

Registering Voters in New Jersey

Step 1 – Who is Eligible? Each applicant must meet all of the following criteria:

- United States Citizen;
- At least 17 years old (cannot vote until age 18);
- A resident of NJ and the county 30 days before the election; and
- NOT currently 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.
- **College Students living away from home** – as long as the student meets the above requirements, they have a choice as to where they register to vote:
 - At their home address either in person or by having a Vote By Mail ballot mailed to them at the college address or home address, OR
 - At their college address either in person or by having a Vote By Mail ballot mailed to them at the college address or home address.

Step 2 – The Application and Deadlines to Apply

- The New Jersey Voter Registration Application is the same throughout the state. Applications are mailed/hand-delivered to the County Commissioner of Registration whose address is shown on the reverse side. If a County Commissioner receives an application for a different county, it will be forwarded to the correct County Commissioner.
- Applications must be **postmarked at least 21 days before the election** to be eligible to vote (this might require taking them to the post office to be postmarked). They may also be hand delivered to the County Commissioner of Registration's office at least 21 days before the election. This includes New Registrations and certain changes to current registrations (see Line 1 instructions).
- Vote By Mail applications must be **received by** the County Clerk's office at least 7 days prior to the election if the Applicant wants to receive the ballot in the mail. Applicants may apply for Vote By Mail ballots in person at the County Clerk's office up to 3:00 PM the day before an election. (See line 14 instructions.)
- Political party affiliation changes must be **postmarked at least 55 days before a primary election** to be eligible to vote in that party's primary (this might require taking them to the post office to be postmarked). They may also be hand delivered to the County Commissioner's office at least 55 days before a primary election. (See line 13 instructions.)

Step 3 – If needed, check if the Applicant is already registered to vote in NJ

- Download the “NJ Elections” App and/or “Monmouth County Votes” App to your smart phone.
- Open the app and click on “Am I Registered.” This takes you to a statewide database of registered voters.
- Enter the Applicant’s information and click “Search.”
- Currently, the database does not include 17 year-olds who have registered but are not yet eligible to vote.

Step 4 – Completing the Form

- **Print** only (no cursive)
- **Ink** only (no pencil)
- **Verify** you are using a current form by checking the date on the bottom left corner. Current forms are dated 1/09/20.

Line by Line Instructions

1 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

- New Registration** – Applicant is not currently registered in NJ: they are registering for the first time in NJ, have moved back to NJ, or have completed their felony incarceration sentence.
- Address Change** – Applicant is registered in NJ and needs to change their address.
- Name Change** – Applicant is registered in NJ and needs to change their name.
- Signature Update** – Applicant is registered in NJ and needs to update their signature because their signature has changed significantly.
- Political Party Affiliation** - Applicant is registered in NJ and wants to change their political party affiliation (see Line 13 instructions for declaring a political party affiliation).
- Vote By Mail** – Applicant is a New Registration OR is registered in NJ and wants to Vote By Mail (see Line 14 instructions for Mail-In Ballots). If the Applicant is previously registered to vote in NJ, it is a good idea if they also check the **Signature Update** box.

2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, DO NOT complete this form)</i>	3 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>
--	--

The Applicant must be a U.S. Citizen and at least 17 years old to register to vote.

4 Last Name	First Name	Middle Name or Initial	Suffix <i>(Jr., Sr., III)</i>
5 Date of Birth <i>(MM/DD/YYYY)</i> / /	6 Gender <i>(Optional)</i> <input type="checkbox"/> Female <input type="checkbox"/> Male		

Date of Birth is in Month, Day, Year format. Gender is optional.

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. _____
<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."	

The Applicant completes **one** of the following:

- NJ Driver's License Number/MVC Non-driver ID Number, OR
- The last four digits of their Social Security Number, OR
- Checks the box that they do not have a license, MVC ID, or social security number.

ID numbers are confidential and will not be released by any governmental agency. Using an ID number illegally may result in criminal penalties.

8	Home Address <i>(DO NOT use PO Box)</i>	Apt.	Municipality <i>(City/Town)</i>	County	State	Zip Code
9	Mailing Address <i>(If different from Home Address)</i>	Apt.	Municipality <i>(City/Town)</i>	County	State	Zip Code

Mailing Address should be completed if it is different than the Home Address.

If an Applicant is homeless, they may provide a contact point or location where they spend most of their time as their home address (for example, a park name or a street corner description). They must also provide a mailing address such as a shelter or PO Box where they may receive mail.

