

# ESSEX COUNTY BOARD OF ELECTIONS

Dr. Martin Luther King, Jr. Justice Building  
495 Dr. Martin Luther King, Jr. Blvd., #145  
Newark, New Jersey 07102  
973-621-5070

*Commissioners:*

Bethany O'Toole, *Chairwoman*  
Lee B. Fisher, *Secretary*  
Jimmy Rivera, *Member*  
Quilla Talmadge, *Member*



Nicole Amos  
*Clerk of the Board*

Peter Franzi  
*Deputy Clerk*

Dear Voter:

We received your ballot for the **June 4, 2024 – Primary Election**. Unfortunately, your ballot envelope certificate did not have a signature OR we were unable to verify your signature with that on file.

New Jersey Election Law requires us to compare the signature on your ballot envelope certificate with the signatures on your registration record to verify your identity.

For your ballot to be counted, you must complete and return the **Cure Form**. This form must be received by the Board of Elections either in-person, regular mail (postage paid envelope enclosed) or email, by close of business on **Saturday, June 15, 2024**. If you indicate that you have not voted a ballot, or if you fail to return the form, your ballot will not be counted.

Please be advised that if you return the signed Cure Form, we will update your voter registration record to include this signature. Your prompt response is necessary so your vote can be counted. If the ballot received in your name was not from you, please contact this office immediately.

Sincerely,

A handwritten signature in purple ink, appearing to read "N. Amos", is written over a light blue horizontal line.

Nicole Amos  
Clerk of the Board

BATCH #

CURE FORM

**Instructions:** Return this form signed, along with a copy of your identification, if applicable, in-person, or by mail, email using the contact information below:

**ESSEX COUNTY BOARD OF ELECTIONS  
CURE FORM  
DR. MARTIN LUTHER KING, JR. JUSTICE BUILDING  
495 DR. MARTIN LUTHER KING, JR. BLVD. #145  
NEWARK, NEW JERSEY 07102  
ATTN: NICOLE AMOS, CLERK OF THE BOARD**

**EMAIL:** [cure@clerk.essexcountynj.org](mailto:cure@clerk.essexcountynj.org)

I, \_\_\_\_\_, hereby declare that I submitted my mail-in or provisional ballot. I am verifying my identity by (choose one):

\_\_\_\_ My Drivers License Number is \_\_\_\_\_ or Motor Vehicle Commission Non-Driver ID Number is \_\_\_\_\_; or,

\_\_\_\_ I do not have a Drivers License Number or Motor Vehicle Commission Non-Driver ID Number. The last four digits of my Social Security Number is \_\_\_\_\_; or,

\_\_\_\_ I do not have a Drivers License, Motor Vehicle Commission Non-Driver Identification or Social Security Number, and am attaching a legible copy of a sample ballot which lists my name and address; an official Federal, State, County or Municipal document which lists my name and address; or a utility or telephone bill or tax or rent receipt which lists my name and address; and, I wish to cure the signature deficiency in the record so my ballot can be cast and counted.

\_\_\_\_\_  
(Signature of Voter)

\_\_\_\_\_  
(Date)

BATCH #

CURE FORM

Instructions: Return this form signed, along with a copy of your identification, if applicable, in-person, or by mail, email using the contact information below:

ESSEX COUNTY BOARD OF ELECTIONS
CURE FORM
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495 DR. MARTIN LUTHER KING, JR. BLVD. #145
NEWARK, NEW JERSEY 07102
ATTN: NICOLE AMOS, CLERK OF THE BOARD

EMAIL: cure@clerk.essexcountynj.org

I, \_\_\_\_\_, hereby declare that I submitted my mail-in or provisional ballot. I am verifying my identity by (choose one):

\_\_\_\_\_ My Drivers License Number is \_\_\_\_\_ or Motor Vehicle Commission Non-Driver ID Number is \_\_\_\_\_; or,

\_\_\_\_\_ I do not have a Drivers License Number or Motor Vehicle Commission Non-Driver ID Number. The last four digits of my Social Security Number is \_\_\_\_\_; or,

\_\_\_\_\_ I do not have a Drivers License, Motor Vehicle Commission Non-Driver Identification or Social Security Number, and am attaching a legible copy of a sample ballot which lists my name and address; an official Federal, State, County or Municipal document which lists my name and address; or a utility or telephone bill or tax or rent receipt which lists my name and address; and, I wish to cure the signature deficiency in the record so my ballot can be cast and counted.

(Signature of Voter)

(Date)