Official Use Only-Label

Dear Voter,

We received your voted ballot for the 2024 General Election. **We would like you to please updated your 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. Your ballot did count, but we would like you to update your signature so you do not have a problem in the future. We would like you to complete and return the Cure Form below by **4:30pm** on **Saturday, November 16th, 2024**.

Please be advised, if you return the signed Cure Form, we will update your voter registration record to include this signature. If the ballot received in your name was not from you, please contact this office immediately at 609-989-6522.

Sincerely,
Mercer County Board of Elections

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

Mail or In Person	**Fax**	**Email**
Mercer County Board of Elections	609-278-2713	CureLetters@MercerCounty.org
930 Spruce Street		
Lawrence, NJ 08648		

(DO NOT SEPARATE)

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

_____ My Driver License Number is _____ or;

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

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

_____ I do not have a Driver 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;

and, I wish to cure the signature deficiency in the record so my ballot can be cast and counted.

_____   _____
         (Signature of voter)   (Date)