

**PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY**  
**100 Signatures Required (N.J.S.A. 19:23-8)**

**PETITION OF NOMINATION FOR THE PRIMARY ELECTION \_\_\_\_\_ PARTY.**  
(Name of Party)

\_\_\_\_\_ **LEGISLATIVE DISTRICT**

To the Honorable Secretary of State: (N.J.S.A. 19:23-6)

Each signer of this petition certifies that the following statements are true:

- 1) I reside in the State of New Jersey in the \_\_\_\_\_ Legislative District;
- 2) I am a qualified voter therein;
- 3) I am a member of the \_\_\_\_\_ party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I indorse the person named as candidate for the nomination to the office of Member of the New Jersey General Assembly; and
- 6) I request that you cause to be printed upon the official primary election ballot of the said party, the name of the candidates listed below; (N.J.S.A. 19:23-7).

**Name of Candidate:**

(Name must appear the same on all petition booklets to be filed.)
Residential Address
City <span style="float: right;">Zip Code</span>
Post Office Address
City <span style="float: right;">Zip Code</span>
Candidate Email Address

**Name of Candidate:**

(Name must appear the same on all petition booklets to be filed.)
Residential Address
City <span style="float: right;">Zip Code</span>
Post Office Address
City <span style="float: right;">Zip Code</span>
Candidate Email Address

Check box if candidates listed are to be bracketed on ballot and their names shall appear on the ballot as indicated. (N.J.S.A 19:14-10, N.J.S.A. 19:14-12)

**ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION**

**SIGNATURE SHEET**

Signature: _____
Name: _____
Residence Address ( <i>Number, Street, City, Zip Code</i> ):

**Petition Filing Deadline:** Before 4 p.m. on April 5, 2021. (N.J.S.A. 19:23-14)