



# New Jersey Voter Registration Application

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

|                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                     |                                  |                                                                        |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------|----------------|
| <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<br/>USE ONLY</b> |                                                                        |                |
| <b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(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<br>(If No, DO NOT complete this form) |                                                                                                                                                                                                                                                                                                                                        | Clerk                                                                                                                                                                                      |                                                                                                                                                                                                     |                                  |                                                                        |                |
| <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                         | <input type="checkbox"/> by mail<br><input type="checkbox"/> in person |                |
| <b>9</b> Mailing Address (If different from Home Address)                                                                                                                                                                                                                                                                                                                                   |  | Apt.                                                                                                                                      | Municipality (City/Town)                                                                                                                                                                                                                                                                                                               | County                                                                                                                                                                                     | State                                                                                                                                                                                               | Zip Code                         |                                                                        |                |
| <b>10</b> Last Address Registered to Vote (DO NOT use PO Box)                                                                                                                                                                                                                                                                                                                               |  | Apt.                                                                                                                                      | Municipality (City/Town)                                                                                                                                                                                                                                                                                                               | County                                                                                                                                                                                     | State                                                                                                                                                                                               | Zip Code                         |                                                                        |                |
| <b>11</b> Former Name if Making Name Change                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                           | <b>12</b> Day Phone Number (Optional) _____<br>E-Mail Address (Optional) _____                                                                                                                                                                                                                                                         |                                                                                                                                                                                            |                                                                                                                                                                                                     |                                  | Party                                                                  |                |
| <b>13</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____<br>(Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.                                                                                                                                                                   |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                     |                                  |                                                                        | Ward           |
| <b>14</b> Request for Mail-In Ballot for all future elections (Optional)<br><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.<br><input type="checkbox"/> Mail my ballot to the following address if different from Mailing Address above.<br>Mailing Address if different from above |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                     |                                  |                                                                        | District       |
|                                                                                                                                                                                                                                                                                                                                                                                             |  | Apt.                                                                                                                                      | Municipality (City/Town)                                                                                                                                                                                                                                                                                                               | State                                                                                                                                                                                      | Zip Code                                                                                                                                                                                            |                                  |                                                                        |                |
| <b>Declaration - I swear or affirm that:</b><br><input checked="" type="checkbox"/> I am a U.S. Citizen<br><input checked="" type="checkbox"/> I live at the above home address<br><input checked="" type="checkbox"/> I am at least 17 years old, and understand that I may not vote until reaching the age of 18                                                                          |  |                                                                                                                                           | <input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election<br><input checked="" type="checkbox"/> 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. |                                                                                                                                                                                            | <input checked="" type="checkbox"/> 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 |                                  |                                                                        |                |
| Signature of Registrant: Sign or mark and date on lines below<br><br><b>X</b> _____ Date ____ / ____ / ____<br>(MM / DD / YYYY)                                                                                                                                                                                                                                                             |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        | If applicant is unable to complete this form, print the name and address of individual who completed this form.<br>Name _____<br>Date (MM / DD / YYYY) ____ / ____ / ____<br>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: \_\_\_\_\_

# 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.

*\*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](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-658-6837)**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



POSTAGE WILL BE PAID BY ADDRESSEE

OCEAN COUNTY BOARD OF ELECTIONS  
PO BOX 2006  
TOMS RIVER NJ 08754-9914

