

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

1 Check boxes	New Registration	Addres	□ Address Change □	Political Party Affiliation	iation	
that apply:	☐ Name Change	Signati	(D	or Non-affiliation Change	hange	
2 Are you a U.S (If No, DO N	Are you a U.S. Citizen? 🖒 Yes 🗹 No (If No, DO NOT complete this form)	Will you (If No,	Will you be 18 years of age by the next elec (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)	Yes □ N	0
3 Last Name	First	Name	170	Middle Name or Initial	Suffix (Jr., Sr., III)	lr., Sr.,
4 Date of Birth	2014/92					
5 NJDriver's Lio	NJ Driver's License Number of MVC Non-driver ID Number	Vumber	If you DO NOT have a NJ	If you DO NOT have a NJ Driver's License or MVC Non-Driver ID provide the lest 4 digits of your Social Security Number	river	
D"I swear or	"I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."	er's Licens	se, MVC Non-driver II	or a Social Security N	lumber."	
6 Home Addre	Home Address (DO NOT use PO Box)	Apt	Municipality West Orange	County	State	Zip Code 07052
7 Mailing Addr	Mailing Address if different from above	Ą	Municipality	County	State	Zip Code
8 LastAddress F	Last Address Registered to Vote (DONOT use POBox)	Apt.	Municipality	County	State	Zip Code
9 Former Nam	Former Name if Making Name Change	a. Da	Day Phone Number (Optional)_	(Optional) 862-66	60	0
		b. E-	Mail Address (Option	E-Mail Address (Optional) Not mil Cherry	5	2
10 Do you wish (Optional)	10 Do you wish to declare a political party affiliation? (Optional)	liation?	☐ Yes, the party name is ☐ No, I do not wish to be	☐ Yes, the party name is	with ar	y polii
11 Gender 12 Female 12 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 indictate offense under any federal or state laws	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	0 = 3 = 4 -	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	Signature: Sign or mark and date on-lines below	W		If applicant is unable to complete this name and address of individual who	e to com of indivi	plete t
1/1				Name		
	THE IN	Date	03/20/11	Address		



N

5 NJ Driver's License Number of MVC Non-driver ID Number Signature: Sign or mark and date on lines below 10 Do you wish to declare a political party affiliation? 4 Date of Birth 11 Gerider 9 Former Name if Making Name Change Are you a U.S. Citizen? ②Yes ②No Last Address Registered to Vote (DO NOT use PO Box) Last Name Mailing Address if different from above Home Address (DO NOT use PO Box) **Q** Female 🔎 "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number." (If No, DO NOT complete this form) that apply: Check boxes □ Male (Optional) Edisonus Please print clearly in ink. All information is rec **New Jersey** I live at the above address
I will be at least 18 years old on or before the next election Declaration - I swear or affirm that:I am a U.S. Citizen Voter Registratic to CHARLINISE MONIL ☑ New Registration
☑ Name Change そうつ・ Willyou be 18 yea U.S. C ☐ Signature Upda ☐ Address Chang A B Apt b. E-Mail Address (Optional) Not mil Charling a. Day Phone Number (Optional)... I am not on parole, probation or serving a sentence due to a conviction for an indial offense under any federal or state laws I will have resided in the State and country at least 30 days before the next election Municipality West Orange Municipality Municipality If you DO CZ ☐ Yes, the party name is No, I do not wish to be affiliated with any political party ID, provide the last 4 digits of your Social Security Number If applicant is uname and add Name Essex County County County Z State State State Zip Code 07052 Zip Code Zip Code JSMP p, subject 1 ∐ by mail ☐ in person Jano Co e Time Stamp SEONLY stration # form.

Address

0



#### 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

01/25/2010

Voter ID# 151289299



MAYRA J MARINGONZALEZ 12 KOSSUTH ST NEWARK NJ 07105

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. de lette

the registration I canet.

vote becouse a Instrot a

Us at cent. please

void The registration Thon you

Sincerely Yours Oner of Registration
Commissioner of Registration
Superintendent of Elections

