



NJ Voter Registration Made Easy

Voting is the most important responsibility of being a citizen in a democracy. In New Jersey alone there are thousands of eligible voters that either do not vote or are not registered to vote. Our primary objective is to bring more eligible voters into the political process. When Democrats vote, we win! Young adults, working families, new citizens, seniors, college students and minorities are just some examples of groups that have been historically underrepresented on Election Day. We are also encouraging voters to take advantage of the "Vote by Mail" option. In NJ, registration to become a voter or Vote by Mail is easy. We have prepared a step by step instructional guide that will provide you the information you need to ensure that the applications you obtain are valid. You will be provided with the materials you need to be successful to register new voters.

Requirements for Eligibility to Register to Vote

- Must be a United States citizen
- Must be at least 17 years old, but may not actually vote until reaching the age of 18
- Must be a resident of the county for at least 30 days before the election
- Must NOT be currently serving a sentence, probation or parole because of a felony conviction or other indictable offense under the laws of this or another State or the United States

Application Process: As a Voter Registration Volunteer you should follow these rules

- o Registering Voters is a nonpartisan activity, it is against the law to discuss politics or promote a candidate while registering voters. This may invalidate the applications. We suggest not displaying any signs or buttons for your candidate and/or your group (e.g BluewaveNJ).
- o Solicit and inquire about the registration status of any NJ Resident. You can check online at NJ
- o You may verbally answer questions about how to fill out the application as long as you don't write on the form
- o Physically fill out the Application form with the permission of the applicant. You must fill out the box next to the Voters signature
- o Deliver the original application to either the Campaign Office or the proper County Clerks Office in the appropriate county, or appropriate municipal clerk's office
- o Make copies of blank applications for registration use o
Accept all applications regardless of Party Affiliation
- o Do not keep copies of the application or any of the information collected during the Voter Registration Drive and you are not allowed to accept payment for your voter registration efforts



Application Form: The application is simple, but here are some points you need to know

- While the forms are uniform across NJ, the resident must register to vote with the Superintendent of Elections or the Commissioner of Registration of the county of their legal address, or with the appropriate municipal clerk. Keep this in mind when you are submitting the application.
- PRINT: The information must be legible. Please check the information provided by the applicant to make sure you can read it and the lettering is clear.
- With permission, you are allowed to assist the applicant to fill the form, but you must fill out the information next to the voter signature.
- If the applicant is Physically and/or Visually impaired, and cannot sign the application, flag the application when you return the forms to the campaign office

The Form

- Box 1: What type of Registration including New, Change of Address, Political Party Affiliation Change, etc.
- Box 2: U.S. Citizenship and at least 17 years old: if either are these are no, the Application is not valid
- Box3: Full Legal Name
- Box 4: Birth Date
- Box 5: NJ Driver's License Number or Non Driver ID Number: If no ID, they can use the last four digits of their Social Security Number. If the applicant does not have any ID or SS number, they are allowed to check the box.
- Box 6: Home Address: The primary address where the voter lives.
 - Homeless voters can designate any place where they habitually spend time, including a street corner, as their residence. They must also provide a mailing address where they can be sent election related mail.
- Box 7 Mailing Address (if different): For example a College dorm, Military Address or overseas travel
- Box 8: Last Address Registered to Vote: This is for Change of Address so they can cancel the voter registration at your old address
- Box 9: Change of legal name for example Maiden Name: Applies if making name change
- Box 9 Option: Day Phone Number and E-Mail Address: Do not keep copies of the application or any of the information collected during the Voter Registration Drive.
- Box 10: Declaration of Political Party Affiliation: Declaration of Political Party Affiliation: This is optional, but explain that they can only vote in the Democratic primary if they register as a Democrat.
- Box 11: Gender
- Signature: The Potential Voter must sign and date the application
- If you assisted in the application process, please fill out the box next to the signature



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New Jersey Voter Registration Application

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

1 Check boxes <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-Affiliation Change that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form) Are you at least 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Last Name		First Name		Middle Name or Initial	Suffix (Jr., Sr., III)	Clerk
4 Date of Birth						Registration #
5 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.*						
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change						<input type="checkbox"/> by mail <input type="checkbox"/> in person
a. Day Phone Number (Optional) _____						
b. E-Mail Address (Optional) _____						
10 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.						
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none">• I am a U.S. Citizen• I live at the above address• I am at least 17 years old, and understand that I may not vote until reaching the age of 18. <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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						
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:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <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 Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJ Division of Elections - 03/16/16



“Vote by Mail” Option

New Jersey has made it easy to “Vote by Mail” all it requires is an application submitted by the deadline and the voter will receive their ballot at home or a designated address. This is a great option for Seniors, College Students, Voters with Disabilities, Working Families and anyone that has a busy schedule.

