

## 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. 2060 or 2061

## **OWNER INFORMATION:**

Name (Last, First, Middle)	Soc. Sec. No
Resident Address: Number & Street	
City	State Zip
Date of Birth Age Home Phone	Work Phone
	Driver's License No. & State
FIREARMS INFORMATION (One form per firearm regist	ered):
Manufacturer	Model
Serial Number	Caliber or Gauge
Type: Pistol Rifle Revolver Shotgun	
Other Marks of Identification	
SOURCE FROM WHICH YOU OBTAINED FIRE  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.)
S	ignature of owner of firearm being registered Date