Superintendent of Elections

MAYRA J MARINGONZALEZ 12 KOSSUTH ST NEWARK NJ 07105



Please print clearly in ink. All information is required unless marked optional.										
1 Check box that apply:				ss Change ture Update			ical Party Affi on-affiliation C			FOR OFFICIAL USE ONLY
	S. Citizen? ☐ Yes ☐ No NOT complete this form)			be 18 years o			ext election?  s form)	Yes ☐ N	No	Clerk
3 Last Name	,	First	Name		М	iddle N	ame or Initial	Suffix	(Jr., Sr., III)	Registration #
4 Date of Birth	mona, C	Day [		ear						Office Time Stamp
	cense Number or MVC Non-d			ID, provide the	e last 4 d	digits of you	License or MVC Non-E ir Social Security Numb	ber.		×
	ress (DO NOT use PO Box)	110 0111	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 (DONOT use PO Box) Apt. Municipality County State Zip Code jumpin person								□ by mail · □ in person ·		
g Former Name if Making Name Change  Day Phone Number (Optional)										
10 Do you wis (Optional)	h to declare a political pa	ırty affil	liation?				ne is o be affiliated		ıy political p	party.
11 Gender  ☐ Female ☐ Male	Declaration - I swear or a I am a U.S. Citizen I live at the above addres will be at least 18 years on or before the next ele	ss old	•	will have resident least 30 day am not on partisentence due to offense under a	s befole, properties	ore the robation onviction	next election or serving a for an indictable	fr m in	audulent regis ne to a fine of nprisonment u	nat any false or stration may subject up to \$15,000, up to 5 years, nt to R.S. 19:34-1
Signature: Sig	n or mark and date on lin	es belo	)W		nam	ne and		lividual	who comple	eted this form.
										ate
X					Add	lress_				
Date										
5) Registrant information current and polling place  Note: ID I	Numbers are Confidentia	s form bene information to the information of the i	oy mail a mation y h your n	and are regis ou provide ca ame and curr e released b	sterir anno ent a y any	ng to vo t be ver address	ote for the first ified, you will be on it to avoid h	e asked aving to	to provide a provide ide	COPY of a ntification at the
6) If you are	nbers illegally shall be su homeless, you may com	1,50		15		ontact	point or the lo	cation	where you	spend most of
your time.  10) You may of section 10	declare a political affiliation ) is OPTIONAL and will no	n or you	u may de	eclare to be u	unaff	iliated,	regardless of	any pric	or party affili	ation. Completing
	nformation? Check box			and the second s			**************************************	and the second second second		

□ polling place accessibility

voting if you have a disability,

including visual impairment

available election materials in

this alternative language:

☐ absentee voting

☐ becoming a poll worker



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

that apply:	□ Signa	ss Change ture Update	or N	itical Party Affil Ion-affiliation C		OFFICIAL SE ONLY		
2 Are you a U.S. Citizen? Q Yes Q No (If No, DO NOT complete this form)		be 18 years of DO NOT c		next election? dis form)		·	Clerk	
3 Last Name Jean First	Name Luc	ner	Middle	Name or Initial	Suffix	(Jr., Sr., III)	- 1	ration #
4 Date of Birth 9/29/60							-77	Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID	Number			s License or MVC Non-D our Social Security Numb		N	N	
		License, MVC Non-driver ID or a Social Security Number.				70		
6 Home Address (DO NOT use PO Box) 8 United Ave.	Apt. 2G	Municipalit	у	County ESSEX	State	Zip Code	N	
7 Mailing Address if different from above	Apt.	Municipalit	У	County	State		200	7
8 Last Address Registered to Vote (DONOT use POBox)	26 Apt.	Municipalit	.,	ESSEX County	いろ State	Zip Code	Obus	
25 Elm Place	7.00	Maritopant	У	ESSEX	NJ	67111	□ by n □ in pe	
9 Former Name if Making Name Change	a Da	y Phone Nu	Phone Number (Optional) 862-763-7092					
N/A		Mail Addres		- 1 / ^	10,	, , , ,		
10 Do you wish to declare a political party affil (Optional)	iation?	Yes, the	e party nan o not wish t	ne is to be affiliated	with an	y political p	arty.	
11 Gender  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 on or before the next election offense under any federal or state laws  Declaration - I swear or affirm that:  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 a fraudulent registration of the serving a sentence due to a conviction for an indictable offense under any federal or state laws  I understand that a fraudulent registration of the serving a sentence due to a conviction for an indictable offense under any federal or state laws							tration up to \$ p to 5 y	may subject 15,000, rears,
Signature: Sign or mark and date on lines belo	W			it is unable to o address of indi				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Date					
Date 3-15-17			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.

h	Need More	Information'	? Check boxes h	selow if you would like to	receive more information a	hout.

