Review:** ✓ Make sure you've checked the appropriate boxes in Sections 1, 2, & 3.  
 ✓ Include your Full Name in Section 4 and Date of Birth in Section 5.  
 ✓ Establish your identity by completing Section 7.  
 ✓ Include your home address and a mailing address (if different) in Sections 8 & 9.  
 ✓ Review the "Declaration" and sign your name next to the X. Include today's date.