



# 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 checked="" 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>  Clerk _____  Registration # _____  Office Time Stamp JUN 13 2011 FEB 13 P 2:33 RECEIVED N.J. CO. BO. OF ELECTIONS
<b>2</b> Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)					
<b>3</b> Last Name: <u>Hobbins</u>		First Name: <u>Cheryl</u>		Middle Name or Initial: <u>H</u>		Suffix (Jr., Sr., III) _____	
<b>4</b> Date of Birth: Month <u>04</u> Day <u>26</u> Year <u>1959</u>							
<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 (DO NOT use PO Box) <u>3049 Foley Avenue</u>			Apt. _____	Municipality: <u>Millville</u>	County: <u>Camden</u>	State: <u>NJ</u>	Zip Code: <u>08332</u>
<b>7</b> Mailing Address if different from above _____			Apt. _____	Municipality _____	County _____	State _____	Zip Code _____
<b>8</b> Last Address Registered to Vote (DO NOT use PO Box) <u>12216 Brown St</u>			Apt. _____	Municipality: <u>Port Morris</u>	County: <u>Camden</u>	State: <u>NJ</u>	Zip Code: <u>08349</u>
<b>9</b> Former Name if Making Name Change _____					Day Phone Number (Optional): <u>609-381-1121</u>		
<b>10</b> Do you wish to declare a political party affiliation? <input checked="" type="checkbox"/> Yes, the party name is <u>Republican</u> (Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.							
<b>11</b> Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<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: Sign or mark and date on lines below  _____ Date: <u>2-10-14</u>				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

- 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.
- If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> absentee voting        | <input type="checkbox"/> polling place accessibility                                   | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment: |   |

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