



# New Jersey Voter Registration Application

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

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						<b>FOR OFFICIAL USE ONLY</b>
<b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, DO NOT complete this form)</i>		Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, DO NOT complete this form)</i>		Clerk		
<b>3</b> Last Name		First Name	Middle Name or Initial	Suffix ( <i>Jr., Sr., III</i> )		
<b>4</b> Date of Birth						
<b>5</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>6</b> Home Address ( <i>DO NOT use PO Box</i> )		Apt.	Municipality	County	State	Zip Code
<b>7</b> Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
<b>8</b> Last Address Registered to Vote ( <i>DO NOT use PO Box</i> )		Apt.	Municipality	County	State	Zip Code
<b>9</b> Former Name if Making Name Change		a. Day Phone Number ( <i>Optional</i> ) _____ b. E-Mail Address ( <i>Optional</i> ) _____				
<b>10</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <i>(Optional)</i> <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
<b>11</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Declaration</b> - I swear or affirm that: <ul style="list-style-type: none"> <li>• I am a U.S. Citizen</li> <li>• I live at the above 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>				
Signature: Sign or mark and date on lines below  <b>X</b> _____ Date _____		If applicant is unable to complete this form, print the name and address of individual who completed this form. 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 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 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
- becoming a poll worker
- polling place accessibility
- voting if you have a disability, including visual impairment
- available election materials in this alternative language:

For further information visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-658-6837)



# MAKE YOUR VOICE HEARD

## REGISTER TO VOTE TODAY!

Fill out this form, mail it back to us using the instructions below.  
It's easy, and it's your right and responsibility.

**1** FOLD



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 781 CLIFTON, NJ  
POSTAGE WILL BE PAID BY ADDRESSEE

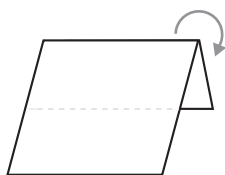


UFCW LOCAL 1262  
1389 BROAD STREET  
CLIFTON NJ 07013-9884



**2** FOLD

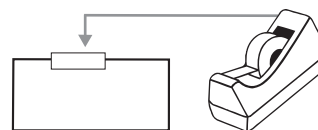
**Important:** Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



**1** fold top down



**2** fold bottom up



**3** Tape top shut

TAPE HERE **3**