Inquiry - View Voter Registration

File

ESSOEAD / ESSEX

Previous Name | Previous Address | Previous Party

Voter Information:

Voter's Name: SONIA E DUMAN
Date of Birth: 12/07/1967
Voter ID: 150284278
NJ Driver's License / State ID:
Legacy ID:
Archived Legacy ID:
Telephone #:

Residence Address:

County: ESSEX
Unit: 1 FL
Suffix A:
Suffix B:
Street Number: 679
Street Name: MARKET ST
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07105

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 11/06/2007

Status Information:

Voting Privilege Date: 11/06/2007
Current Status: Deleted
Deleted Date: 01/03/2008
Deleted Reason: Administrative Action
Date Last Voted:
Poll Worker Status:

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 10/16/2007
Registration Type: Mail-in with Identification
Last Action Taken Date: 01/03/2008
Memo

Print Voter Profile

Date of Birth	☐
Previous Address	☐
Previous Party	☐
Election History	☐
Previous Name	☑

Display Signature | Signature History | Poll Worker History
Audit History | Deleted History | Election History

Mailing Address:

Street Number	**Suffix A**	**Suffix B**	**Street Name/P.O. Box**	**Unit**
Address Line 2	**Address Line 3**			
City	**State**	**Zip Code**		
Country				

Districts:

Municipality	NEWARK	**Ward**	12	**District**	04
Congressional	13	**Legislative**	29	**Freeholder**	5.001
School		**Regional School**		**Fire**	

Polling Place

Name	**Address**
RIVERBANK PARK (H)	ENTRANCE SOMME ST NEWARK 07105

Memo:

THE VOTER REGISTRATION APPLICATION WAS ENTERED
INTO THE SYSTEM, IN ERROR. "NOT A US CITIZEN"
NOTE: SONIA E DUMAN CHECKED OFF "NO" ON
LINE "1" OF THE APPLICATION.
APPLICATION IS ON FILE - THE ERROR WAS MADE BY
S.O.E. DEPARTMENT - 01/03/2008, ESSOEAD

Previous

STATE Admin Message --> Have a nice day.

Duman, Sonia

76

New Jersey Voter Registration Application

Print clearly in black or blue ink using a ball point pen or marker

1 I am a U.S. citizen ☐ Yes ☑ No*
I will be 18 years of age by the next election* STOP

2 ☐ New Registration (If you are registering for the first time in the county in which you live)
☐ Address Change (If you are currently registered and have moved within your county)
☐ Name Change (If you are currently registered in the county in which you live)

W

3	Last Name	First Name	Middle Initial	Suffix
	DUMAJ		E	

4	Street Address (where you live)	Apartment #
	679 MARKET ST	1ST FLOOR
	Municipality (town/city) 0750 Newark	County Essex
		Zip Code 07105

5	Address (where you get your mail)	Apartment #
	Municipality (town/city)	County Zip Code

6	Date of Birth	Month 12	Day 01	Year 1967	7	Telephone Number (optional)	Area Code

8	Last Name	First Name	Middle Initial	Suffix
	Address		Apartment #	
	Municipality (town/city)	County	State	Zip Code

*9 Date OR

10 Declaration –
I swear or affirm that:
- I am a U.S. Citizen
- I will be at least 16 years old on or before the next election
- I live at the above address.
- I am not on parole, probation

X _____ Signature / Mark _____ Date

150284278
SONIA E DUMAN
679 MARKET ST Apt-Unit1 FL
NEWARK NJ 07105

town/city)	State	Zip Code

FOR OFFICE USE ONLY

Clerk

Registration #

Office Time Stamp
10/16/07

☑ by mail ☐ in person

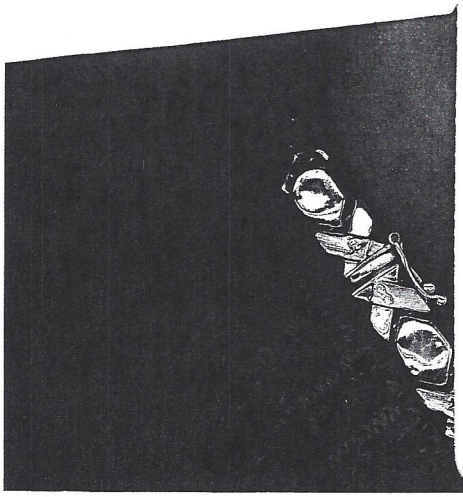
973-652-4761

...o days, return to:
...**of Elections**
...ther King Blvd. Ste. 417A
...J 07102-9906