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☐ voting by mail	polling place accessibility	available election materials in
☐ becoming a poll worker	voting if you have a disability,	this alternative language:
f	including visual impairment	
AC 127-CET MY TURBS WEREAST NO MEANS AND MARKET AND MAR		



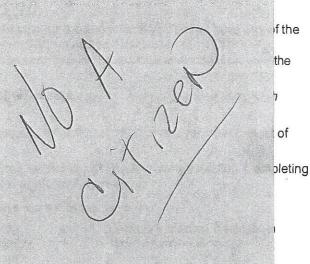
	Please print clearly in it	nk. All in	forma	tion is requir	ed unless	marked option	nal.		Sementario	
1 Check bo that apply	xes New Registration Name Change			ss Change ture Update		litical Party Affil Non-affiliation C		a l	FOR US	OFFICIAL E ONLY
	S. Citizen? Yes No NOT complete this form)			be 18 years of DO NOT co		next election? // is form)	Yes 🗆 t	No	Clerk	
3 Last Name	Jean	First N		ner	Middle I	Name or Initial	Suffix	(Jr., Sr., III)	Regist	ration #
4 Date of Birth	9/29/6	(r)							777	Time Stamp
	icense Number or MVC Non-dr			ID, provide the	ast 4 digits of yo	's License or MVC Non-D our Social Security Numb	oer.		N	
	r affirm that I DO NOT have a I						· · · · · · · · · · · · · · · · · · ·		70	111 12 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1
6 Home Address (DO NOT use PO Box)  8 UNGO AVE  7 Mailing Address if different from above  Apt. Municipalit  Apt. Municipalit						County ESSEX	State	07111	₩ ₩	
	dress if different from above		pt. LG	Municipality	63	County ESSex	State	Zip Code	Mark Mark	** gr
	Registered to Vote (DONOTuse P	O Box) A	pt.	Municipality		County ESSEX	State N.T.	Zip Code	□ by m □ in pe	
25 Elm Place 1 Essex NJ 5711 □inple 9 Former Name if Making Name Change a. Day Phone Number (Optional) 862-763-7092										
	a. Day Phone Number (Optional) 562 763 7842  b. E-Mail Address (Optional) N/A									
10 Do you wis (Optional)	h to declare a political par	ty affiliat	tion?	Yes, the No, I do		ne isto be affiliated v	with an	y political p	arty.	•
11 Gender  ☐ Female  ☐ Male	Declaration - I swear or aff I am a U.S. Citizen I live at the above address I will be at least 18 years on or before the next elec-	s old	a ● I s	t least 30 days am not on parol	before the e, probation a conviction	or serving a for an indictable	fra m im	understand the audulent regise to a fine of a prisonment to both pursua	stration in up to \$1 up to 5 y	may subject 15,000, ears,
Signature: Sign	or mark and date on line	s below	15	ī		t is unable to c address of indi				
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Date 3 - /	15-17	20		1	Address_					
5) Registrants	Instructions for swho are submitting this for required by section 5, or the	orm by r	mail a	nd are regist	eri		To the second of			if the
	valid photo ID, or a docume								)	the
	lumbers are Confidential a bers illegally shall be sub				an .	101	100	10		ל

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

<b>Need More</b>	Information?	Check boxes	below if you would	like to r
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- ☐ voting by mail
- ☐ becoming a poll worker

- opolling place acces
- O voting if you have a including visual imp



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



## 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 HO	DMERE:
5 11	This office is in receipt of your voter registration application. It cannot be accepted

of 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

1		76
. [	Yew Jersey Voter Registration Application	Print clearly in black or blue lnk 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*	eck "No" in either box OMPLETE 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	Homene Homere First Name Catherine	Middle Initial Suffix
4	Street Address (where you live)  6	Apartment # 53 Zip Code
5	Complete Address (where you get your mail)	Apartment #
3	different from address above Municipality (town/city) County	Zip Code
6	Date of Birth 1225999	
0	l ast Name First Name	Middle Initial Suffix
0	150150392	Apartment #
	CATHERINE HOMERE State 641 LINCOLN AVE Apt/Unit#53 ORANGE NJ 07050	Zip Code
*9	OR Only the last four numbers of your Social Security #	FOR OFFICE USE ONLY
10	I swear or affirm that:	Registration # 3
	● 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.  ■ Date	Office Time Stamp
	or serving a sentence due to a conviction for an indictable	RATION SECULO
	offense under any federal or state laws.  I understand that any false this form, print name and of the state laws.  Address	- 100
	may subject me to a fine up to \$1,000, imprisonment up to 5 years or both pursuant to R.S. 19:34-1.  address of individual who completed this form  address of individual who completed this form	by mail in person
		I Laby man Lin porson