New Jersey has an Address Confidentiality Program for survivors of domestic violence who wish to keep their address confidential. An additional application/form is required when registering to vote. Refer the Applicant to the website: <https://www.njcedv.org/379-2/>.

10	Last Address Registered to Vote <i>(DO NOT use PO Box)</i>	Apt.	Municipality <i>(City/Town)</i>	County	State	Zip Code
-----------	--	------	---------------------------------	--------	-------	----------

This line is completed by Applicants who...

- Are a New Registration to NJ and were previously registered to vote in another state, OR
- Are already registered to vote in NJ and are completing an Address Change.

11 Former Name if Making Name Change	12 Day Phone Number <i>(Optional)</i> _____ E-Mail Address <i>(Optional)</i> _____
---	--

Line 11 is only completed by Applicants requesting a Name Change.

Line 12 is optional but preferred. If there is an error or question about the Application, the Commissioner's/Clerk's office can easily contact the Applicant if one or both of these are provided.

13 Do you wish to declare a political party affiliation? Yes, the party name is _____
(Optional) No, I do not wish to be affiliated with any political party.

Line 13 is optional unless the purpose of the Application is to change Political Party Affiliation. All other Applicants may fill in this line if they want to declare a political party affiliation.

If the Applicant checks the Yes box, they must...

- Write in the party name. If they write Democratic or Republican, then they may only vote in that party’s primary elections.
- If they write in another party affiliation (such as Green Party, Independent, etc.), then they will not be able to vote in a primary election unless they change their party affiliation to either Democratic or Republican by application at least 55 days before the primary election.

If the Applicant checks the No box, they are considered an “Unaffiliated” voter and may vote in a primary election by declaring their party (Democrat or Republican) at the polls. Once they declare their party, they may only vote in that party’s primaries unless they change their party affiliation at least 55 days before the next primary election.

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 (<i>City/Town</i>)	State	Zip Code
---	------	-----------------------------------	-------	----------

If the Applicant wants to Vote By Mail, this line should be completed. If the address where the ballot should be mailed is different from the Mailing Address in Line 9, then the second box should be checked and the address filled in.

If an Applicant registers for Vote By Mail ballots, they will not be able to use the voting booth at their polling place. They will be allowed to complete a provisional ballot at their polling place.

Once an Applicant has requested Vote By Mail ballots on this application, they will continue to receive them for all future elections. To stop receiving ballots by mail, they need to notify the Clerk’s office in writing. There is a separate Application for Vote By Mail Ballot that allows the Applicant to designate single/select elections for which they want to receive a ballot in the mail.

<p>Signature of Registrant: Sign or mark and date on lines below</p> <p>x _____ Date <u> </u> / <u> </u> / <u> </u> <small>(MM / DD / YYYY)</small></p>	<p>If applicant is unable to complete this form, print the name and address of individual who completed this form.</p> <p>Name _____</p> <p>Date (MM / DD / YYYY) <u> </u> / <u> </u> / <u> </u></p> <p>Address _____</p>
---	--

The Applicant should read and review the declarations stated on this line. If they agree, they sign and date the application.

If an Applicant is unable to complete the application, the Applicant signs as above and the person completing the application on their behalf should print their name, address and date where indicated.



New Jersey Voter Registration Application

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

1 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						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp <input type="checkbox"/> by mail <input type="checkbox"/> in person Muni Code # Party Ward District
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		3 Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)				
4 Last Name _____		First Name _____	Middle Name or Initial _____	Suffix (Jr., Sr., III) _____		
5 Date of Birth (MM / DD / YYYY) / /			6 Gender (Optional) <input type="checkbox"/> Female <input type="checkbox"/> Male			
7 NJ Driver's License Number or MVC Non-driver ID 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."			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. _____			
8 Home Address (DO NOT use PO Box) _____		Apt. _____	Municipality (City/Town) _____	County _____	State _____ Zip Code _____	
9 Mailing Address (If different from Home Address) _____		Apt. _____	Municipality (City/Town) _____	County _____	State _____ Zip Code _____	
10 Last Address Registered to Vote (DO NOT use PO Box) _____		Apt. _____	Municipality (City/Town) _____	County _____	State _____ Zip Code _____	
11 Former Name if Making Name Change _____		12 Day Phone Number (Optional) _____ E-Mail Address (Optional) _____				
13 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.						
14 Request for Mail-In Ballot for all future elections (Optional) <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 _____	
Declaration - I swear or affirm that: <ul style="list-style-type: none"> ● 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 ● 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. ● 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 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: _____