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
Newark, N.J.
Permit No. 218

RETURN SERVICE REQUESTED



Remember to Vote on Election Day

County of Essex, New Jersey
Voter Acknowledgement Card

150284278 M-0714 W-12 D-04
SONIA E DUMAN
679 MARKET ST Apt-Unit 1 FL
NEWARK NJ 07105

Signature _____

Registration No.	Registration Date	Birth Date	Muni.	WD	Dist.
150284278	10/16/2007		0714	12	04

Voter Profile

User Printed: ESSPAT
Date: 08/25/2009

Voter Information:

Voter's Name: ONEALIA R GREENIDGE
Date of Birth: **10/06/1986**
Voter ID: 150130747
Legacy ID: C829080
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 3
Suffix A:
Suffix B:
Street Number: 797
Street Name: S 12TH ST
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07108

Party Information:

Current Party: Democratic*
Party Privilege Date: 11/04/2008

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/17/2006
Registration Type: In-Person with Identification
Last Action Taken Date: 08/07/2009

Status Information:

Voting Privilege Date: 11/07/2006
Current Status: Inactive Confirmation
Date Last Voted: 11/04/2008
Confirmation Mail Date: 08/18/2009
Poll Worker Status:

Mailing Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

2009 AUG 25 PM 3:21
CLERK'S OFFICE
COUNTY OF ESSEX

Districts:

Ward	11	**District**	17	**Congressional**	10	**Legislative**	28
Freeholder	5.002	**School**		**Regional School**		**Fire**	

Previous Residence Addresses:
No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/04/2008- GENERAL ELECTION	General	00004	PROVISIONAL	ESSEX	NEWARK			ESSOEAD	02/05/2009	11/04/2008	ACCEPTED

Previous Party:

Date Changed	Party Privilege Date	Party Name
11/04/2008	11/04/2008	Unaffiliated

Registration History:
No Records Found for the Registration History

I am not a USA Citizen, So can i please be Removed from the Records.

[redacted]

Voter Profile

User Printed: ESSOEBD
Date: 08/26/2009

Voter Information:

Voter's Name: ONEALIA R GREENIDGE
Date of Birth: **10/06/1986**
Voter ID: 150130747
Legacy ID: C829080
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 3
Suffix A:
Suffix B:
Street Number: 797
Street Name: S 12TH ST
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07108

Party Information:

Current Party: Democratic*
Party Privilege Date: 11/04/2008

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 10/17/2006
Registration Type: In-Person with Identification
Last Action Taken Date: 08/26/2009

Status Information:

Voting Privilege Date: 11/07/2006
Current Status: Deleted
Date Last Voted: 11/04/2008
Deleted Date: 08/26/2009
Deleted Reason: Administrative Action
Poll Worker Status:

Mailing Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	11	**District**	17	**Congressional**	10	**Legislative**	28
Freeholder	5.002	**School**		**Regional School**		**Fire**	

Previous Residence Addresses:
No Records Found for the Previous Residence Addresses

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counted	Ballot Status
11/04/2008-GENERAL ELECTION	General	00004	PROVISIONAL	ESSEX	NEWARK			ESSOEAD	02/05/2009	11/04/2008	ACCEPTED

Previous Party:

Date Changed	Party Privilege Date	Party Name
11/04/2008	11/04/2008	Unaffiliated

Previous Name:

Date Changed	Last Name	First Name	Middle Name	Suffix
11/04/2008	GREENIDGE	ONEALTA	REGINA	

Registration History:
No Records Found for the Registration History

Deleted as of 8/26/09.

COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX
Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax

GLORIA INSFRAN
555PARKER ST., APT. 3
NEWARK, N. J. 07104

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

Date: 3-28-2011

Dear Registered Voter,

A review of our files indicates that there may be a **discrepancy** with your voting record. It is **necessary for you to call** this office so that we may clarify this matter. Office hours are Monday through Friday, between the hours of 8:30 A.M. and 4:00 P.M.; and the telephone number is (973) 621-5036.

Thank you for your cooperation.

Very truly yours,

Kathy V. Sumter-Edwards
Deputy Commissioner of Registration/
Deputy Superintendent of Elections

jb/dscrepltr
2/10

New Jersey
Voter Registration Application

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

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Political Party Affiliation or Non-affiliation Change ☐ Name Change ☐ Signature Update

FOR OFFICIAL USE ONLY

2 Are you a U.S. Citizen? ☐ Yes ☒ No *(If No, DO NOT complete this form)*

Will you be 18 years of age by the next election? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

Clerk

3 Last Name	First Name	Middle Name or Initial	Suffix *(Jr., Sr., III)*
Insfran	GLORIA		

Registration #

4 Date of Birth Month 03 Day 31 Year 1956

TAX ID#

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. [redacted]

☐ "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."

Office Time Stamp

COUNTY OF ESSEX SEP 13 2011 CLERK'S OFFICE

☐ by mail
☐ in person

	Apt.	Municipality	County	State	Zip Code
6 Home Address *(DO NOT use PO Box)* 555 Parker St	3		Essex	NJ	07104
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

Day Phone Number *(Optional)*

10 Do you wish to declare a political party affiliation? *(Optional)*
☐ Yes, the party name is _____
☐ No, I do not wish to be affiliated w

Not A Citizen SF.

11 Gender
☒ Female
☐ Male

Declaration - I swear or affirm that:
- I am a U.S. Citizen
- I live at the above address ✓
- I will be at least 18 years old on or before the next election ✓
- I will have resided in the State and county at l
- I ar ser off

Insfran

Signature: Sign or mark and date on lines below

x [redacted]

Date 02/13/2011

ndividual who completed this form.

Date

New Jersey
Voter Registration Application

76

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

1 Check boxes that apply: ☒ New Registration ☐ Address Change ☐ Political Party Affiliation or Non-affiliation Change ☐ Name Change ☐ Signature Update

FOR OFFICIAL USE ONLY

2 Are you a U.S. Citizen? ☐ Yes ☒ No *(If No, DO NOT complete this form)*

Will you be 18 years of age by the next election? ☐ Yes ☐ No *(If No, DO NOT complete this form)*

Clerk

3 Last Name	First Name	Middle Name or Initial	Suffix *(Jr., Sr., III)*
Instran	GLORIA		

Registration #

4 Date of Birth Month 03 Day 31 Year 1956

Office Time Stamp

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. [redacted]

☐ "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
555 Parker St	3		Essex	NJ	07104
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

☐ by mail
☐ in person

9 Former Name if Making Name Change

Day Phone Number *(Optional)*

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

11 Gender
☒ Female
☐ Male

Declaration - I swear or affirm that:
- I am a U.S. Citizen
- I live at the above address ✓
- I will be at least 18 years old on or before the next election ✓
- 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
- 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

X [redacted]

Date 02/13/2011

If applicant is unable to complete this form, print the name and address of individual who completed this form.

Name _____ Date _____

Address _____

COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX
Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax

Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

08/21/2009

Voter ID# 151207342

LORNA L JONES
121 GROVE ST Apt-Unit 3
BLOOMFIELD NJ 07003

Dear Lorna,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, you must complete a new form, which is enclosed)

[redacted] 8/31/09. NOT A Citizen

Voter Signature Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano

Superintendent of Elections

Not A Citizen.

