

POLITICAL PARTY AFFILIATION DECLARATION FORM

I, BEING A REGISTERED VOTER AT THE ADDRESS LISTED BELOW, DO HEREBY
DECLARE THAT I DESIRE TO VOTE IN THE PRIMARY ELECTION OF THE
_____ POLITICAL PARTY. _____

(NAME OF PARTY)

DATE

NAME:

LAST

FIRST

MIDDLE

RESIDENCE:

STREET ADDRESS

BLDG/APT.

PO Box #

MUNICIPALITY

ZIP CODE

DATE OF BIRTH

SIGNATURE OR MARK OF REGISTERED VOTER

PHONE #

DECLARATION MUST BE FILED NO LATER THAN 50 DAYS PRECEDING THE PRIMARY IN
WHICH THE VOTER WISHES TO VOTE.

Please complete and mail to the address below:

**Morris County Superintendent of Elections
PO Box 900
Morristown, New Jersey 07960-0900**