



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 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.

যদি আসনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন 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.

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

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

4 More information: Birth date **5** Gender _____
Items 5, 6 & 7 are optional

6 Phone **7** Email _____

8 The address where you live: Address (not P.O. box) _____
Apt. Number _____ Zip code
City/Town/Village _____
New York State County _____

9 The address where you receive mail: Address or P.O. box _____
P.O. Box _____ Zip code
Skip if same as above City/Town/Village _____

10 Voting history: Have you voted before? Yes No **11** What year?

12 Voting information that has changed: Your name was _____
Skip if this has not changed or you have not voted before Your address was _____
Your previous state or New York State County was _____

13 Identification: You must make 1 selection
For questions, please refer to *Verifying your identity* above.

New York State DMV number

Last four digits of your Social Security number

I do not have a New York State driver's license or a Social Security number.

14 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.

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.

15 Optional questions: 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)

New York City
 32 Broadway, 7th Fl.
 New York, NY 10004
 (212) 487-6300

Albany
 260 S. Pearl St.
 Albany, NY 12202
 (518) 487-5060

Allgany
 8 Willets Ave.
 Belmont, NY 14813
 (585) 288-9294

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

Cattaraugus
 3 Gallant Ave.
 Delhi, NY 13753
 PO Box 175
 Lake Pleasant, NY
 (716) 938-2400

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

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

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

Chemung
 378 South Main St.
 PO Box 588
 Elizabethtown, NY
 12932
 (518) 873-3474

Franklin
 355 West Main St.
 Malone, NY 12953
 Ste. 161
 (518) 481-1663

Clinton
 City Government Ctr.
 2714 St. Hwy 29
 (518) 828-3115

Columbia
 401 State St.
 Hudson, NY 12534
 (518) 565-4740

Greene
 411 Main St.
 Ste. 437
 Catskill, NY 12414
 (518) 719-3550

Hamilton
 Rte. 8
 PO Box 175
 Lake Pleasant, NY
 12108
 (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

Nassau
 240 Old Country Rd.
 5th Fl.
 PO Box 9002
 Mineola, NY 11501
 (516) 571-8683

Niagara
 111 Main St.
 Ste. 100
 Lockport, NY 14094
 (716) 438-4040

Livingston
 County Govt. Ctr.
 6 Court St.
 Room 104
 Genesee, NY 12095
 (585) 243-7090

Madison
 County Office Bldg.
 74 Ontario St.
 Canandaigua, NY
 14424
 (585) 396-4005

Orange
 75 Webster Ave.
 PO Box 30
 Canton, NY 13617
 (315) 379-2202

Saratoga
 50 W. High St.
 Ballston Spa, NY
 12020
 (518) 885-2449

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

Osego
 Ste. 2
 140 County Hwy. 33W
 Cooperstown, NY
 13326
 (607) 547-4247

Onida
 Union Station
 321 Main St.
 Carmel, NY 10512
 (845) 808-1300

Schuyler
 County Office Bldg.
 25 Old Route 6
 Watkins Glen, NY
 14891
 (607) 535-8195

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 Quarropas St.
 White Plains, NY
 10601
 (914) 995-5700

Tioga
 1062 State Rte. 38
 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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(Optional) Register to donate your organs and tissues

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

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.



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 NYS Commission of Health upon your death.

Sign _____ Date _____

DMV or ID NYC # _____

Height _____ Ft. _____ In.

Gender M F

Zip code _____

Last name _____

First name _____

Middle Initial _____ Suffix _____

Address _____

Apt. Number _____

City _____

Birth date _____ / _____ / _____

Eye color _____

Email _____