



Elizabeth ID Application

Card Application Type and Fees (Check and Circle One)

- ☐ New/Renewal (\$15) ☐ New/Renewal: (\$7) (over 62 yrs.; Veteran; Youth under 18 yrs. or disabled)
☐ Card Change (\$7) ☐ Lost, Stolen or Damaged (\$10) ☐ Fee Waiver (New/Renewal)

Applicant Information

1). First Name: _____	2). Middle Initial: _____	3). Last Name: _____
4). Is this your Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, 5). Legal Name: _____	
6). Date of Birth: (mm/dd/yyyy) ____/____/____	7). Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Designated	
8). Height ____ Feet ____ Inches	9). Eye Color: _____	
10). Current Street Address: _____		FL/Apt: _____
City: _____	State: _____	ZIP Code: _____
11). Home Phone: _____		12). Cell Phone: _____
13). Email address: _____		

14). Care Address: Authorized use of address by City Agency, hospital, private/public shelter, nonprofit organization, or religious institution serving homeless or domestic violence survivors in Elizabeth, NJ

ONLY IF the above address is a "Care of Address": Name of Organization: _____

15). Emergency Contact (optional)

Name of Emergency Contact to appear on the card: _____

Relationship: _____	Address: _____		
City: _____	State: _____	ZIP Code: _____	Phone: _____

16). Certification

Certification: I affirm that I live in the City of Elizabeth, NJ, I am at least 14 years of age and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I agree to an inquiry conducted by the City of Elizabeth, NJ to verify and confirm the information that I have submitted. I also acknowledge that submission of false documents to obtain an Elizabeth Municipal Identification Card is a violation of City Ordinance 4776 and punishable by law.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

GUARDIAN SIGNATURE (if applicable)

17). Language

Language preference (if not English): _____ Fee Waiver Authorized: ☐ Yes ☐ No

Official Use Only Do Not Fill out the Section Below

Application Date: ____/____/____ Application Number: _____ Initials: _____



City of Elizabeth Municipal Identification Program Terms and Conditions

As a City of Elizabeth Identification cardholder, I understand that:

- The Elizabeth ID Card (EMID) is solely available to residents of the City of Elizabeth, NJ.
- EMID is issued to assist in the identification of the valid cardholder for the purposes of obtaining services from the City of Elizabeth and at the discretion of businesses within the City of Elizabeth.
- Upon application, EMID also serves as a library card for the Elizabeth Public Library.
- EMID card is valid for a term of 2 years from the date of issuance.
- EMID is non-transferable.
- The cardholder is responsible for paying any replacement fee when an EMID is lost, stolen, confiscated or intentionally damaged, or when any information is changed at cardholder's request.
- Cardholder should notify the City of Elizabeth immediately if the card is lost or stolen.
- Relocation of residency outside of the City of Elizabeth invalidates the card and the card shall be returned to the City for destruction.

All applicants must meet the following criteria to apply for the Elizabeth Municipal card

- Validation and verification process using the below 6-point system
- Requires at least 4 points to prove identity and 2 points to prove residency in Elizabeth, NJ
- Minimum age to apply is 14 years' old

ALL DOCUMENTS MUST BE ORIGINAL

Four (4) Points – Identity U.S. or Foreign Passport or citizenship papers State of N.J. Motor Vehicles Driver's License or Identification Card with photo. U.S. Lawful Permanent Resident Card U.S. Employment Authorization Card Elizabeth ID (Applicants may rely on a current or expired municipal ID card to prove identity to obtain a new one.)	One (1) point - Identity U.S. individual taxpayer identification number (ITIN) authorization letter Certificate of marriage or dissolution/divorce of, domestic partnership, civil union, Written verification issued by a family member, church, hospital, health care, social service or homeless shelter.
Three (3) points - Identity Foreign Consular ID Card with photograph National Identification card (Must have photo, name, address, DOB and expiration date). U.S. Public Benefits Card (EBT, Medicaid, SNAP, etc.) Release Letter from Prison/Discharge papers	Two (2) points- Proof of Residency in Elizabeth, NJ State of N.J. Motor Vehicles Driver's License or Identification Card with photo and Elizabeth address Foreign Consular ID Card with photograph//residency Utility, cable or phone bill* Bank account statement* Hospital or health care bill* Current residential property lease Current mortgage payment receipt Juror summons, court order or legal document issued by federal, state or municipal court or agency* Proof of a minor enrolled in school in Elizabeth, NJ. *
Two (2) points - Identity U.S. or Foreign military identification card Photo ID issued by an accredited U.S. educational institution U.S. school transcript from high school or post-secondary school Certified Copy of US or Foreign Birth Certificate Proof of a minor enrolled in U.S. public or private school U.S. Employee/Union Identification Card Non-N.J. Driver's License Expired license or passport (maximum 3 years from expiration date) U.S. Social Security Card Medicare card	One (1) point - Proof of Residency in Elizabeth, NJ Insurance bill* Employment pay stub* Local property tax statement (dated within one year of submission) Tax Returns from most immediate tax year Written verification from an Elizabeth hospital, clinic, social service agency, city funded shelter or family member attesting applicant is an Elizabeth resident. <i>*Proof must be from the past three months and include the applicant's name and address.</i>