



New Jersey Judiciary  
Supreme Court of New Jersey  
Board of Bar Examiners

Roll of Attorneys of the State of New Jersey

Instructions: All fields must be completed. Original handwritten signatures in Part 1 and Part 2 are required. Mail completed, original document to either address listed at: <https://www.njbarexams.org/contact>. Keep a copy for your record.

Part I – Roll of Attorneys of the State of New Jersey

Sign and print your name as you will use it in the practice of law.

- a) Applicant ID: \_\_\_-\_\_\_-\_\_\_-\_\_\_-20\_\_\_  
(Zero-fill from left as needed; enter the last two digits of year you take the oath)
- b) Print: \_\_\_\_\_  
First Middle Last  
Signature: \_\_\_\_\_

- c) Primary Mailing Address (for internal use only and must be verified/updated via Attorney Registration and Payment system; include business address if applicable):

Street Address

City State Zip Code

County (NJ Residents Only) Date of Birth: \_\_\_\_\_

Part II – Attorney’s Oath

Complete this section after you have taken the attorney’s oath.

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people; and that I will perform the duties of an attorney at law faithfully, impartially, and justly, to the best of my ability.

Dated: This \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Signed: \_\_\_\_\_

To be completed by individual authorized to administer the oath:

I hereby certify that I am authorized to administer oaths and that the foregoing oath, taken by the above person, was formally administered by and subscribed to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Printed Name, Title (and Attorney ID, if applicable)

For completion by NJ Board of Bar Examiners:

Admission Date: \_\_\_\_\_