

Voter Profile

Voter Requested
User Printed: ESSOEBD
Date: 01/28/2011
Printed 1/28/11

Voter Information:

Voter's Name: BERTHA M VASQUEZ VELEZ
Date of Birth: 09/17/1978
Voter ID: 151674118
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit:
Suffix A:
Suffix B:
Street Number: 94
Street Name: PULASKI ST
Address Line 2:
Address Line 3:
Municipality : NEWARK
Postal City: NEWARK
State: NJ
Zip: 07105

Party Information:

Current Party: Unaffiliated
Party Privilege Date:

Miscellaneous:

Gender: Female
Absentee Ballot Type: None
Registration Date: 01/08/2011
Registration Type: Agency with Identification
Last Action Taken Date: 01/28/2011

Status Information:

Voting Privilege Date:
Current Status: Rejected
Date Last Voted:
Rejected Reason: Not a U.S Citizen/Checked off No to U.S. Citizenship
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:

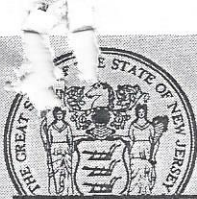
Street Number:
Suffix A:
Suffix B:
Street Name/P.O. Box:
Unit:
Address Line 2:
Address Line 3:
City:
State:
Zip Code:
Country:

Districts:

Ward	12	District	10	Congressional	13	Legislative 29
Freeholder	5.001	School		Regional School		Fire

Previous Name:

Date Changed	Last Name	First Name	Middle Name	Suffix
01/28/2011	VASQUEZVELEZ	BERTHA	M	



New Jersey Voter Registration Information

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are NOT currently serving a sentence, probation or parole because of a felony conviction

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



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

ESSEX COUNTY COMMISSIONER OF REGISTRATION
HALL OF RECORDS
465 MARTIN LUTHER KING JR BLVD STE 417A
NEWARK NJ 07102-9852



Bertha M Vasquez Velez

Mire yo no soy Ciudadana soy solo
residenta por esa razon no puedo
llenar esta aplicacion mucha gracias

Bertha Vasquez

Please Seal with Tape and Return

Voter Profile

User Printed: ESSCURRY
Date: 05/13/2010

Voter Information:

Voter's Name: JOSEPH L ESHUN
Date of Birth: 04/10/1976
Voter ID: 151223911
Legacy ID:
Archived Legacy ID:

Residence Address:

County: ESSEX
Unit: 5-R
Suffix A:
Suffix B:
Street Number: 20
Street Name: MARSHALL ST
Address Line 2:
Address Line 3:
Municipality: IRVINGTON
Postal City: IRVINGTON
State: NJ
Zip: 07111

Party Information:

Current Party: Unaffiliated
Party Privilege Date: 06/29/2009

Miscellaneous:

Gender: Not Entered
Absentee Ballot Type: None
Registration Date: 06/08/2009
Registration Type: Agency with Identification
Last Action Taken Date: 10/08/2009

Status Information:

Voting Privilege Date: 06/29/2009
Current Status: Active
Date Last Voted:
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	12	District	02	Congressional	10	Legislative	28
Freeholder	5.002	School		Regional School		Fire	

Previous Residence Addresses:

Change Date	Street Number	Street Name	Address Line 2	Address Line 3	Unit	Municipality	State	Zip Code
09/22/2009		21 HOWARD ST. FL.1				IRVINGTON	New Jersey	07111

Election History:

No Records Found for the Election History

Previous Party:

No Records Found for the Previous Party

Previous Name:

No Records Found for the Previous Name

Registration History:

No Records Found for the Registration History

Polling Place:

Next Election Date -- Name
Polling Place

06/08/2010 -- STATE PRIMARY 2010

Name
PARKWAY PLAYGROUND SHELTER HOUSE (H)

Address
62 BERKELEY TER
IRVINGTON NJ 07111

151223911



JOSEPH L ESHUN
20 MARSHALL ST Apt-Unit 5-R
IRVINGTON NJ 07111

Please removed me am not a
Citizen.



