

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



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



## Ocean County Board of Elections

Voter ID

Voter Name  
Voter Street  
Voter City, State, Zip

10/10/2025

The Board of Elections has received your voted mail in ballot for the November 4, 2025 General Election.  
**Unfortunately, your ballot envelope did not have a signature.**

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 on or **before 12 noon on Saturday, November 15, 2025.** 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, 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**  
[OCBOECureLetter@co.ocean.nj.us](mailto:OCBOECureLetter@co.ocean.nj.us)  
Take a picture of this document with your phone and send to the email address above.

**U.S. Mail or In-person**  
Ocean County Board of Elections  
129 Hooper Avenue  
Toms River, NJ 08754

**Fax**  
(732)506-5110

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: NS-001-M-2025General

\_\_\_\_\_  
(SIGNATURE OF VOTER)

\_\_\_\_\_  
(DATE)