P.O. Box 2006
129 Hooper Avenue
Toms River, NJ 08754-2006

Phone: (732) 929-2167
Fax: (732) 506-5110

Voter ID

Ocean County Board of Elections

SAMPLE LETTER   10/15/2024

Voter Name
Voter Address
Voter City, State and Zip

The Board of Elections has received your voted mail-in ballot for the November 5, 2024 General Election. **Unfortunately, this office was unable to verify your signature with those on file.**

New Jersey Election Law requires us to compare the signature on your ballot envelope with the signatures in your voter registration record to verify your identity. For your ballot to count, we must receive this completed Cure Form before noon on **Saturday, November 16, 2024.** If we do not receive the form by this date, the ballot will be rejected.

Please be advised, if you return the signed Cure Form, we will update your voter registration record to include this signature. We hope you reply soon so your vote may be counted. **If the ballot received in your name was not from you, please contact this office immediately at 732-929-2167.**

Sincerely,

Wyatt Earp

Wyatt Earp, Secretary Commissioner

Instructions: Return this signed form, along with a copy of your identification by email, U.S. mail, in-person or by fax.

Email	**U.S. Mail or In-person**	**Fax**
OCBOECureLetter@co.ocean.nj.us	Ocean County Board of Elections	
Take a picture of this document with your phone and send to the email address above.	129 Hooper Avenue Toms River, NJ 08754	(732)506-5110

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I, Voter Name, declare that I submitted my mail-in ballot. I am verifying my identity by: (choose one)

_____   My Driver's License Number is _____ or;

_____   My Motor Vehicle Commission Non-driver ID Number is _____ or,

_____   I do not have a Driver's License Number or Motor Vehicle Commission Non-driver ID Number.
                 The last 4 digits of my Social Security Number are _____; or,

_____   I do not have a Driver's 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 & address; an official federal, State, county or municipal document which lists my name & address; or a utility or telephone bill or tax or rent receipt which lists my name & address;

I wish to cure the signature deficiency in the record so my ballot can be accepted.

Voter ID

Batch: SM-003-M

_____   _____
(SIGNATURE OF VOTER)   **(DATE)**