



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) 584-5051, ext. 5620*



**OWNER INFORMATION:**

Name (Last, First, Middle) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Resident Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code 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