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 or call toll-free 1-877-NJVOTER (1-877-658-6837)

1 FOLD

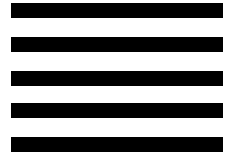


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

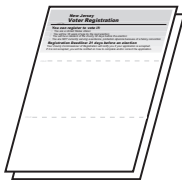
POSTAGE WILL BE PAID BY ADDRESSEE

MONMOUTH COUNTY COMMISSIONER OF REGISTRATION
PO BOX 1267
FREEHOLD NJ 07728-9930

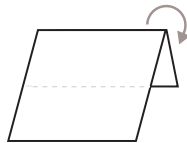


2 FOLD

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



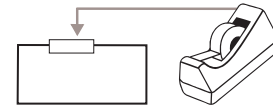
Put both pages
together as shown



1 fold top down



2 fold bottom up



3 Tape top shut

TAPE HERE **3**

APPLICATION FOR VOTE BY MAIL BALLOT

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

1	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE) <input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing. Or for ONLY ONE of the following: <input type="checkbox"/> General (November) <input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on ____/____/____ <small>(Specify) (MM / DD / YYYY)</small>	MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (CHECK ONLY ONE) <input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.
----------	---	--

PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.

2	Last Name <small>(Type or Print)</small>	First Name <small>(Type or Print)</small>	Middle Name or Initial	Suffix (Jr., Sr., III)
----------	--	---	------------------------	------------------------

3	Address at which you are registered to vote: Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____	4	Mail my ballot to the following address: <input type="checkbox"/> Same Address as Section 3 Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)	_____ _____ _____ _____
----------	---	----------	--	----------------------------------

5 Date of Birth <small>(MM / DD / YYYY)</small>	6 Day Time Phone Number <small>() ()</small>	7 E-Mail Address <small>(Optional)</small>
--	---	---

8 Signature X Please sign your name as it appears in the Poll Book.	9 Today's Date <small>(MM / DD / YYYY)</small>
---	---

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10	Assistor: Any person providing assistance to the voter in completing this application must complete this section.				
	Name of Assistor <small>(Type or Print)</small>	Signature of Assistor X	Date <small>(MM / DD / YYYY)</small>		
Address		Apt.	Municipality <small>(City/Town)</small>	State	Zip

11	Authorized Messenger: Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election.				
	I designate _____ to be my Authorized Messenger. <small>Print Name of Authorized Messenger</small>				
Address of Messenger		Apt.	Municipality <small>(City/Town)</small>	State	Zip
Date of Birth <small>(MM / DD / YYYY)</small>					
Signature of Voter X _____ Date <small>(MM / DD / YYYY)</small>					



Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger _____ Date (MM / DD / YYYY)

OFFICE USE ONLY

Voter Reg # _____
 Muni Code # _____ Party _____
 Ward _____ District _____

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated.
- **Mail or Deliver** application to the County Clerk.

DO NOT FAX OR E-MAIL

Unless you are a Military or Overseas Voter

VOTING INFORMATION

1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your ballot.
4. If returning your Mail-In Ballot in person it must be received by the County Board of Elections before close of polls on Election Day. If returning your Mail-In Ballot by mail, it must be postmarked no later than Election Day and received by the County Board of Elections no later than 48 hours after the time of the closing of the polls for the election.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

PLEASE NOTE

A voter may apply for a Mail-In Ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Voters now have an option of automatically receiving a Mail-In Ballot for all future elections. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

WARNING

This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

PLACE
POSTAGE
HERE
BEFORE
MAILING



APPLICATION FOR VOTE BY MAIL BALLOT

Christine Giordano Hanlon
Monmouth County Clerk
300 Halls Mill Road
Freehold, NJ 07728

**APPLICATION
FOR
VOTE BY
MAIL BALLOT**



Please Seal with Tape and Return

IF THE VOTER HAS MOVED

- **Out of State—**
Voter cannot vote in New Jersey
- **Out of the County **before** the close of registration (21 days before the election) -**
voter needs to re-register in the new county and cannot vote in Monmouth County
- **Out of the County **after** the close of registration (21 days before the election) -**
After completing the Affirmation of Residency form, this voter should be permitted to vote this election on the machine.
- **Outside Election District but Within the County -** Voter should be directed to the new election district where the voter will vote by **provisional ballot**.
- **Within the Same Election District and is Listed in the Poll Book -** Voter must complete and sign the "Affirmation of Residency" form and to provide the new address. The voter can vote on the machine.