5-13-2010

REC'D: 01/11/10
05/13/2010

Official 2010 Municipal Election Sample Ballot



Commissioner of Registration
465 Dr. Martin Luther King, Jr. Blvd.
Newark, New Jersey 07102

RETURN SERVICE REQUESTED

Harold E. Wiener

Municipal Clerk
Secretario Municipal



Postmaster: Please deliver by May 8th

NON-PROFIT ORG.
U.S. POSTAGE
PAID
NEW BRUNSWICK, NJ
PERMIT No. 1

POLLING LOCATION



WARD 12 DISTRICT 2
PARKWAY PLAYGROUND SHELTER HOUSE (H)
62 BERKELEY TER
IRVINGTON NJ 07111



accessible polling location



CRD P1 S13 3-1
00119*****ECRWSH**C-023
STYLE TOWN 09 WARD 12 DIST 2 151223911
JOSEPH L ESHUN
20 MARSHALL ST APT 5R
IRVINGTON NJ 07111-8661

Irvington * Polls Open - Urnas Abiertas - 6:00 am - 8:00 pm



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



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

TELESFORO V AZANA
69 ASHLAND AVE
WEST ORANGE NJ 07052

151337614



TELESFORO V AZANA
69 ASHLAND AVE
WEST ORANGE NJ 07052

Dear Telesforo,

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

- Your Voter Registration Application was not signed.

Please completely fill out the enclosed (postage paid) voter registration form, including your signature, and return to our office by mail or in person.

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

Thank you for your help in resolving this matter.

MAY 12, 2010

I AM NOT APPLYING
for a Voter Registration
At this time AS I
AM NOT YET A U.S. Citizen.

Please do not process this
Application sent by Motor Vehicle.

Thank you,

Sincerely Yours,

Commissioner of Registration
/Superintendent of Elections

Superintendent of Elections

Telesforo V. AZANA

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

5-12-10

TELEFORO V. AZANA
69 ASHLAND AVE
W. ORANGE NJ 07052

TELEFORO V. AZANA

24 JULY 2010 PM 3 L



Commissioner of Registration
And
Superintendent of Elections
COUNTY OF ESSEX

HALL OF RECORDS - ROOM 417 - NEWARK

N.J. 07102

07102/9999





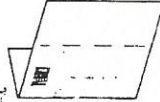
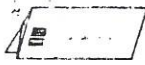
New Jersey Voter Registration Application

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Signature Update							FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____		
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)			Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)						
3 Last Name <u>TREJO</u>		First Name <u>ADRIANA</u>		Middle Name or Initial <u>OLIVIA</u>		Suffix (ex. Jr., Sr., III) _____			
4 Date of Birth Month <u>02</u> Day <u>23</u> Year <u>1965</u>									
5 NJ Driver's License Number or MVC Non-driver ID Number <u>71176 001100 521653</u> 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. <u> </u> <u> </u> <u> </u> <u> </u> <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) <u>99 CRAFTON AVE NEWARK</u>				Apt <u>BSMT</u>	Municipality _____	County <u>ESSEX</u>	State <u>NJ</u>	Zip Code <u>07104</u>	
7 Mailing Address if different from above <u>NONE</u>				Apt _____	Municipality _____	County _____	State _____	Zip Code _____	
8 Last Address Registered to Vote (DO NOT use PO Box) <u>NONE</u>				Apt _____	Municipality _____	County _____	State _____	Zip Code _____	
9 Former Name if Making Name Change <u>ADRIANA GONZALEZ</u>						Day Phone Number (Optional) <u>973-412-5460</u>			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ (Optional) <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.									
11 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 type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input 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 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 line below <u>[Signature]</u> Date <u>5-8-10</u>						If applicant is unable to complete this form, print the name and address of individual who completed this form. Name <u>Adriana Trejo</u> Date <u>5-8-10</u> Address _____			

5/24/10 per telephone call
Applicant is not a U.S. Citizen
Application to be filed

NK



ESSEX COUNTY COMMISSIONER OF REGISTRATION
-ALL OF RECORDS
465 MARTIN LUTHER KING JR BLVD STE 417A
NEWARK NJ 07102-9852

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
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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

LEELA D PANCHU
1 HAWTHORNE PL
MONTCLAIR NJ 07042

03/21/2007

Dear LEELA D PANCHU:

This office is in receipt of your voter registration application. It cannot be accepted for the reason(s) checked off below.

