

VOTER REGISTRATION KIT

PREPARATION MATERIALS GENERAL CONDUCT AND GUIDELINES



Register Voters!



Clipboard

Printed Forms

Pen & Smile

We are volunteers who believe in democracy.

We register everyone, regardless of party.

We are not paid to register folks, nor do we pay folks to register.

VOTER REGISTRATION DRIVE INFORMATION



DOs and DON'Ts

- For paper applications:
 - Before the applicant leaves, check to make sure the entire form is completely filled out by the voter. All fields are required unless marked 'optional'.
 - If the applicant has difficulty completing the form on their own (ex: disability, language), volunteers can help them to complete the form at the voter's direction including providing translation; however, only the applicant can sign the form. If you assisted, you must fill in your information in the box that indicated that you completed the form.
 - Do not alter or write on the form in any way after the voter has left, whether it is incomplete or not.
 - Do turn in all voter registration forms to the County Clerk's office as soon as possible.
- Do ask everybody who is a US citizen - regardless of party - to register to vote!
- Do not offer any incentives for filling out the voter application form.

WHAT IS VOTER REGISTRATION FRAUD?

- Asking someone to fill in information that is not true and accurate OR on behalf of another person.
- Knowingly asking a person who is not eligible to register to vote to complete an application to do so.
- Leading a person to believe what they are filling out is not a VR application.
- Putting fake or made-up information on the applications.
- Filling in any information on an incomplete application, including checking any unchecked boxes, without that person's consent

NJ DIVISION OF ELECTIONS

MAILING ADDRESS
NJ DIVISION OF ELECTIONS
P.O. BOX 304
TRENTON, NJ 08625-0304

OFFICE ADDRESS
33 WEST STATE STREET, 4TH FLOOR
TRENTON, NJ 08608

TEL: 609-292-3760
FAX: 609-777-1280
EMAIL: FEEDBACK@SOS.NJ.GOV

VOTING INFORMATION & ASSISTANCE
1-877-NJ-VOTER (1-877-658-6837) TTY/TDD 609-292-0034

VOTER REGISTRATION INFORMATION



TO REGISTER IN NEW JERSEY, YOU MUST BE:

- A United States citizen
- At least 17 years old, though you may not vote until you have reached the age of 18
- A resident of the county for 30 days before the election
- A person **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.

The registration deadline to vote in the next election is 21 days prior to election day.

YOU ARE NOT ELIGIBLE TO REGISTER TO VOTE IF:

You are serving a sentence of Incarceration as a result of a conviction of an indictable offense under the laws of this or another state or of the United States.

IF YOU ARE IN COLLEGE:

You have the option to register from your college address or your parent's address. There are good reasons for registering and voting at either residence, but keep in mind, the final choice is yours.

YOU CAN REGISTER TO VOTE USING **ONLINE VOTER REGISTRATION!**

[HTTPS://VOTER.SVRS.NJ.GOV/REGISTER](https://voter.svrs.nj.gov/register)

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DO YOU NEED TO REGISTER TO VOTE?

YES, IF YOU ...

- Have moved or have a change of address.
- Have changed your name.
- Haven't voted in a while.

Online Voter Registration here:

<https://voter.svrs.nj.gov/register>

Voter Registration form here:

<http://www.njelections.org/voting-information.html>

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YOUR DEMOCRACY. YOUR VOTE.

Registered?



Do you know if you are registered to vote?

Check here: <https://voter.svrs.nj.gov/registration-check>

Register online to vote

<https://voter.svrs.nj.gov/register>



VOTER REGISTRATION DEADLINE IS **MAY 14, 2024**

Primary election day is June 4, 2024.

Who can vote in the primary election?

Primary elections in New Jersey are "closed". This means you can only vote in either the Democratic or Republican primaries and you must affiliate with either party in order to vote.

1. You must be registered to vote – the deadline is **May 14, 2024**.
2. You must belong in either party.
 - a. If you are registering to vote for the first time, write in box 13 which party you want.
 - b. If you are in one party but want to vote in the other party, change your party affiliation before **April 10, 2024** using the Party Affiliation Declaration Form: <https://nj.gov/state/elections/vote-forms.shtml>
 - c. If you are Unaffiliated, you may declare your party affiliation and vote during in-person early voting or on Primary Election Day at your local polling place. If you are an Unaffiliated vote by mail voter, you must declare your party by **May 28, 2024** in order to get the ballot mailed to you or by 3:00 p.m. on **June 3, 2024** to be issued a ballot in person.

