

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)