☐ **Your form is missing the following information :**

- ☐ Full name : first and last name and any middle initial
- ☐ Birth Date
- ☐ Home Address; a mailing address alone is not sufficient
- ☐ Signature **(If your signature is missing, you must complete a new form, which is enclosed.)**
- ☐ Identification numbers (driver's license # is required. If you do not have a Driver's License #, you must provide the last four digits of your social security number)
- ☐ Check off box for U.S. citizens is not completed.
- ☐ Check off box for Residency Affirmation is not completed.

☒ **Please provide this information as soon as possible.**

- ☒ You Checked off "NO" regarding U.S Citizenship
- ☐ "Power of Attorney" is not acceptable for a voter registration application. You must personally file and sign a voter registration application.
- ☐ You are currently on the criminal disqualification list. Once you are no longer serving a sentence, or on probation or parole for a felony conviction, you are permitted to register to vote.
- ☐ You have faxed in your application. A faxed application is only accepted for military and overseas civilian voters for federal elections. Please send in your original voter registration form as soon as possible
- ☐ Other _____

Please respond to this letter no later than _____ so that voter registration will be in order for the _____ election.

If you have any questions, you may contact this office at _____.

Thank you for your attention on this matter.

Sincerely Yours,

Superintendent of Elections



New Jersey Voter Registration Application

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

1 Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____ 12/11/06 mm
2 Are you a U.S. Citizen? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name	First Name	Middle Name or Initial	Suffix (ex. Jr., Sr., III)		
PANCHU LEELEA D.					
4 Date of Birth		Month <u>01</u> Day <u>21</u> Year <u>1940</u>			Office Time Stamp _____ 12/11/06 mm
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.		[REDACTED] [REDACTED]			
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	
7 Mailing Address if different from above		Apt.	Municipality	County	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	Zip Code
9 Former Name if Making Name Change				Day Phone Number (Optional)	
10 Do you wish to declare a political party affiliation? (Optional)					
<input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender		Declaration - I swear or affirm that:		150150336 LEELA D PANCHU 1 HAWTHORNE PL MONTCLAIR NJ 07042	
<input type="checkbox"/> Female <input type="checkbox"/> Male		<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 type="checkbox"/> I will be at least 18 years old on or before the next election <input type="checkbox"/> I am not eligible	
Signature: Sign or mark on line below					
X <u>[Signature]</u> Date <u>10/31/06</u>					
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

DATE: NOVEMBER 17, 2008

ID# _____

DEAR AGOSTINO PALMIERI:

THIS OFFICE IS IN RECEIPT OF YOUR VOTER REGISTRATION
APPLICATION. IT CANNOT BE ACCEPTED FOR THE REASON(S)
CHECKED OFF BELOW.

YOUR FORM IS MISSING THE FOLLOWING INFORMATION:

_____ FULL NAME

_____ DATE OF BIRTH

_____ HOME ADDRESS; A MAILING ADDRESS ALONE IS NOT SUFFICIENT

~~XXX~~ SIGNATURE

IF YOUR SIGNATURE IS MISSING, YOU MUST COMPLETE A NEW FORM, WHICH
IS ENCLOSED.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THIS OFFICE AT: 973-621-5032,
973-621-1820, OR 973-621-5068 FROM 8:30AM UNTIL 4:00PM.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER.

SINCERELY YOURS,

Carmine P. Casciano

COMMISSIONER OF REGISTRATION
&
SUPERINTENDENT OF ELECTIONS



New Jersey Voter Registration Application

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

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

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

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

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

Mailing Address

*****AUTO**5-DIGIT 07003
AGOSTINO PALMIERI
114 BERKELEY AVE
BLOOMFIELD NJ 07003-5725



Home Address

*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.

*¿Desea declarar una afiliación a un partido político? (Opcional)

☐ Sí, el nombre del partido es

☐ No, no deseo afiliarme a ningún partido político.

