

INSTRUCTIONS / GUIDELINES
PETITION FOR MUNICIPAL CANDIDATE(S)

1. Read Petition carefully and fill in all blank spaces where required.
2. Petitioners must sign in their own handwriting matching the signature in the voter registry records. They must provide their correct residence or post office address in the presence of the Affiant/Circulator. The circulator/witness must sign the inside of the petition and check the line where his/her signature appears.
3. For local elections, the Mayor must file a separate petition from Council.
4. For a joint petition, place the names in the order they are to appear on the ballot.
5. The person in whose presence the Petition was signed MUST be one of the signers of the petition and make an affidavit as Affiant before a notary or other officer authorized by law to take affidavits.
6. The Candidate(s) must sign the Certificate of Acceptance stating that Candidate(s) is/are qualified for the office in the Petition. Candidate must be a registered voter and resident of Salem County one year prior to the date of the next General Election. (Chapter 94 Laws of 1980)
7. The Petition must be signed by legally qualified voters of the State of NJ residing in the County of Salem. The number of signatures needed are in accordance with NJSA 19:23-8, based on total number of ballots cast in each district in the 2021 Primary Election and can be found on www.salemcountyclerk.org website under Election Services/Signatures Needed.
8. No individual shall be eligible to be a Candidate unless individual is a registered voter in that Municipality and or Ward. Individual was or will be a resident of the Municipality and or Ward one year prior to the date of the election and must be 18 years of age or older.
9. This petition must be filed with the Municipal Clerk not later than 4:00pm on the 71st day preceeding the Primary Election.

NOTICE: All candidates are required by law to comply with the provisions of the “New Jersey Campaign Contributions and Expenditures Reporting Act.” For further information, please call the Election Law Enforcement Commission at: 609-292-8700 or toll-free within New Jersey at 1-888-313-ELEC (3532).

**PETITION FOR PRIMARY ELECTION
MUNICIPAL CANDIDATE(S)**

TO: Municipal Clerk

Each signer of this petition certifies that the following statements are true:

- 1) I/we reside in the State of New Jersey in the County of Salem, _____
(Borough/City/Township)
- 2) I/we am/are qualified voters therein;
- 3) I/we am/are a member of the _____ Party;
- 4) I endorse the person hereinafter mentioned as candidate for the nomination for the
office of _____; _____ full term; or _____ year unexpired term
- 5) I/we have not signed any other petition of nomination for the primary or the general election for such office;
- 6) I/we request that you cause to be printed upon the official primary ballot of the said party the name of said person(s) as the candidate(s) for such nomination (N.J.S.A. 19:23-7).

CANDIDATE #1

NAME

RESIDENCE ADDRESS, CITY AND ZIP CODE

Telephone

Email address

CANDIDATE #2

NAME

RESIDENCE ADDRESS, CITY AND ZIP CODE

Telephone

Email address

CANDIDATES REQUEST FOR SLOGAN

The candidate endorsed for the office mentioned in this petition, does hereby request that there be printed below his/her name on the said Primary ticket the following designation:

(Must Not Exceed Six Words)

We, the undersigned, hereby certify that we reside in the above indicated municipality and election district of the State of New Jersey, and that we are qualified voters therein; that we are members of the above indicated Party, and that we intend to affiliate with the said party at the ensuing election; that we endorse the person hereinafter mentioned as candidate for election to the position of Borough/City/Township _____, and that we request that you print upon the official Primary Ballot of said party the name of said person as the candidate for such position; we further certify that the residence and Post Office Address of the said person so endorsed is as above set forth, and that the said person so endorsed is legally qualified under the laws of the State of New Jersey to be elected to said position and is a member of the political party named in this petition.

