STATE OF NEW JERSEY

VOLUNTARY FORM OF FIREARMS REGISTRATION

(To register a firearm, all questions must be answered)

This is a three-part form — Type or press firmly with ball point pen — If internet form, make & sign three copies

Should you have questions regarding this form, contact the Firearms Investigations Unit, New Jersey State Police, P.O. Box 7068, West Trenton, NJ 08628-0068, (609) 882-2000, ext. 2665

OWNER INFORMATION:

Name (Last, First, Middle) _____ Soc. Sec. No. _____

Resident Address: Number & Street _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Home Phone _____ (Area Code) Work Phone _____ (Area Code)

Firearms Purchasers I.D. Card No. (If Applicable) _____ Driver's License No. & State _____

FIREARMS INFORMATION (One form per firearm registered):

Manufacturer _____ Model _____

Serial Number _____ Caliber or Gauge _____

Type: ☐ Pistol ☐ Rifle ☐ Revolver ☐ Shotgun

Other Marks of Identification _____

SOURCE FROM WHICH YOU OBTAINED FIREARM:

Name (Last, First, Middle) _____

Resident Address: Number & Street _____

City _____ State _____ Zip _____

Date Acquired _____

Were you a resident of NJ when you acquired this firearm? ☐ Yes ☐ No

Was firearm acquired through a will? ☐ Yes ☐ No

Death of next kin? ☐ Yes ☐ No

Was firearm acquired in N.J.? ☐ Yes ☐ No

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking only and is considered confidential.)

_____

Signature of owner of firearm being registered *Date*

White - To be mailed to Superintendent of State Police, Box 7068 - Data Reduction Unit, P.O. Box 7068, West Trenton, N.J. 08628-0068

Yellow Copy - To Chief of Police, Municipality where you reside

Pink Copy - Owner's Copy

S.P. 650I (Rev. 09/03)