Main Menu:
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Voter Registration
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MVC File Change Voter
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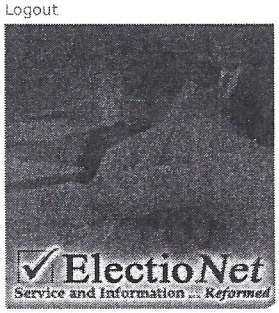
Maintain Voter History
Maintain County Data
Elections
System
Duplicate Voters
Batch Scanning
Messaging
Backend Reporting
Inquiries
Reports
Help
Logout



Compare MVC File - Change Voter

ESSHAJII / ESSEX

MVC Voter			
Name	LORNA L JONES	**Date of Birth**	11/05/1961
Residence Address	121 GROVE ST APT 3 BLOOMFIELD NJ 07003-6610	**Mailing Address**	
Driver's License Number	[redacted]	**Original Driver's License Number**	[redacted]
Card Number		**Previous DOB**	11/05/1961
Previous Name	LORNA L JONES	**Previous Address**	51 CLIFTON AVE C-304 NEWARK NJ 07104-1885
MVC Transaction Date	07/28/2009		

Reject ☐ English: ☑ Spanish: Reject

SVRS Matched Voters										
Select	**Voter Id**	**Name**	**Date of Birth**	**Registration Date**	**Residence Address**	**Mailing Address**	**Driver's License Number**	**SSN**	**Confidence Factor**	**Status**
◉	101087555	LORRAINE JONES	01/01/1800	10/06/1975	26 MC KAY AVE, EAST ORANGE, NJ 07018				25 %	
○	101128639	LORRAINE JONES	01/01/1800	04/09/1992	129 N ARLINGTON AVE, Apt-Unit 4-O, EAST ORANGE, NJ 07017				25 %	Deleted
○	116187540	LORNA JONES	01/01/1800	02/22/1985	11 JERSEY AVE, TOWN OF MORRISTOWN, NJ 07960-3129				25 %	**Inactive Confirmation**
○	109065598	LORRAINE JONES	01/01/1800	10/01/1992	471 DARE AVE, BRIDGETON, NJ 08302				25 %	Deleted
○	121069500	LORRAINE JOHANSKY	01/01/1800	01/01/1800	191 WILLET ST, PASSAIC, NJ 07055				25 %	Deleted
○	101149505	LORNA A JONES	01/01/1800	06/04/1996	213 N 19TH ST, EAST ORANGE, NJ 07017				25 %	
○	101067548	LOREN K JAMES	01/01/1800	09/25/1967	209 E MC CLELLAN AVE, LIVINGSTON, NJ 07039				25 %	
○	121154326	LORRAINE M JONES	01/01/1800	02/21/1988	688 E 24TH ST, Apt-Unit 1, PATERSON, NJ 07504				25 %	Deleted
○	104399660	LORRAINE R JONES	01/01/1800	05/01/1990	2 CENTRAL SQUARE PARK, METUCHEN, NJ 08840				25 %	

1 Go

Select Add Back

New Voter
Inc. NO S.q.

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 % ,that implies Driver's License Number is matched statewide.
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or) Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

Name matching process includes MVC previous names if there is a name change.

COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX
Hall of Records - Room 417 - Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax

Carmine P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections

05/08/2009

SILAS A CASTILLO
359 CLIFTON AVE Apt-Unit 4
NEWARK NJ 07104

Voter ID# 151146134

Dear Silas,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- (If your signature is missing, ~~you must complete a new form, which is enclosed)~~

Voter Signature Date

Please provide the missing information and sign this form in the space provided, and return to this office.

Thank you for your attention on this matter.

