CHALLENGED VOTER AFFIDAVIT
(Name Not on Official Challenge List)

_________________________ COUNTY SUPERINTENDENT OF ELECTIONS
_________________________ COMMISSIONER OF REGISTRATION

STATE OF NEW JERSEY
COUNTY OF __________________ ss.

I, __________________, of ____________________

PRINT Voter’s Name Current Address, Apt# Municipality

_________________________ ____________________ ____________________
Zip Ward District Address of Polling Place

being duly sworn according to law, on my oath, deposes and say: I am a duly registered voter at the above address. I am a citizen of the United States, and have resided in this State and in this County for 30 days next before this Election, and not elsewhere. I am now a resident of this Election District; as far as I know and verily believe, I am 18 years of age, and have never been convicted of a crime which would disqualify me as a voter in the State of New Jersey, and in all respects qualified to vote in this Election, in this Election District, that I have not voted elsewhere in this Election and have presented the following current document(s); please check:

1. ___ A valid New Jersey driver’s license
2. ___ A sample ballot with my name and address
3. ___ An official Federal, State, County or Municipal document
4. ___ A utility or telephone bill or tax or rent receipt dated
5. ___ A piece of mail postmarked on or after the 50th day before the day of this Election
6. ___ Other ________________________________

Enter Above Identifying Document(s), Number(s), Address(s), Date(s)

_________________________
Signature of Voter

Sworn and Subscribed before me this __________ day of _______ 20 ___.

_________________________ ____________________
Signature of Judge Signature of Clerk

_________________________
Signature of Inspector

_________________________
Signature of Clerk

White Copy - For District Board to return to Superintendent of Elections/Board of Elections

Canary Copy - For Challenged Voter

Pink Copy - For Challenger

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