

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.

Verifying your identity

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

If you have a DMV number, you must provide it. If you do not have a DMV number, you must provide the last four digits of your Social Security number. If you have neither, you may provide a valid photo ID, 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.

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

Para obtener este formulario en español, llame al 1-800-367-8683 한국어 양식을 원하시면 1-800-367-8683 번으로 전화하세요 Para sa mabuo na ito sa Tagalog, tumawag sa 1-800-367-8683
 বাংলায় এই ফর্মের জন্য 1-800-367-8683 নম্বরে কল করুন 如需此表格的中文版本, 請撥打 1-800-367-8683 اس فارم کے اردو نسخے کے لیے 1-800-367-8683 پر کال کریں
 ഈ ഫോമം മലയാളത്തിൽ ലഭിക്കാൻ, 1-800-367-8683 എന്ന നമ്പറിൽ വിളിക്കുക

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

Your name

3 Last Name _____ Suffix _____
 First Name _____ Middle Initial _____

More information
 Items 5, 6 & 7 are optional

4 Birthdate

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 one selection. If you have a NY DMV number, you must provide it. For questions, please refer to *Verifying your identity* above.

13 I have a New York DMV number: _____
 I do not have a New York DMV number.
 The last four digits of my Social Security number are: _____ x x x - x x - _____
 I do not have a New York DMV number 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 a mail 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) 487-5300	Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760	Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329	Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	Ulster 79 Hurley Ave. Suite 112 Kingston, NY 12401 (845) 334-5470
Albany 260 S. Pearl St. Albany, NY 12202 (518) 487-5060	Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740	Fulton 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526	Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090	Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	Seneca One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760	Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456
Allegany 8 Willets Ave. Belmont, NY 14813 (585) 266-9294	Columbia 401 State St. Hudson, NY 12534 (518) 828-3115	Genesee County Building #1 15 Main St. Batavia, NY 14020 (585) 815-7804	Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005	Rockland 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172	Steuben 3 E. Fulleney Sq. Bath, NY 14810 (607) 664-2260	Washington 1153 Burgoyne Ave. Fort Edward, NY 12828 (518) 746-2180
Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	Monroe 435 Smith St. Rochester, NY 14608 (585) 753-1550	Orange 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500	Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400
Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400	Delaware 97 Main St. Suite 5 Delhi, NY 13753 (607) 832-5321	Hamilton Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	Orleans 14016 Route 31 West, Ste. 140 Albion, NY 14411 (585) 589-3274	Schenectady 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469	Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400	Westchester 445 Hamilton Ave. 8th Floor White Plains, NY 10601 (914) 995-5700
Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	Dutchess 112 Delaware Street Suite 200 Poughkeepsie, NY 12601 (845) 486-2473	Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	Nassau 240 Old Country Rd. 5th Fl. PO Box 9002 Mineola, NY 11501 (516) 571-8683	Oswego 74 Burner St. Suite 1 Oswego, NY 13126 (315) 349-8350	Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	Tioga 1062 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261	Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931
Chautauque 7 North Erie St. Mayville, NY 14757 (716) 753-4580	Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891	Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	Otsego Ste. 2 140 County Hwy. 33W Coopersstown, NY 13326 (607) 547-4247	Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	Ulster 79 Hurley Ave. Suite 112 Kingston, NY 12401 (845) 334-5470	Yates Ste. 1124 417 Liberty St. 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.



Last name _____
 First name _____
 Middle Initial Suffix _____
 Address _____
 Apt. Number _____ Zip code _____
 City _____
 Birth date | M | | D | | Y | Y | Y | Y | _____
 Eye color _____
 Email _____
 Gender M F
 Height | | Ft. | | | In. | _____
 DMV or ID NYC # _____

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