Sincerely Yours,

Carmine P. Casciano

Superintendent of Elections

Main Menu:
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Maintain Voter History
Maintain County Data
Elections
System
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Reports
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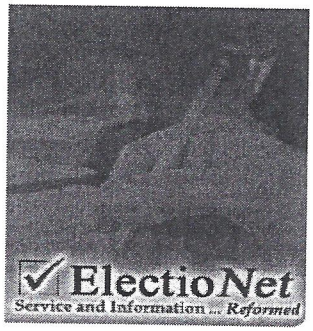
Logout



Compare MVC File - Change Voter

ESSHAJII / ESSEX

MVC Voter			
Name	SILAS A CASTILLO	**Date of Birth**	06/14/1963
Residence Address	359 CLIFTON AVE APT 4 NEWARK NJ 07104-1228	**Mailing Address**	
Driver's License Number	[redacted]	**Original Driver's License Number**	[redacted]
Card Number		**Previous DOB**	06/14/1963
Previous Name	SILAS A CASTILLO	**Previous Address**	359 CLIFTON AVE APT 6 NEWARK NJ 07104-1228
MVC Transaction Date	03/17/2009		

Reject ☐ **English:** ☑ **Spanish:** Reject

SVRS Matched Voters										
Select	**Voter Id**	**Name**	**Date of Birth**	**Registration Date**	**Residence Address**	**Mailing Address**	**Driver's License Number**	**SSN**	**Confidence Factor**	**Status**
No Matching records Found. You can Add or Reject this Motor Voter by clicking on the respective buttons below.										

Select | Add | Back

Note:

If status is blank, that implies the voter status is Active.

If Confidence Factor is 100 % ,that implies Driver's License Number is matched statewide.
If Confidence Factor is 50 %, that implies Last Name, First Name, DOB (or)
Last Name, First Name, First Letter of Middle Name and DOB (01/01/1800) matched statewide.

If Confidence Factor is 25 % ,that implies Soundex of Last Name, Soundex of First Name, DOB (including 01/01/1800) matched statewide.

Name matching process includes MVC previous names if there is a name change.

New Voter
Inc. No Signature.

Nueva Jersey
Solicitud de Insc[redacted]Votantes

Not a US Citizen

Escriba claramente con tinta. Se requiere toda la [redacted] marcada como opcional.

Marque las casillas que correspondan:	❑ Nueva inscripción ❑ Cambio de nombre	❑ Cambio de d ❑ Actualizació	[redacted]do político [redacted] afiliación	**Sólo para uso oficial**
¿Es ciudadano estadounidense? ❑ Sí ☒ No *(Si no lo es, NO complete este formulario)*	¿Tendrá 18 años [redacted] *(Si no es así, NO complete este formulario)*		[redacted] ☒ Sí ❑ No	Secretario
Apellido ARIAS	Primer Nombre MARIA	Segundo nombre o Inicial E	Sufijo (Jr., Sr., III)	Núm. de inscripción
Fecha de nacimiento Mes 12 Día 15 Año 1964				Timbre de hora de la oficina [redacted]
Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor		Si NO tiene una Licencia de conducir de NJ o Identificación de MVC de no conductor, indique los últimos 4 dígitos de su Número de Seguro Social. [redacted]		
❑ "Juro o afirmo que NO tengo una Licencia de conducir de NJ, Identificación de MVC como no conductor ni Número de Seguro Social."				

	Apt.	Municipalidad	Condado	Estado	Código postal
Dirección del domicilio *(NO use apartados postales)* 279 MT PROSPECT AV.	26	NEWARK	ESSEX	N.J.	07104
Dirección postal *si es diferente de la anterior*	Apt.	Municipalidad	Condado	Estado	Código postal
Última dirección registrada para votar (NO use apartados postales)	Apt.	Municipalidad	Condado	Estado	Código postal

❑ por correo ❑ en persona

Nombre anterior si hace un cambio de nombre

Número de teléfono durante el día *(Opcional)* 973-350-6268

¿Desea declarar una afiliación a un partido político? *(Opcional)* ❑ Sí, el nombre del partido es _____ ☒ No, no deseo afiliarme a ningún partido político.

