

Please fill out and print the completed form. YOU MUST SIGN YOUR NAME and then mail to the appropriate county in order to be registered.



New Jersey Voter Registration Application

EXAMPLE FOR RUTGERS STUDENTS LIVING OFF CAMPUS

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

1 Check boxes that apply:						<input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update		<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>				Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>				Clerk				
3 Last Name PUBLIC		First Name PAT		Middle Name or Initial E.		Suffix (ex. Jr., Sr., III)		Registration #				
4 Date of Birth (MM/DD/YY) 11/3/88										Office Time Stamp		
5 NJ Driver's License Number or MVC Non-driver ID Number P12345678911884						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. 1234						
<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."												
6 Home Address (DO NOT use PO Box) 100 LUND CT				Apt.	Municipality PISCATAWAY	County MIDDLESEX	State NJ	Zip Code 08854				
7 Mailing Address if different from above 11699 LPO WAY OR PO BOX 123				Apt.	Municipality PISCATAWAY	County MIDDLESEX	State NJ	Zip Code 08854				
8 Last Address Registered to Vote (DONOT use PO Box) 3465 BIG SKY WAY				Apt.	Municipality HELENA	County LEWIS&CLARK	State MT	Zip Code 59602		<input type="checkbox"/> by mail <input type="checkbox"/> in person		
9 Former Name if Making Name Change PAT E. JAIME						Day Phone Number (Optional) 732-555-1212						
10 Do you wish to declare a political party affiliation? (Optional) <input checked="" type="checkbox"/> Yes, the party name is (ENTER NAME) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.												
11 Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: ● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election				● I will have resided in the State and county at least 30 days before the next election ● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws				● 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: Sign or mark and date on line below						If applicant is unable to complete this form, print the name and address of individual who completed this form.						
X _____ Date _____						Name _____ Date _____ Address _____						

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, 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.
- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is Optional and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- voting by mail
 polling place accessibility
 available election materials in this alternative language: _____
- becoming a poll worker
 voting if you have a disability, including visual impairment

For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)

Instructions for Completing a NJ Voter Registration Form

For Rutgers Students **Living Off Campus** and Receiving Mail via the US Post Office

Item 1: Check appropriate boxes if this is a New Registration, Change of Address, Change of Name, Signature Update or Political Party Affiliation change

Item 2: Check box if you are a citizen and if 18 or older. If either is "No", you can not register.

Item 3: Enter full name (including suffix if applicable, i.e. Jr., Sr. III, IV, etc.)

Item 4: Enter full date of birth (Month, Day and Year)

Item 5: You **MUST** enter your Driver's License number (if you have one), or a MVC Non-Driver Number. If you have neither of these, enter the last 4 digits of your Social Security Number. If you have none of these, Swear or Affirm by checking the box. (See "**Important Instructions**" at bottom of the form for additional information)

Item 6: Enter residence address, apartment/room number, Municipality (Town), County, State, and Zip.

Item 7: Enter the address, Municipality (Town), County, State, and Zip where you get your mail if different from Item 6

Item 8: Enter last address of where you were registered to vote (if previously registered anywhere in the United States)

Item 9: Enter former name only if you were previously registered under a different name.

Next to Item 9, you may optionally list your daytime or cell phone number.

Item 10: If you wish to declare with a Political Affiliation check "Yes" and enter the name. (See instructions at bottom of form). If you do not wish to declare, check "No". If "NO" is checked or if you checked Yes but no affiliation is shown, you will be entered as "Unaffiliated"

Item 11: Check the box next to your gender.

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Make sure you read all the legal statements in the box next to Item 11, under "**Declaration**" before you sign and date the form.

If applicant is unable to complete this form, the individual who assisted in the completion of this form **MUST print** their name, address and date.

Change of Address: If either of the addresses in item #6 (Dorm) or #7 (Where you receive mail) changes, a registration form must be submitted with the new address(es), checking the box "**Change of Address**" at the top of the form.

Bring or mail the original signed form to the Board of Elections so it is received/post marked by close of registration, which is 21 days before the election you wish to vote in.

ALSO – When you graduate, and move, make sure you submit a registration form from your new residence in order to vote. We would also appreciate it if you notify the Board of Elections if you move out of Middlesex County.

**Refer all questions to Middlesex County Board of Elections at:
732-745-3471 or elections@co.middlesex.nj.us**



New Jersey Voter Registration Information

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are NOT currently serving a sentence, probation or parole because of a felony conviction

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 www.NJElections.org or call toll-free **1-877-NJVOTER (1-877-658-6837)**

FOLD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 206 TRENTON NJ
POSTAGE WILL BE PAID BY ADDRESSEE

MIDDLESEX COUNTY COMMISSIONER OF REGISTRATION
777 JERSEY AVE
NEW BRUNSWICK NJ 08901-9896

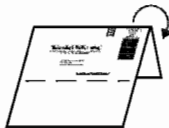


FOLD

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



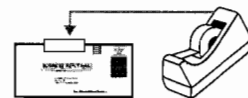
Put both pages
together as shown



1 fold top down



2 fold bottom up



3 Tape top shut

TAPE HERE **3**