Date of Birth

Fecha de nacimiento 02/03/47

**NJ Driver's License Number or MVC Non-driver ID Number

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

P03100140002472

Day Phone Number (Optional)

Número de teléfono durante el día (Opcional)

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

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

Signature: Sign or mark and date on lines below

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

X _____

Date/Fecha _____

*Completing the declaration section is OPTIONAL and will not affect the acceptance of your voter registration application.

*Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

****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.

****Nota:** Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.

2012 JUL 16 AM 3:53

167 E. 77th Street, #15
New York, NY 10075

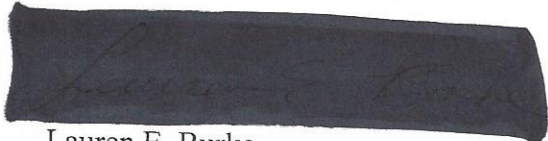
July 13, 2012

Superintendent of Elections
465 Dr. Martin Luther King Boulevard
Room 417A
Newark, NJ 07102

Dear Sirs:

Please delete me from the voter records for Essex County, as I am now a resident of New York State and will be registering there. Thank you.

Sincerely,

A black rectangular redaction box covering the signature of Lauren E. Burke.

Lauren E. Burke

Voter Profile

SUPERINTENDENT OF ELECTIONS AND

COMMISSIONER OF REGISTRATION COUNTY OF ESSEX

User Printed: ESSD
Date: 07/11/2012



Voter Name: BURKE
Date of Birth: 10/1983
Voter ID: 101513470
Legacy ID: C680880
Archived Legacy ID:

Residence Address: Hall of Records - Room 417A - Newark, New Jersey 07102
County: ESSEX
Party Information: Democratic*
(973) 821-3061 Tel. (973) 621-6464 Fax.

Suffix B:
Street Number: 23
Street Name: WELLESLEY RD
Address Line 2:
Address Line 3:
Municipality: MAPLEWOOD
Postal City: MAPLEWOOD
State: NJ
Zip: 07040

Miscellaneous: Kathy V. Sumter
Gender: Not Entered A./ Superintendent of Elections
Absentee Ballot Type: None Commissioner of Registration
Registration Date: 06/25/2001
Registration Type: In-Person with Identification
Last Action Taken Date: 07/18/2012

Status Information:

Voting Privilege Date: 07/24/2001
Current Status: Deleted
Date Last Voted: 11/04/2008
Deleted Date: 07/18/2012
Deleted Reason: Moved out of state
Poll Worker Status: No

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	00	District	15	Congressional	10	Legislative	27
Freeholder	5.002	School		Special	10	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	Machine	ESSEX	MAPLEWOOD		ESSDEB	01/22/2009	11/04/2008	
11/02/2004- GENERAL	General	00040	Mail-In	ESSEX	UNKNOWN		CONV	11/02/2004	11/02/2004	ACCEPTED
06/04/2002- PRIMARY	Primary	00040	Machine	ESSEX	UNKNOWN	Unaffiliated	CONV	06/04/2002	06/04/2002	

Previous Party:

Date Changed

06/25/2001

Party Privilege Date

Party Name

Unaffiliated

Putting Essex County First

Previous Name:

No Records Found for the Previous Name

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



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



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

GLORIA RIVAS
66 PARK AVE Apt-Unit 1
NEWARK NJ 07104

01/27/2010

Voter ID# 151290293



Dear Gloria,

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

- Your Voter Registration Application was not signed.

Please completely fill out the enclosed (postage paid) voter registration form, including your signature, and return to our office by mail or in person.

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

Thank you for your help in resolving this matter.

151290293



GLORIA RIVAS
66 PARK AVE Apt-Unit 1
NEWARK NJ 07104

Sincerely Yours,
~~Commissioner of Registration~~
~~Superintendent of Elections~~

Superintendent of Elections

I AM NOT A U.S.A. CITIZEN.

