



# Morris County Board of Elections

Administration & Records Building, 2<sup>nd</sup> Floor  
P.O. Box 900  
Morristown, NJ 07963-0900

## Board Commissioners

John J. Murphy, Chairman  
Laurie Fierro Brownstein, Secretary  
Matthew B. Clarkin  
Diana S. Rochford

## Administrator

Dale A. Kramer

973-285-6715 Office

973-285-5208 Fax

Date:

Re: Letter to Voter to Cure A Signature Deficiency

Dear Voter,

We received your voted ballot for the 2020 General Election. New Jersey Election Law requires us to compare the signature the signature on your ballot envelope with the signatures in your voter registration record to verify your identity.

**Unfortunately, your ballot envelope**

1. Did not have a signature - OR - 2. We were unable to verify your signature with those on file.

Thus, your ballot has been rejected.

You may correct this signature deficiency and have your ballot counted, by completing, signing, dating and returning this Cure Form. A postage paid envelope addressed to the Board of Elections is enclosed for you to use to return the form.

**This form must be received by the Board of Elections in-person, by fax, by email or by mail no later than Tuesday, November 17, 2020 at 2:00 p.m.** If you fail to return the form, we will not count the ballot.

Please be advised that if you complete, sign, date, and return this 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.

Sincerely,

**Morris County Board of Elections**

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

**Mail or In Person**

Board of Elections  
10 Court Street, 2<sup>nd</sup> Floor  
PO Box 900  
Morristown, NJ 07960

**Fax**

973-285-5208

**Email**

elections@co.morris.nj.us

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

\_\_\_\_\_ My Driver License Number is \_\_\_\_\_ or

\_\_\_\_\_ 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 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.

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(Signature of Voter)

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(Date)