



New Jersey Voter Registration Application

76

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

1 Check boxes that apply:		<input checked="" type="checkbox"/> New Registration <input 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
2 Are you a U.S. Citizen? (If No, DO NOT complete this form)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will you be 18 years of age by the next election? (If No, DO NOT complete this form) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Last Name		Normal	First Name	Middle Name or Initial	Suffix (Jr, Sr, III)
4 Date of Birth		03/04/92			
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
31 Edison Ave.		West Orange	Essex	NJ	07052
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					
a. Day Phone Number (Optional) 862-660-5899					
b. E-Mail Address (Optional) normalcharwise@yahoo.ca					
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 checked="" type="checkbox"/> Female <input type="checkbox"/> 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					
Name _____					
Date 03/02/11					
Address _____					



New Jersey Voter Registratic

76

Please print clearly in ink. All information is re

4-1-11

her phone call

OFFICIAL
SEAL ONLY

1 Check boxes that apply: ☒ New Registration ☐ Name Change ☐ Address Change ☐ Signature Upd

2 Are you a U.S. Citizen? ☒ Yes ☐ No (If No, DO NOT complete this form) Will you be 18 years old on or before the next election? (If No, DO NOT)

3 Last Name *Normal* First Name *Charlaine*

4 Date of Birth *03/04/92*

5 NJ Driver's License Number or MVC Non-driver ID Number *at this time, let H.*

6 Home Address (DO NOT use PO Box) *31 Edison Ave.*

7 Mailing Address if different from above

8 Last Address Registered to Vote (DO NOT use PO Box)

9 Former Name if Making Name Change

10 Do you wish to declare a political party affiliation? (Optional)

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

Signature: Sign or mark and date on lines below

Date *03/02/11*

Name *Charlaine*

Address *31 Edison Ave.*

City *Edison*

State *NJ*

Zip Code *07052*

County *Essex*

or subject form. 34-1

Verify Citizenship

DK

Also NJ

at this time, let H.



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
Député Superintendent of Elections

01/25/2010

MAYRA J MARINGONZALEZ
12 KOSSUTH ST
NEWARK NJ 07105

Voter ID# 151289299



Dear Mayra,

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.

please can you. delete
the registration I can't
vote because I'm not a
U.S. citizen. please
void the registration than you.

[Handwritten signature: Mayra J. Maringonzalez]

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

Superintendent of Elections

151289299



MAYRA J MARINGONZALEZ
12 KOSSUTH ST
NEWARK NJ 07105



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 _____	
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 (Jr., Sr., III)		Registration #
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"/>							Office Time Stamp
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"/>				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	<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? <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 | |

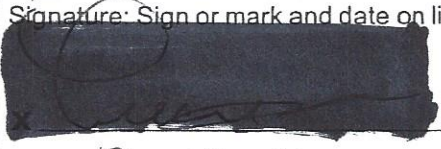
For further information visit www.NJElections.org or call toll-free 1-877-NJVOTER (1-877-658-6837)



New Jersey Voter Registration Application

33

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

1 Check boxes that apply: <input checked="" 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 _____ APR 12 PM 2:24 STATE OF NEW JERSEY DEPARTMENT OF TREASURY DIVISION OF ELECTIONS	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)							
3 Last Name <u>Jean</u>		First Name <u>Lucier</u>		Middle Name or Initial <u>L</u>	Suffix (Jr., Sr., III)		
4 Date of Birth <u>9/29/60</u>							
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>81 Union Ave.</u>				Apt. <u>2G</u>	Municipality	County <u>Essex</u>	State <u>NJ</u> Zip Code <u>07111</u>
7 Mailing Address if different from above <u>81 Union Ave.</u>				Apt. <u>2G</u>	Municipality	County <u>Essex</u>	State <u>NJ</u> Zip Code <u>07111</u>
8 Last Address Registered to Vote (DO NOT use PO Box) <u>25 Elm Place</u>				Apt. <u>1</u>	Municipality	County <u>Essex</u>	State <u>NJ</u> Zip Code <u>07111</u>
9 Former Name if Making Name Change <u>N/A</u>				a. Day Phone Number (Optional) <u>862-763-7092</u> b. E-Mail Address (Optional) <u>N/A</u>			
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <input checked="" type="checkbox"/> No, I do not wish to be affiliated with any political party. (Optional)							
11 Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> 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  Date <u>3-15-17</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.