RECEIVED
JAN 28 2010
COUNTY OF ESSEX



New Jersey Voter Registration Application

76

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____ <input type="checkbox"/> by mail <input type="checkbox"/> in person
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		Will you be 18 years of age by the next election? <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) _____		
4 Date of Birth Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
5 NJ Driver's License Number or MVC Non-driver ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
<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 _____				Day Phone Number (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: <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 X _____ Date _____				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 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 or call toll-free 1-877-NJVOTER (1-877-658-6837)



New Jersey Voter Registration Application

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

*I AM NOT A CITIZEN
OF USA / DO NOT SENT
MORE MAIL*

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update						FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp _____	
2 Are you a U.S. Citizen? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)							
3 Last Name <u>PEREZ</u>		First Name <u>PURA</u>		Middle Name or Initial <u>C</u>		Suffix (Jr., Sr., III) _____	
4 Date of Birth Month <u> </u> Day <u> </u> Year <u> </u>							
5 NJ Driver's License Number or MVC Non-driver ID Number <u> </u>				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. <u> </u>			
<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 _____				<input type="checkbox"/> by mail <input type="checkbox"/> in person			
9 Former Name if Making Name Change _____						Day Phone Number (Optional) _____	
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <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 will be at least 18 years old on or before the next election 					
		<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 <u><i>I AM NOT A CITIZEN OF USA</i></u> Date <u>2/15/10</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

- 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.

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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 | |

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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:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	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)		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			Clerk	
3 Last Name <u>PEREZ</u>	First Name <u>PURA</u>	Middle Name or Initial <u>E</u>	Suffix (ex. Jr., Sr., III)	Registration #		
4 Date of Birth Month <u>04</u> Day <u>04</u> Year <u>1953</u>				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.				
<input checked="" 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) <u>340 THOMAS BLVD</u>	Apt.	Municipality <u>ORANGE</u>	County <u>ESSEX</u>	State <u>NJ</u>	Zip Code <u>07050</u>	
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)		<input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.				
11 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 type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input 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 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 line below <u>I'M NOT A CITIZEN</u> <u>OF USA</u> <u>[Redacted Signature]</u>		If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____				
Date <u>2/16/10</u>						

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.

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- 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:

- | | | |
|---|---|---|
| <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 | |

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New Jersey *I'M NOT A CITIZEN* 76 Voter Registration Application *USA*

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

1 Check boxes that apply:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	<input type="checkbox"/> Political Party Affiliation or Non-affiliation Change	FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp <input type="checkbox"/> by mail <input type="checkbox"/> in person
2 Are you a U.S. Citizen? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)			
3 Last Name	First Name	Middle Name or Initial	Suffix (ex. Jr., Sr., III)		
4 Date of Birth	Month	Day	Year		
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 checked="" 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			Day Phone Number (Optional)		
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is <i>I'M NOT A CITIZEN</i> <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.					
11 Gender	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male • 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 a				
• I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years,					
Signature: Sign or mark and date on line below					
<div style="display: flex; justify-content: space-between;"> <div> <i>X</i> Date <i>2/15/10</i> </div> <div> 151293190 M-0717 W-12 D-01 PURA C PEREZ 340 THOMAS BLVD Apt-Unit 7-C ORANGE NJ 07050 </div> </div>					

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:

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



Nueva Jersey

W. J. Vasquez
NOT A CITIZEN

33

Solicitud de Inscripción de Votantes

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

1 Marque las casillas que correspondan:										Sólo para uso oficial	
2 ¿Es ciudadano estadounidense? <input checked="" type="checkbox"/> Sí <input type="checkbox"/> No (Si no lo es, NO complete este formulario)										Secretario	
3 Apellido <u>VASQUEZ</u> Primer Nombre <u>MARIA</u> Segundo nombre o inicial <u>Sufijo (Jr., Sr., III)</u>										Núm. de inscripción	
4 Fecha de nacimiento Mes <u>04</u> Día <u>23</u> Año <u>1950</u>										Timbre de hora de la oficina	
5 Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor <u>96 N. 9th St.</u>										SINO 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.	
6 Dirección del domicilio (NO use apartados postales)										Apt. <u>B</u>	
7 Dirección postal si es diferente de la anterior										Estado <u>N.J.</u> Código postal <u>07107</u>	
8 Última dirección registrada para votar (NO use apartados postales) <u>96 N. 9th St.</u>										Estado <u>N.J.</u> Código postal <u>07107</u>	
9 Nombre anterior si hace un cambio de nombre										Número de teléfono durante el día (Opcional)	
10 ¿Desea declarar una afiliación a un partido político? (Opcional)										Si, el nombre del partido es <u> </u> No, no deseo afiliarme a ningún partido político.	
11 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 • 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										Sexo <input checked="" type="checkbox"/> Femenino <input type="checkbox"/> Masculino	
Firma: Firme o marque y fecha en la líneas a continuación										151973275 M-0714 W-14 D-34 MARIA VASQUEZ 96 N 9TH ST Apt-Unit B NEWARK NJ 07107	
Fecha <u>1-30-2012</u>											

THREE SPIES
JOHN ADAMS
41 USA

[illegible]

NAME VASQUEZ DE LUNA, MARIA S.



A# [REDACTED]
Birthdate 04/25/50 Category F Sex F
Country of Birth Dominican Republic
01/18/17
Resident Since 11/20/96



C1USA0457400917MSC0740066588<<
5004254F1701186DOM<<<<<<<<<<6
VASQUEZ<DE<LUNA<<MARIA<SIMEONA



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



SENACA JACKSON
144 JOHNSON AVE., 2ND FL.
NEWARK, N. J. 07108

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

3-21-2011

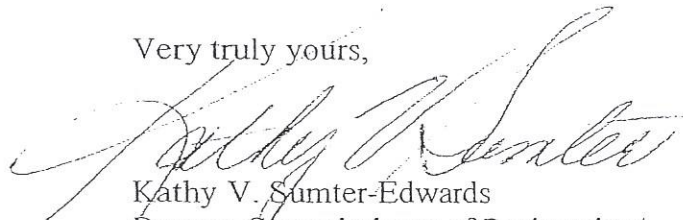
Date: _____

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

Not a Citizen
Send out letter
~Nunye C.
03/18/2011

Jersey er Registration Application

33



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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change		FOR OFFICIAL USE ONLY Clerk _____ Registration # _____ Office Time Stamp APR 11 2:50 PM NJ STATE TREASURER'S OFFICE
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		
Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, DO NOT complete this form)		
3 Last Name <u>Jackson</u> First Name <u>Seneca</u> Middle Name or Initial <u>B</u> Suffix (Jr., Sr., III) _____		
4 Date of Birth <u>4-10-76</u>		
5 NJ Driver's License Number or MVC Non-driver ID Number <u>00000000000000000000</u>		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) <u>144 Johnson Ave</u>		Apt <u>2nd</u> Municipality <u>Newark</u> County <u>Essex</u> State <u>NJ</u> Zip Code <u>07104</u>
7 Mailing Address if different from above <u>Same</u>		Apt _____ Municipality _____ County _____ State _____ Zip Code _____
8 Last Address Registered to Vote (DO NOT use PO Box) <u>None</u>		Apt _____ Municipality _____ County _____ State _____ Zip Code _____
9 Former Name if Making Name Change <u>None</u>		Day Phone Number (Optional) _____
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party.		
11 Gender <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input 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 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 <u>[Signature]</u> Date <u>11-30-10</u>		
If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____		



New Jersey Voter Registration Application

33

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

**FOR OFFICIAL
USE ONLY**

Clerk

Registration #

Office Time Stamp

NOV 17 PM 2:50

☐ by mail
☒ in person

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

- 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)

3 Last Name Jackson First Name Seneca Middle Name or Initial B Suffix (Jr., Sr., III)

4 Date of Birth 11-10-76

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.

☐ "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

144 Johnson Ave 2nd Newark Essex NJ 07104

7 Mailing Address if different from above Apt Municipality County State Zip Code

Same

8 Last Address Registered to Vote (DO NOT use PO Box) Apt Municipality County State Zip Code

None

9 Former Name if Making Name Change

None

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

Date 11-30-10

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

Name _____ Date _____

Address _____