Application Process: As a Voter Registration Volunteer you should follow these rules

- If you are registering a New Voter and they want to select the Voter by Mail Option, they need to fill out both forms
- Please note that unfortunately, the option to Vote by Mail for the primary requires a separate form

Application Form: The application is simple, but here are some points you need to know

- Box 1: Check the General Election Box
- Box 2: Full Legal Name
- Box 3: Home Address: The legal address where the voter lives and had registered to vote
- Box 4 Mailing Address (if different): Where the Voter wants to receive the Ballot, if it is the same address in Box 3, check the “ Same Address as Section 3
- Box 5: Birth Day
- Box 6: Day Phone Number
- Box 7 Optional: E-Mail Address
- Box 8: Voter Signature
- Box 9: The Date application was filled out
- **Box 10: This is important. If the Voter wants to always receive the Ballot in the Mail, Check Option B. The Voter can always change this option at a later date**
- **Box 11:** An Assistor is someone that has filled out the form for the Voter and you must fill out section 11. If you had answered questions but did not write on the form, you are not an assistor and this section should be blank

Note on Sections 12 and 13: These Sections allow the Voter to designate an individual to pick up their Ballot at the County Clerk office. We strongly recommend that you avoid offering this service to any voter except a relative or close family Friend.



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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 the: (SECTION ONLY ONE) <input type="checkbox"/> General (November) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on _____ / ____ / ____ (Specify)		MILITARY/OVERSEAS VOTER ONLY I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am (MARK 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.	
2 Last Name (Print or Type) _____ First Name (Print or Type) _____ Middle Name or Initial _____ Suffix (Jr., Sr., III) _____			
3 Address at which you are registered to vote Street Address or R/O# _____ 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, R/O# _____ State/Province _____ Zip/Postal Code _____ & Country (If outside US) _____	
5 Date of Birth _____ / ____ / ____	6 Day Time Phone Number _____ () _____ - _____	7 E-Mail Address (Optional) _____	
8 Signature _____ Please sign your name as it appears in the Poll Book.		9 Today's Date _____ / ____ / ____	

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10 Voter Options to Automatically Receive Ballots in Future Elections
You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION.
If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.
*A ☐ I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR.
*B ☐ I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS, until I request otherwise.
**Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.*

11 Assistor
Any person providing assistance to the voter in completing this application must complete this section.
Name of Assistor (Print or Type) _____ Signature of Assistor _____ Date _____ / ____ / ____
Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____

12 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.
Print Name of Authorized Messenger
Address of Messenger _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth _____ / ____ / ____
Signature of Voter _____ X _____ Date _____ / ____ / ____
STOP 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 _____ X _____ Date _____ / ____ / ____

OFFICE USE ONLY
Voter Reg # _____
Muni Code # _____ Party _____
Ward _____ District _____



Voter Registration Tips

Location, Location, Location: What works in Real Estate is true with a successful Voter Registration Drive. Find locations that have a higher density of potential Democratic Voters. Great registration locations include Colleges, Farmers Markets, Shopping Areas, Community Events and Sports. Some of these locations require permission and/or a permit, so inquire in advance. The Campaign will provide you with a table, signs and badges that identify you as working for the Campaign.

Voter “Pick-up Lines”

- Are you registered to Vote in NJ?
- Is everyone in your household registered
- When was the last time you voted?
- Do you want to vote at Home? Do you know about the Vote by Mail option?
- Did you just move?
- Not Sure , check out Vote.org and they will let you know

Upon Completion

We prefer that you bring the completed applications back to the Campaign Office so the staff can submit them directly to the County Clerk’s office in the appropriate county, or to the appropriate municipal clerk’s office. However some people are nervous about giving strangers their personal information, so you may have a few applicants want to mail their applications themselves.

Do not keep any copies of any applications and return all your materials to the Campaign Office.