How to register to vote?

You have two options:

1. Online voter registration – <https://voter.svrs.nj.gov/register>
2. Paper application – <https://nj.gov/state/elections/voter-registration.shtml>

How to vote

- Vote early starting April 20th with Vote By Mail (VBM): <https://www.votebymailnj.org/home/vote-by-mail>
- Vote in person during Early Voting, May 29 - June 2: Friday and Saturday from 10:00 am to 8:00 pm, and Sunday from 10:00 am to 6:00 pm. Find an in-person Early Voting location in your county here: <https://nj.gov/state/elections/vote-early-voting.shtml>
- Vote in person at your local polling place on Primary Election Day – June 4, 2024. <https://voter.svrs.nj.gov/polling-place-search>

SAMPLE COMPLETED VOTER REGISTRATION PAPER APPLICATION

New Jersey Voter Registration Application						68
Please print clearly in ink. All information is required unless marked optional.						
1 Check all boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update <input checked="" type="checkbox"/> Political Party Affiliation <input checked="" type="checkbox"/> Vote By Mail					FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
4 Last Name Smith First Name Jane Middle Name or Initial _____ Suffix (Jr., Sr., III) _____						
5 Date of Birth (MM / DD / YYYY) 03 / 11 / 1955					Clerk	
6 Gender (Optional) <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male					Registration #	
7 NJ Driver's License Number or MVC Non-driver ID Number Enter license here 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. _____					Office Time Stamp	
<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."						
8 Home Address (DO NOT use PO Box) Apt. _____ Municipality (City/Town) This Town Salem NJ County _____ State NJ Zip Code 08079					<input type="checkbox"/> by mail	
9 Mailing Address (if different from Home Address) Apt. _____ Municipality (City/Town) _____ County _____ State _____ Zip Code _____					<input type="checkbox"/> in person	
10 Last Address Registered to Vote (DO NOT use PO Box) Apt. _____ Municipality (City/Town) Other Town County Salem NJ State NJ Zip Code 08079					Muni Code #	
11 Former Name if Making Name Change _____					Party	
12 Day Phone Number (Optional) _____					Ward	
E-Mail Address (Optional) _____					District	
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 checked="" 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						
<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 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 05/21/20 (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 _____						

We encourage you to sign up to Vote By Mail. Here's why!

1. Vote By Mail voters vote the **earliest** – starting **April 20, 2024**. Vote and ignore the ads!
2. Vote By Mail is **flexible**. Life happens and VBM gives you 45 days to return your vote.
3. Vote By Mail is **easy**. No voting booth pressure and voting at home means you can drop it in your mailbox or your closest ballot drop box!

For a list of secure ballot drop boxes by county, visit:

<https://nj.gov/state/elections/vote-secure-drop-boxes.shtml>

For a list of election officials by county, visit:

<https://www.state.nj.us/state/elections/vote-county-election-officials.shtml>

YOUR DEMOCRACY. YOUR VOTE.

Registered?



Do you know
if you are registered
to vote?

Register online to vote



Online Voter Reg

VOTER REGISTRATION DEADLINE IS **MAY 14, 2024**
Primary election day is June 4, 2024.

YOUR DEMOCRACY. YOUR VOTE.

Registered?

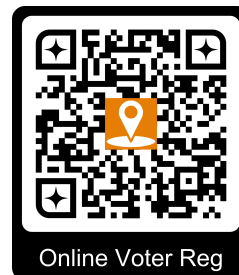


Do you know if you are registered to vote?