1 Sexo
☒ Femenino
❑ Masculino

Declaración - Juro y afirmo que:
- Soy ciudadano de los Estados Unidos
- Vivo en la dirección indicada
- Tendré por lo menos 18 años de edad para la próxima elección o antes
- Habré residido en el Estado y condado al menos 30 días antes de la próxima elección
- No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal
- Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta $15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

Firma: Firme o marque y fecha en la líneas a continuación

[redacted]

Fecha 2-3-2012

Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario

Nombre [redacted] Fecha 2-3-2012

Dirección 279 Mt. Prospect Av. Apt. 26 Newark N.J. 07104

Nueva Jersey
Solicitud de Inscripción de Votantes

Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional.

Marque las casillas que correspondan: ☐ Nueva inscripción ☐ Cambio de nombre ☐ Cambio de dirección ☐ Actualización de la firma ☐ Afiliación a partido político o Cambio de sin afiliación

Sólo para uso oficial

¿Es ciudadano estadounidense? ☐ Sí ☒ No *(Si no lo es, NO complete este formulario)*

¿Tendrá 18 años de edad para la próxima elección? ☒ Sí ☐ No *(Si no es así, NO complete este formulario)*

Secretario

Apellido	Primer Nombre	Segundo nombre o Inicial	Sufijo (Jr., Sr., III)
ARIAS	MARIA	E	

Núm. de inscripción

Fecha de nacimiento Mes 12 Día 15 Año 1964

Timbre de hora de la oficina

Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor

Si NO tiene una Licencia de conducir de NJ o Identificación de MVC de no conductor, indique los últimos 4 dígitos de su Número de Seguro Social. [redacted]

☐ *Juro o afirmo que NO tengo una Licencia de conducir de NJ, Identificación de MVC como no conductor ni Número de Seguro Social.*

Dirección del domicilio *(NO use apartados postales)*	Apt.	Municipalidad	Condado	Estado	Código postal
279 MT PROSPECT AV.	26	NEWARK	ESSEX	N.J.	07104
Dirección postal *si es diferente de la anterior*	Apt.	Municipalidad	Condado	Estado	Código postal
Última dirección registrada para votar (NO use apartados postales)	Apt.	Municipalidad	Condado	Estado	Código postal

☐ por correo
☐ en persona

Nombre anterior si hace un cambio de nombre

Número de teléfono durante el día *(Opcional)* 973-350-6260

¿Desea declarar una afiliación a un partido político? *(Opcional)*
☐ Sí, el nombre del partido es _____
☒ No, no deseo afiliarme a ningún partido político.

1 Sexo
☒ Femenino
☐ Masculino

Declaración - Juro y afirmo que:
- Soy ciudadano de los Estados Unidos
- Vivo en la dirección indicada
- Tendré por lo menos 18 años de edad para la próxima elección o antes
- Habré residido en el Estado y condado al menos 30 días antes de la próxima elección
- No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal
- Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta $15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1

Firma: Firme o marque y fecha en la líneas a continuación

[redacted] María Ruiz

Fecha 2-3 2012

Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario.

Nombre [redacted] Fecha 2-3 2012

Dirección 279 M. Prospect AV. A.P. 26 Newark N.J. 07104

SUPERINTENDENT OF ELECTIONS
AND
COMMISSIONER OF REGISTRATION
COUNTY OF ESSEX
Hall of Records – Room 417A – Newark, New Jersey 07102
(973) 621-5061 Tel. (973) 621-6464 Fax.

Kathy V. Sumter
A./ Superintendent of Elections
Commissioner of Registration

07/17/2012

VERLENE CHERILOS
28 ORCHARD PL
IRVINGTON NJ 07111

Voter ID# 152266945

Dear Verlene,

This office is in receipt of your voter registration application. It cannot be completely processed for the following reason(s).

- You checked off "NO" regarding U.S. citizenship; Citizenship is a requirement to register to vote.

If you have any questions feel free to contact our office.

Thank you for your help in resolving this matter.

