



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;
- not claim the right to vote elsewhere.

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.state.ny.us

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.

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.

Qualifications

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

4 **Birth date** | M | M | / | D | D | / | Y | Y | Y | Y | **5** **Sex** M F
6 **Telephone (optional)** | | | | - | | | | - | | | | |

The address where you live

7 **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

8 **Address or P.O. box** _____
P.O. Box _____ **Zip code** | | | | | | | |
City/Town/Village _____

Voting history

9 **Have you voted before?** Yes No **10** **What year?** | | | | |

Voting information that has changed
Skip if this has not changed or you have not voted before

11 **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.

12 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
To vote in a primary election, you must be enrolled in one of these listed parties — except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

13 Democratic party
 Republican party
 Conservative party
 Working Families party
 Independence party
 Green party
 Other _____
 I do not wish to enroll in a party

15 **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.

Sign _____
Date _____

Optional questions

14 I need to apply for an Absentee ballot (optional).
 I would like to be an Election Day worker (optional).

GLUE STRIP

Address and stamp this section

Your address



Your County Board of Elections address (select from below)

Remove mailing, fold and seal

New York City
Executive Offices
32 Broadway, 7th Fl.
New York, NY
10004
(212) 487-5300

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
City Government Ctr.
137 Margaret St.
St. 104
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
Batavia, NY 14021
PO Box 284
(585) 344-2550

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

Hamilton
Rte. 8
Lake Pleasant, NY
(518) 548-4684

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

Jefferson
176 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Chemung
378 South Main St.
Elmira, NY 14902
(607) 737-5475

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

Delaware
3 Gallant Ave.
Delhi, NY 13753
(607) 746-2315

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

Essex
7551 Court St.
Elizabethtown, NY
(518) 873-3474

Franklin
355 West Main St.
St. 161
(518) 481-1663

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

Madison
County Office Bldg.
N. Court St.
PO Box 666
(315) 366-2231

Montgomery
Old Courthouse
9 Park St.
Albion, NY 14614
(585) 753-1550

Orleans
County Adm'n. Bldg.
1416 State Rte. 31
Albion, NY 14611
(585) 589-3274

Ontario
74 Ontario St.
Canandigua, NY
1424
(585) 396-4005

Orange
25 Court Lane
PO Box 30
Canton, NY 13617
(315) 379-2202

Saratoga
50 W. High St.
Ballston Spa, NY
(518) 885-2499

Schenectady
388 Broadway, Ste. E
Schenectady, NY
(518) 377-2469

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

Tioga
Court House Annex
56 Main St.
Owego, NY 13827
(607) 687-8261

Tompkins
417 Liberty St.
St. 1124
Warsaw, NY 14569
(585) 786-8931

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

Warren
Cnty. Municipal Ctr.
1340 St. Rte. 9
Lake George, NY
(518) 761-6456

Washington
383 Broadway
Fort Edward, NY
(518) 746-2180

Wayne
157 Montezuma St. Ext.
PO Box 636
Lyons, NY 14489
(315) 946-7400

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

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

Yates
St. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

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Last name _____

First name _____

Middle Initial _____

Address _____

Apt. Number _____

City _____

Birth date / / M / M / M / Y / Y / Y / Y / Y / Y / Y / Y

Eye color _____

Sex M F

Height _____ Ft. _____ In.

Zip code _____

Sign _____

Date _____

- 18 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 DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

By signing below, you certify that you are:

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at www.nyhealth.gov or provide your name and address below. You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

(Optional) Register to donate your organs and tissues