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

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



New Jersey Voter Registration Application

33

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

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input 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	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)	
3 Last Name <u>Jean</u>	First Name <u>Lucier</u>	Middle Name or Initial <u>L</u>	Suffix (Jr., Sr., III)
4 Date of Birth <u>9/29/60</u>			Registration #
5 NJ Driver's License Number or MVC Non-driver ID Number			Office Time Stamp
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
<u>81 Union Ave.</u>	<u>2G</u>		<u>Essex NJ 07111</u>
7 Mailing Address if different from above	Apt.	Municipality	County State Zip Code
<u>81 Union Ave.</u>	<u>2G</u>		<u>Essex NJ 07111</u>
8 Last Address Registered to Vote (DO NOT use PO Box)	Apt.	Municipality	County State Zip Code
<u>25 Elm Place</u>	<u>1</u>		<u>Essex NJ 07111</u>
9 Former Name if Making Name Change		a. Day Phone Number (Optional) <u>862-763-7092</u>	
<u>N/A</u>		b. E-Mail Address (Optional) <u>N/A</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 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		If applicant is unable to complete this form, print the name and address of individual who completed this form.	
<u>[Signature]</u>		Name _____	
Date <u>3-15-17</u>		Date _____	
		Address _____	

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering information required by section 5, or the information you provide cannot be current and valid photo ID, or a document with your name and current address at the polling place.

Note: ID Numbers are Confidential and will not be released by any agency. Numbers illegally shall be subject to criminal penalties.

- 6) If you are homeless, you may complete section 6 by providing a current address at your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated. Section 10 is OPTIONAL and will not affect the acceptance of your registration.

Need More Information? Check boxes below if you would like to receive:

- ☐ voting by mail ☐ polling place access
☐ 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)

No A Citizen



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

CATHERINE HOMERE
641 LINCOLN AVE Apt/Unit#53
ORANGE NJ 07050

03/21/2007

Dear CATHERINE HOMERE:

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

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

1 Check boxes that apply

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

STOP *If you check "No" in either box DO NOT COMPLETE THIS FORM

2 Check boxes that apply

☐ 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)

3 Last Name Homere Homere First Name Catherine Middle Initial U Suffix U

4 Street Address (where you live) 641 Lincoln Avenue Apartment # 53
 Municipality (town/city) Orange N.J. County Essex Zip Code 07050

5 Complete only if different from address above

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

6 Date of Birth Month 1 | 2 Day 2 | 5 Year 9 | 7 | 3

7 Telephone Number (optional) _____ Area Code _____

8 Last Name 150150392 First Name _____ Middle Initial _____ Suffix _____
 Apartment # _____
 State _____ Zip Code _____

150150392
 CATHERINE HOMERE
 641 LINCOLN AVE Apt/Unit#53
 ORANGE NJ 07050

9 OR Only the last four numbers of your Social Security # _____

10 Declaration

I swear or affirm that:

- I am a U.S. Citizen.
- I will be at least 18 years old on or before the next election.
- I live at the above address.
- 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 up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.

X _____ Signature / Mark Date 1/22/07

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

Name _____
 Address _____
 Municipality (town/city) _____ State _____ Zip Code _____

FOR OFFICE USE ONLY

Clerk _____
 Registration # _____
 Office Time Stamp JAN 9 P 1:20
☒ by mail ☐ in person



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

09/20/2007

JANEL LOISIL
91 PROSPECT ST
EAST ORANGE NJ 07017

Voter ID# 150244661



Dear JANEL LOISIL:

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 _____

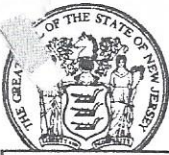
Please respond to this letter no later than _____ so that voter registration will be in order for the _____ election.

If you have any questions, you may contact this office at 973 621-1820.

Thank you for your attention on this matter.

Sincerely Yours,

Superintendent of Elections



New Jersey Voter Registration Application

82

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

1 Check boxes that apply: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <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 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)				Clerk
3 Last Name <u>Loisil</u>		First Name <u>JANEL</u>		Middle Name or Initial	Suffix (Jr., Sr., III)		Registration #	
4 Date of Birth Month <u>01</u> Day <u>07</u> Year <u>1964</u>							Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID Number <u>L6183 38400 01642</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>6024</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>91 Prospect Street</u>		Apt <u>11</u>	Municipality <u>Essex</u>	County <u>ESSEX</u>	State <u>NJ</u>	Zip Code <u>07017</u>	8-27-07 CR. <input checked="" type="checkbox"/> by mail <input type="checkbox"/> in person	
7 Mailing Address if different from above <u>91 Prospect Street</u>		Apt <u>11</u>	Municipality <u>Essex</u>	County <u>ESSEX</u>	State <u>NJ</u>	Zip Code <u>07017</u>		
8 Last Address Registered to Vote (DO NOT use PO Box) <u>91 Prospect Street</u>		Apt <u>11</u>	Municipality <u>Essex</u>	County <u>ESSEX</u>	State <u>NJ</u>	Zip Code <u>07017</u>		
9 Former Name if Making Name Change								
10 Do you wish to declare a political party affiliation? (Optional) <input checked="" type="checkbox"/> Yes, the party name is <u>DEMOCRAT</u>				<input 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								
Date <u>8-23-07</u>				<u>07</u> <u>11</u>				