### 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 mus
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.
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 621-1820
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 boxe that apply:	es   New Registration  Name Change	-	ss Change ture Update		al Party Af affiliation		)	FOR OFFICIAL USE ONLY
	S. Citizen? Yes No		be 18 years of a DO NOT con			Yes 🔲	No	Clerk
3 Last Name	LoisiL	First Name	EL	Middle Nam	e or Initial	Suffix (	'Jr., Sr., III)	Régistration #
4 Date of Birth	100 mm	ay 0 7 Y	ear 1/96	4				Office Time Stamp
4161/18	ense Number or MVC Non-driv	1161412	If you DO NOT ha	ve a NJ Driver's Licer st 4 digits of your Soc	cial Security Num	iber.	484	
	affirm that I DO NOT have a NJ				cial Security unty	Number		
91 PROSI	ess (DO NOT use PO Box) bect STReet	Apt //	Municipality	E	SSEX	NJ	0701)	8-27-07
FIPROSP		- 11	Municipality	/	unty SSEX	NJ	Zip Code	R.
91 PROSP	Registered to Vote (DO NOT use Po	11	Municipality	E	unty SSEX	State	Zip Code	by mail ☐ in person
g Former Nan	ne if Making Name Chang	е	1	(Optional)	Number 7	3) 5	95	64(811
<b>10</b> Do you wish (Optional)	n to declare a political par	ty affiliation?		party name not wish to	is			al party.
11 Gender  □ Female  □ Male	Declaration - I swear or aff I am a U.S. Citizen I live at the above address I will be at least 18 years on or before the next elect	at s • la old se	will have resided least 30 days arm not on parole entence due to a fense under any	before the next , probation or se conviction for a	election erving a an indictable	frau me imp	dulent regist to a fine of u risonment up	at any false or ration may subject up to \$15,000, o to 5 years, t to R.S. 19:34-1
Signature: Sign	n or mark and date on line	s below		Total administration	M. CORRESPONDED TO THE PROPERTY OF THE PROPERT	STATE OF THE STATE	And the second s	07
Date 8-2	3-07							



## 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				
or 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 order for the election. If you have any questions, you may contact this office at 80 that voter registration election.				
Thank you for your attention on this matter.				

Superintendent of Elections

Sincerely Yours,

Print clearly in black or blue lnk using a ball point pen or marker ☐ Yes ☐ No\* \*If you check "No" in either box I am a U.S. citizen STOP that I will be 18 years of age by the next election Yes No\* DO NOT COMPLETE THIS FORM New Registration (if you are registering for the first time in the county in which you live) Check Address Change (if you are currently registered and have moved within your county) boxes that apply ☐ Name Change (if you are currently registered in the county in which you live) First Name Martho Middle Initial Suffix Last Name M Manosalvas Apartment # Street Address (where you live) 228 Cortand Zip Code County 07109 Apartment # Complete Address (where you get your mail) only if different Zip Code from Municipality (town/city) County address above Telephone Area Code Day Year Month Date Number 6 of Birth 08 7 3 0 (optional) Suffix Middle Initial First Name Last Name Name and address Apartment # used for Address your last voter Zip Code registration, State Municipality (town/city) County if applicable FOR OFFICE USE ONLY Give Only the last four numbers Driver's OR of your Social Security # Lic. # Clerk **Declaration** -Registration # I swear or affirm that: I am a U.S. Citizen. Office Time Stamp I will be at least 18 years old on or before the next election. 01-2700 I live at the above address. MARTHA M MANOSALVAS 228 CORTLANDT ST Apt/Unit#1 BELLEVILLE NJ 07109 Zip Code v (town/city) State by mail



### 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)

Carmine 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

	Essex County Resident: Voter Registration Application is being retu	rned for the follo	wing reason(s):
1)	Must be completed in PEN		
2)	See Line #2 – NAME	Tr.	1
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	39 4	X You must be a citizen to vote.

Very truly yours,

Carmine P. Casciano

Carmine 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.

In order to be eligible to vote in the next election, you must complete the <u>NEW</u>

REGISTRATION FORM and return to this office immediately.