Sincerely Yours,

KATHY V. SUMTER
SUPERINTENDENT OF ELECTIONS

Please fill out and print the completed form. ***YOU MUST SIGN YOUR NAME and then mail to the appropriate county in order to be registered.***

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New Jersey Voter Registration Application

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

1	Check boxes that apply:	☒ New Registration ☐ Name Change	☐ Address Change ☐ Signature Update	☐ Political Party Affiliation or Non-affiliation Change			**FOR OFFICIAL USE ONLY**
2	Are you a U.S. Citizen? (If No, DO NOT complete this form) ☐ Yes ☒ No		Will you be 18 years of age by the next election? (If No, DO NOT complete this form) ☒ Yes ☐ No				Clerk
3	Last Name Cherilos	First Name Verlene	Middle Name or Initial	Suffix (ex. Jr., Sr., III)			Registration #
4	Date of Birth (MM/DD/YY) 09-01-1985						Office Time Stamp
5	NJ Driver's License Number or MVC Non-driver ID Number [redacted]		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.				
	☐ "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) 28 Orchard Place	Apt.	Municipality Irvington	County Essex	State NJ	Zip Code 0777	
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	☐ by mail ☐ in person
9	Former Name if Making Name Change		Day Phone Number (Optional) (908) 514-3878				

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

11 Gender ☒ Female ☐ Male

Declaration - I swear or affirm that:
- I am a U.S. Citizen
- I live at the above address
- I will be at least 18 years old on or before the next election
- 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 offense under a
- I understand that any false or fraudulent registration may subject me to a fine of up to $15,000,

Signature: Sign or mark and date on line below

x [redacted]

Date 05-31-12

152266945 M-0709 W-13 D-09

VERLENE CHERILOS
28 ORCHARD PL
IRVINGTON NJ 07111

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 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:

☒ voting by mail
☐ polling place accessibility
☐ available election materials in this alternative language: _____
☐ becoming a poll worker
☐ voting if you have a disability, including visual impairment

For further information visit **www.NJElections.org** or call toll-free **1-877-NJVOTER** (1-877-658-6837)

NJDOE-lv-8/3/09

945

7/17/2012

my name is Sharon Friday
I have been voting i am
a permenant resident of
the united State of America
I want my name to be
removed from the voting list
thank you -

[redacted]

Voter Profile

User Printed Date:

Voter Information:

Voter's Name: SHARON FRIDAY
Date of Birth: 06/02/1963
Voter ID: 150704768
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 1
Suffix A:
Suffix B:
Street Number: 209
Street Name: PARK AVE
Address Line 2:
Address Line 3:
Municipality : EAST ORANGE
Postal City: EAST ORANGE
State: NJ
Zip: 07017

Party Information:

Current Party: Democratic*
Party Privilege Date: 06/02/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 09/17/2008
Registration Type: Mail-in with Identifica
Last Action Taken Date: 11/21/2011

Status Information:

Voting Privilege Date: 10/08/2008
Current Status: Active
Date Last Voted: 11/08/2011
Poll Worker Status:

Mailing Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Inactive Confirmation Address:
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	05	**District**	03	**Congressional**	10	**Legislative**	34
Freeholder	5.003	**School**		**Special**	10	**Fire**	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State
06/07/2010	458	HALSTED ST				EAST ORANGE	New Jersey
09/17/2008	45	HALSTED ST				EAST ORANGE	New Jersey

Election History:

Election Date & Name	Election Type	Election Code	Ballot Type	County Voted In	Municipality Voted In	Party Affiliation	Memo	User Scanned	Date Scanned	Date Counte
11/08/2011-STATE GENERAL ELECTION	General	STATE GE 110811	Machine	ESSEX	EAST ORANGE			ESSCURRY	11/21/2011	11/08/2
06/07/2011-STATE PRIMARY	Primary	STATE PE 2011	Machine	ESSEX	EAST ORANGE	Democratic*		ESSHR	06/21/2011	06/07/2
11/03/2009-STATE GENERAL	General	STATE GE 110309	Machine	ESSEX	EAST ORANGE			ESSGREG	11/23/2009	11/03/2