Check here: <https://voter.svrs.nj.gov/registration-check>

Register online to vote

<https://voter.svrs.nj.gov/register>



Online Voter Reg

VOTING BY MAIL

1. Vote By Mail voters vote the **earliest** – starting **April 20, 2024**. Vote and ignore the ads!
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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: (CHECK ONLY ONE) 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 ____/____/____ (MM/DD/YYYY)		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 (Type or Print) Ramos		First Name (Type or Print) Angela		Middle Name or Initial	Suffix (Jr., Sr., III)
3 Address at which you are registered to vote: Street Address or RD# 123 Main St Municipality (City/Town) This Town State NJ Zip 07878		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) University Apt. #20A College Park, MD 20742			
5 Date of Birth (MM/DD/YYYY) 01/15/2003	6 Day Time Phone Number (908) 867 5309	7 E-Mail Address Angie07878@gmail.com			
PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.					
8 Signature: I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. X <i>Angela Ramos</i>		9 Today's Date (MM/DD/YYYY) 02/27/2024			
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 (Type or Print) Address Apt. Municipality (City/Town) State Zip		Signature of Assistor X Date (MM/DD/YYYY) / /			
Authorized Messenger: Any person applying 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 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 equalized voters per election, except that an authorized messenger or bearer may serve as such for no more than one voter if those voters are immediate family members residing in the same household as the messenger or bearer.					
I designate _____ to be my Authorized Messenger. Print Name of Authorized Messenger Address of Messenger Apt. Municipality (City/Town) State Zip Date of Birth (MM/DD/YYYY) / /					
11 Signature of Voter X _____ Date (MM/DD/YYYY) / /		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) / /			
STOP		OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____			

Su democracia. Su voto.



¿Sabe usted si está registrado para votar? Verifícalo aquí:
<https://voter.svrs.nj.gov/registration-check>

Regístrese en línea para votar:
<https://voter.svrs.nj.gov/register>



14 de mayo de 2024 es la fecha límite para registrarse si quiere votar
El día de las elecciones primarias es el 4 de junio de 2024

¿Quién puede votar en las elecciones primarias?

Las elecciones primarias en Nueva Jersey están “cerradas”. Esto significa que sólo puede votar en las primarias demócratas o republicanas y que debe afiliarse a uno de estos dos partidos políticos antes de votar.

1. Debe registrarse para votar – la fecha límite es el **14 de mayo de 2024**.
2. Debe afiliarse a uno de los dos partidos principales.
 - a. Si se registra para votar por primera vez, escriba el partido que prefiere en la casilla 13.
 - b. Si pertenece a un partido pero desea votar en la primaria del otro, debe cambiar su afiliación partidista antes del 10 de abril de 2024 al utilizar el Formulario de declaración de afiliación:
<https://nj.gov/state/elections/vote-forms.shtml>
 - c. Si no está afiliado, puede declarar su afiliación partidista y votar durante la votación anticipada en persona o el día de las elecciones primarias en su lugar de votación local. Si es un votante no afiliado que vota por correo, debe declarar su partido antes del **28 de mayo de 2024** para que se le envíe la boleta por correo o antes de las 15h el **3 de junio de 2024** para que se le expida una boleta en persona.

¿Cómo registrarse para votar?

Tiene dos opciones:

1. Registro de votantes en línea – <https://voter.svrs.nj.gov/register>
2. Solicitud en papel – <https://nj.gov/state/elections/voter-registration.shtml>

Cómo votar

- Votar temprano a partir del 20 de abril mediante la votación por correo (VBM por sus siglas en inglés)
<https://www.votebymailnj.org/home/vote-by-mail>
- Votar en persona durante los días de votación anticipada, del 29 de mayo al 2 de junio: el viernes y el sábado desde las 10h hasta las 20h y el domingo desde las 10h hasta las 18h. Busque un lugar de votación anticipada en persona en su condado aquí: <https://nj.gov/state/elections/vote-early-voting.shtml>
- Votar en persona en su lugar de votación local el día de las elecciones primarias – el 4 de junio de 2024.
<https://voter.svrs.nj.gov/polling-place-search>

