



New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership
- pre-register to vote if you are 16 or 17 years of age

To register you must:

- be a US citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Elections.

This form must be received no later than **10 days before the election** you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

বাড়ি আপনি এই ফর্মটি বাংলাদেশে পৌঁছে চান তাহলে 1-800-367-8683 নম্বরে কোল করুন

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

Qualifications

1 Are you a citizen of the U.S.? Yes No
If you answer *No*, you cannot register to vote.

2 A) Will you be 18 years of age or older on or before election day? Yes No
B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? Yes No
If you answer **No** to both of the prior questions, you cannot register to vote.

For board use only

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information

Items 5, 6 & 7 are optional

4 Birth date M M / D D / Y Y Y Y
5 Gender
6 Phone - -
7 Email

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code
City/Town/Village _____
New York State County _____

The address where you receive mail

Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code
City/Town/Village _____

Voting history

10 Have you voted before? Yes No
11 What year?

Voting information that has changed

Skip if this has not changed or you have not voted before

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification

You must make 1 selection

For questions, please refer to *Verifying your identity* above.

13 New York State DMV number
 Last four digits of your Social Security number x x x - x x -
 I do not have a New York State driver's license or a Social Security number.

Political party

You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14 I wish to enroll in a political party
 Democratic party
 Republican party
 Conservative party
 Working Families party
 Other _____
I do not want to enroll in any political party and wish to be an independent voter
 No party

16 **Affidavit: I swear or affirm that**
• I am a citizen of the United States.
• I will have lived in the county, city or village for at least 30 days before the election.
• I meet all requirements to register to vote in New York State.
• This is my signature or mark in the box below.
• The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Optional questions

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

Sign _____
Date _____

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

Albany 260 S. Pearl St. Albany, NY 12202 (518) 487-5060	Alliagan 8 Villiers Ave. Belmont, NY 14813 (585) 288-9294	Columbia 401 State St. Hudson, NY 12534 (607) 753-5032	Delaware 97 Main St. Dillon, NY 13753 (607) 832-5321	Dutchess 112 DeLafield Street, Suite 200 157 Genesee St. Auburn, NY 13021 (315) 253-1285	Chautauque 7 North Erie St. Buffalo, NY 14202 (716) 858-8891	Essex 7551 Court St. PO Box 588 Elizabethtown, NY (607) 737-5475	Chemung 378 South Main St. PO Box 588 Elizabethtown, NY (607) 737-5475
Clinton City Government Ctr. 2714 St. Hwy 29 Ste. 104 Plattsburgh, NY 12901 (518) 565-4740	Genesee County Building #1 15 Main St. Hudson, NY 12534 (518) 719-3550	Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	Hamilton Rte. 8 PO Box 175 Lake Pleasant, NY (518) 548-4684	Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	Ontario 7660 N. State St. Lowville, NY 13367 (315) 376-5329
Lewis 355 West Main St. Malone, NY 12953 Ste. 161 (518) 481-1663	Livingston County Govt. Ctr. 6 Court St. Room 104 Genesee, NY 12095 (585) 243-7090	Madison County Office Bldg. 74 Ontario St. Canandigua, NY 14244 (585) 396-4005	Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	Nassau 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-8683	Orsego Box 9 PO Box 9002 Mineral, NY 11501 (516) 571-8683	Oswego 185 E. Seneca St. 12303 (518) 377-2469	Oswego 1000 Erie Blvd West 13204 Troy, NY 12180 (518) 270-2990
Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	Rockland 11 New Hempstead Rd. 3 E. Putney Sq. Beth, NY 14810 (607) 664-2260	Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	Schenectady 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469	Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	Ulster County Office Bldg. 105 9th St., Unit 13 Kingston, NY 12401 (845) 334-5470
Warren City Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456	Washington 383 Broadway Fort Edward, NY 12828 (518) 746-2180	Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400	Westchester 25 Quannapas St. White Plains, NY 10601 (914) 995-5700	Wyoming 4 Ferry Ave. Warsaw, NY 14569 (585) 786-8931	Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135	Schuyler County Office Bldg. 79 Hurley Ave. Kingston, NY 12401 (845) 334-5470	Ulster 79 Hurley Ave. Kingston, NY 12401 (845) 334-5470

(Optional) Register to donate your organs and tissues



If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life*™ Registry online at www.donatelife.ny.gov or complete the form below.

You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

By signing below, you certify that you are:

- 16 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to NYS *Donate Life*™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

Sign	Date

DMV or ID NYC #	
Height	
Gender	
Zip code	

Last name	
First name	
Middle Initial	
Suffix	
Address	
Apt. Number	
City	
Birth date	
Eye color	
Email	