



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

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- 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.

Mail or deliver this form at least **25 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.

বাংলা: আপনি এই ফর্মটি বাংলাতে পেতে 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 Will you be 18 years of age or older on or before election day? Yes No

If you answer *No*, you cannot register to vote unless you will be 18 by the end of the year.

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 / /

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
 Green party
 Libertarian party
 Independence party
 SAM 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)

Ulster
County Office Bldg.
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. 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
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Quappas St.
White Plains, NY
10601
(914) 995-5700

Wyoming
4 Ferry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(845) 334-5470

Scheneca
One D'Elfronio Dr.
Vaterlo, NY 13165
(315) 539-1760

Seneca
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Stauben
3 E. Putney Sq.
Bath, NY 14810
(607) 664-2260

Suffolk
Yaphank Ave.
Yaphank, NY
11980
(631) 852-4500

Sullivan
Gov't. Ctr.
100 North St.
Monticello, NY 12701
(845) 807-0400

Tioga
PO Box 366
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster
284 Wall St.
Kingston, NY 12401
(845) 334-5470

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Warsaw, NY 14569
(585) 786-8931

Yates
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

Albany
32 North Russell Road
New York, NY 10004
(212) 487-5300

Allegany
6 Schuyler St.
Baltimore, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
Auburn, NY 13021
(315) 253-1285

Chautauque
7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung
PO Box 588
Elizabethtown, NY
Elmira, NY 14902
(607) 737-5475

Delaware
3 Gallant Ave.
Delft, NY 13753
(607) 832-5321

Dutchess
47 Cannon St.
Poughkeepsie, NY
12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
751 Court St.
PO Box 217
Elizabethtown, NY
(315) 785-3027

Franklin
355 West Main St.
Malone, NY 12953
(518) 481-1663

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY
12108
(518) 548-4684

Herkimer
109 Mary St.
St. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
5th Fl.
PO Box 9002
Mineral, NY 11501
(518) 571-8683

Nassau
240 Old Country Rd.
Fonda, NY 12068
(518) 853-8180

Montgomery
Old Courthouse
9 Park St.
Albion, NY 14411
(585) 589-3274

Orleans
1412 State Rte. 31
Box 9
Oswego, NY 13126
(315) 349-8350

Oswego
185 E. Seneca St.
Schenectady, NY
12303
(518) 377-2469

Schoharie
266 Hamburg St.
Schoharie, NY 12157
(518) 295-8388

Saratoga
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249

Schenectady
1062 State Rte. 38
PO Box 366
Owego, NY 13827
(607) 687-8261

Schoharie
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

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128 E. Buffalo St.
Ithaca, NY 14850
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Penn Yan, NY 14527
(315) 536-5135

(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.

Date

Sign

Date

Date

Last name

First name

Middle Initial

Suffix

Address

Apt. Number

City

Birth date

MM / DD / YY

Eye color

Height

ft. in.

DMV or ID NYC #

Gender

M F

Zip code

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