Ejemplo (versión en papel) del solicitud de registro de votante completada

 New Jersey Voter Registration Application <small>Please print clearly in ink. All information is required unless marked optional.</small>						68
1 Check all boxes that apply: <input checked="" 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 checked="" type="checkbox"/> Vote By Mail						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp
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>						
3 Are you at least 17 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>						
4 Last Name Smith First Name Jane Middle Name or Initial _____ Suffix (Jr., Sr., III) _____						
5 Date of Birth (MM / DD / YYYY) 03 / 11 / 1955						
6 Gender (Optional) <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male						
7 NJ Driver's License Number or MVC Non-driver ID Number Enter license here <small>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. _____</small> <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."						
8 Home Address (DO NOT use PO Box) Apt. _____ Municipality (City/Town) This Town County Salem State NJ Zip Code 08079						
9 Mailing Address (if different from Home Address) Apt. _____ Municipality (City/Town) _____ County _____ State _____ Zip Code _____						
<input type="checkbox"/> by mail <input type="checkbox"/> in person						
10 Last Address Registered to Vote (DO NOT use PO Box) Apt. _____ Municipality (City/Town) Other Town County Salem State NJ Zip Code 08079						
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 _____ <small>(Optional)</small> <input checked="" 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 checked="" 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: <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <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 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. </div> <div> <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 </div> </div>						
Signature of Registrant: Sign or mark and date on lines below <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> x  </div> <div> Date 05 / 21 / 20 <small>(MM / DD / YYYY)</small> </div> </div>						
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 _____						

Le recomendamos que se registre para votar por correo. ¡He aquí el por qué!

1. Los votantes que votan por correo votan lo antes posible— a partir del 20 de abril de 2024. ¡Vota e ignora los anuncios políticos!
2. Votar por correo le brinda flexibilidad. La vida pasa y VBM le da 45 días para devolver su boleta.
3. Votar por correo es **fácil**. ¡No hay presión como en las cabinas de votación y cuando vota en casa puede dejar su boleta fácilmente en su buzón postal o en el buzón de entrega de boletas más cercano!

Para obtener una lista de buzones de votación seguros según los condados, busque:

<https://nj.gov/state/elections/vote-secure-drop-boxes.shtml>

Para obtener una lista de funcionarios electorales por condado, busque:

<https://www.state.nj.us/state/elections/vote-county-election-officials.shtml>

ATNJ Education Fund es una corporación sin fines de lucro 501(c)3 registrada en Nueva Jersey www.ATNJEF.org.

Todo trabajo donado y todos materiales impresos por voluntarios. No autorizado por ningún candidato ni comité de candidatos.

YOUR DEMOCRACY. YOUR VOTE.

Registered?



Do you know
if you are registered
to vote?

Register online to vote



Online Voter Reg

VOTER REGISTRATION DEADLINE IS **MAY 14, 2024**
Primary election day is June 4, 2024.

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Registered?

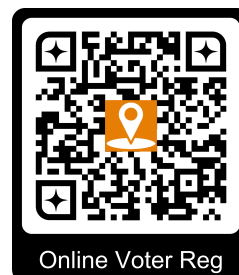


Do you know if you are registered to vote?

Check here: <https://voter.svrs.nj.gov/registration-check>

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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) 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 ____/____/____ (MM/DD/YYYY)		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 (Type or Print) Ramos		First Name (Type or Print) Angela		Middle Name or Initial	Suffix (Jr., Sr., III)
3 Address at which you are registered to vote: Street Address or RD# 123 Main St Municipality (City/Town) This Town State NJ Zip 07878		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) University Apt. #20A College Park, MD 20742			
5 Date of Birth (MM/DD/YYYY) 01/15/2003	6 Day Time Phone Number (908) 867 5309	7 E-Mail Address Angie07878@gmail.com			
PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.					
8 Signature: I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. X <i>Angela Ramos</i>		9 Today's Date (MM/DD/YYYY) 02/27/2024			
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 (Type or Print) Address Apt. Municipality (City/Town) State Zip X		Signature of Assistor Date (MM/DD/YYYY)			
Authorized Messenger: Any person applying 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 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 equalized voters per election, except that an authorized messenger or bearer may serve as such for no more than three equalized voters per election if those voters are immediate family members residing in the same household as the messenger or bearer.					
11 I designate _____ to be my Authorized Messenger. Print Name of Authorized Messenger Address of Messenger Apt. Municipality (City/Town) State Zip Date of Birth (MM/DD/YYYY) Signature of Voter _____ Date (MM/DD/YYYY) 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 _____ Date (MM/DD/YYYY)					
OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____					

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