ALL SIGNERS MUST SIGN AND PRINT NAMES IN COMPLIANCE WITH NJRS 19:23-7, EFF. 01/01/1995

CANDIDATE NAMES: _____

OFFICE: _____

1. _____
Signature

Print Name

Resident Address

City, State and Zip Code

5. _____
Signature

Print Name

Resident Address

City, State and Zip Code

2. _____
Signature

Print Name

Resident Address

City, State and Zip Code

6. _____
Signature

Print Name

Resident Address

City, State and Zip Code

3. _____
Signature

Print Name

Resident Address

City, State and Zip Code

7. _____
Signature

Print Name

Resident Address

City, State and Zip Code

4. _____
Signature

Print Name

Resident Address

City, State and Zip Code

8. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

9. _____
Signature

Print Name

Resident Address

City, State and Zip Code

14. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

10. _____
Signature

Print Name

Resident Address

City, State and Zip Code

15. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

11. _____
Signature

Print Name

Resident Address

City, State and Zip Code

16. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

12. _____
Signature

Print Name

Resident Address

City, State and Zip Code

17. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

13. _____
Signature

Print Name

Resident Address

City, State and Zip Code

18. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

19. _____
Signature

Print Name

Resident Address

City, State and Zip Code

24. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

20. _____
Signature

Print Name

Resident Address

City, State and Zip Code

25. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

21. _____
Signature

Print Name

Resident Address

City, State and Zip Code

26. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

22. _____
Signature

Print Name

Resident Address

City, State and Zip Code

27. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

23. _____
Signature

Print Name

Resident Address

City, State and Zip Code

28. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

29. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

30. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

31. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

32. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

34. _____
Signature

Print Name

Resident Address

City, State and Zip Code

35. _____
Signature

Print Name

Resident Address

City, State and Zip Code

36. _____
Signature

Print Name

Resident Address

City, State and Zip Code

37. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

38. _____
Signature

Print Name

Resident Address

City, State and Zip Code

43. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

39. _____
Signature

Print Name

Resident Address

City, State and Zip Code

44. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

40. _____
Signature

Print Name

Resident Address

City, State and Zip Code

45. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

41. _____
Signature

Print Name

Resident Address

City, State and Zip Code

46. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

42. _____
Signature

Print Name

Resident Address

City, State and Zip Code

47. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

48. _____
Signature

Print Name

Resident Address

City, State and Zip Code

53. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

49. _____
Signature

Print Name

Resident Address

City, State and Zip Code

54. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

50. _____
Signature

Print Name

Resident Address

City, State and Zip Code

55. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

51. _____
Signature

Print Name

Resident Address

City, State and Zip Code

56. _____
Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

52. _____
Signature

Print Name

Resident Address

City, State and Zip Code

57. _____
Signature

Print Name

Resident Address

City, State and Zip Code

CIRCULATOR AFFIDAVIT

I, _____,
(Circulator Printed Name)

being duly sworn upon oath, depose that I saw all the signatures made hereto and that each of the signers signed in his or her own proper handwriting, that each of the said signers is to the best of my knowledge and belief and legal voter in the municipality and election district as stated in this petition and belongs to the political party named in this petition, and that such petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person therein named in order to secure his or her nomination as candidate for the office as stated in this petition.

I further depose that I am registered to vote in the State of New Jersey and I am affiliated with the political party of the candidate named in this position.

STATE OF NEW JERSEY:

SS.

COUNTY OF SALEM

Subscribed and sworn to before me this _____ day of _____ 2021.

(Officer authorized to take oaths in New Jersey)

(Printed name of Officer)

(Commission Expiration Date)

(Signature of Circulator)

(Street Address of Circulator/Witness)

(City, State) (Zip Code)

CANDIDATE CERTIFICATE OF ACCEPTANCE

I or we the undersigned, hereby certify that I or we am/are a resident of and a legal voter in the jurisdiction of the office for which the nomination is made, and that I or we have not signed an acceptance for the Primary nomination or any other petition under this chapter for such office. (R.S. 19:13-8)

Candidate #1

Signature of Candidate

Type or Print Name of Candidate

Candidate #2

Signature of Candidate

Type or Print Name of Candidate

OATH OF ALLEGIANCE

**State of New Jersey
County of Salem**

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God.

Sworn and subscribed to before me this

_____ day of _____ 20____.

(Signature of Candidate #1)

(Notary, Attorney, or Officer taking Oath)

**State of New Jersey
County of Salem**

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God.

Sworn and subscribed to before me this

_____ day of _____ 20____.

(Signature of Candidate #2)

(Notary, Attorney, or Officer taking Oath)