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

MARTHA M MANOSALVAS
228 CORTLANDT ST Apt/Unit#1
BELLEVILLE NJ 07109

03/22/2007

Dear MARTHA M MANOSALVAS:

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.

(973) 621-1820

Sincerely Yours,

Superintendent of Elections

New Jersey Voter Registration Application

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

1	Check boxes that apply	I am a U.S. citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* I will be 18 years of age by the next election <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	<div style="border: 2px solid black; padding: 5px; width: 40px; margin: 0 auto;">STOP</div>	*If you check "No" in either box DO NOT COMPLETE THIS FORM
2	Check boxes that apply	<input checked="" type="checkbox"/> New Registration (if you are registering for the first time in the county in which you live) <input type="checkbox"/> Address Change (if you are currently registered and have moved within your county) <input type="checkbox"/> Name Change (if you are currently registered in the county in which you live)		
3	Last Name <u>Manosalvas</u>		First Name <u>Martha</u>	
		Middle Initial <u>M.</u>		Suffix
4	Street Address (where you live) <u>228 Cortlandt St Belleville NJ</u>			Apartment # <u>1</u>
		Municipality (town/city) <u>Belleville</u>		County <u>Essex</u>
		Zip Code <u>07109</u>		
5	Complete only if different from address above	Address (where you get your mail) Municipality (town/city) <u>DOB 8-16-75</u> County <u>NJ</u>		
		Zip Code		
6	Date of Birth Month <u>08</u> Day <u>16</u> Year <u>1975</u>	7	Telephone Number (optional) <u>973 450 8741</u>	Area Code <u>973</u>
8	Name and address used for your last voter registration, if applicable	Last Name <u>Manosalvas</u> First Name <u>Martha</u> Middle Initial <u>M.</u> Suffix Address Municipality (town/city) <u>Belleville</u> County <u>Essex</u> State <u>NJ</u> Zip Code		
9	Give one ID # <u>104163525745875</u> OR Only the last four numbers of your Social Security # <u>6212</u>	FOR OFFICE USE ONLY		
10 Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen. <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election. <input checked="" type="checkbox"/> I live at the above address.		Clerk <u>01-27-08</u> Registration # Office Time Stamp 2 P 1 59 PM <input checked="" type="checkbox"/> by mail <input type="checkbox"/> in person		

150151263



MARTHA M MANOSALVAS
 228 CORTLANDT ST Apt/Unit#1
 BELLEVILLE NJ 07109

y (town/city)

State

Zip Code



COMMISSIONER OF REGISTRATION
AND
SUPERINTENDENT OF ELECTIONS
COUNTY OF ESSEX

Hall of Records, Room 417, Newark, New Jersey 07102
(973) 621-5061 ----- (973) 621-6464 (fax)

Carmin P. Casciano
Commissioner of Registration
Superintendent of Elections

Kathy V. Sumter Edwards
Deputy Commissioner of Registration
Deputy Superintendent of Elections
February 8, 2006

Manosalvas, Martha
228 Cortlandt St #1
Belleville, N.J. 07109

Dear Essex County Resident:

Your Voter Registration Application is being returned for the following reason(s):

- 1) Must be completed in PEN _____
- 2) See Line #2 - NAME _____
- 3) See Line #5
INCOMPLETE MAILING ADDRESS _____
- 4) See Line #6
MISSING BIRTHDATE _____
- 5) See Line #9
SIGNATURE/DATE
(must use full signature) _____
- 6) UNABLE TO NOTIFY
(insufficient information) _____
- 7) OTHER _____ ☒ You must be a citizen
to vote.

In order to be eligible to vote in the next election, you must complete the NEW
REGISTRATION FORM and return to this office immediately.

Very truly yours,

Carmin P. Casciano

Carmin P. Casciano
Commissioner of Registration
Superintendent of Elections

PS. You have registered to vote and checked off the box that says no for citizenship we are enclosing a copy of it and also a new form, if it was checked off by mistake please fill out the new form and return it.