



# 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](http://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.

সিদ্ধি আপনি এই ফর্মটি বাংলাতে পূরণে চান তাহলে 1-800-367-8683 সম্বন্ধে 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.

## 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

## 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

Signature box

Place  
First-Class  
Stamp  
Here



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Your address

Before mailing,  
remove tape,  
fold and seal

Your County Board of Elections address (select from below)

- Albany**  
32 North Russell Road  
City Government Ctr.  
Sic. 104  
Albany, NY 12206  
(518) 487-5660
- Albany**  
6 Schuylcr St.  
Birmont, NY 14813  
(585) 268-9294
- Allegany**  
112 River St.  
PO Box 1766  
Cortland, NY 13045  
(607) 753-5032
- Broome**  
Government Plaza  
112 River St.  
Cortland, NY 13045  
(607) 753-5032
- Chenango**  
5 Court St.  
Norwich, NY 13815  
(607) 337-1760
- Chemung**  
378 South Main St.  
Elizabethtown, NY  
12932  
(518) 873-3474
- Clinton**  
274 St. Hwy 29  
City Government Ctr.  
Sic. 104  
Pittsburgh, NY 12901  
(518) 565-4740
- Columbia**  
401 State St.  
Hudson, NY 12534  
(518) 828-3115
- Cortland**  
15 Main St.  
Baravia, NY 14020  
(585) 815-7804
- Greene**  
411 Main St.  
Sic. 437  
Catskill, NY 12414  
(518) 719-3550
- Hamilton**  
Rte. 8  
PO Box 175  
Lake Pleasant, NY  
12108  
(518) 548-4684
- Herkimer**  
109 Mary St.  
Sic. 1306  
Herkimer, NY 13350  
(315) 867-1102
- Jefferson**  
175 Arsenal St.  
Watertown, NY 13601  
(315) 785-3027
- Nassau**  
185 E. Seneca St.  
Box 9  
Owego, NY 13126  
(518) 853-8180
- Montgomery**  
Old Courthouse  
Albion, NY 14411  
(585) 589-3274
- Montrose**  
39 Main St. W.  
Rochester, NY 14614  
(845) 360-6500
- Orange**  
75 Webster Ave  
Canton, NY 13617  
(315) 366-2231
- Ontario**  
74 Ontario St.  
Canandaigua, NY  
14824  
(585) 396-4005
- Orangeta**  
1000 Erie Blvd West  
Syraus, NY 13204  
(315) 435-3312
- Onondaga**  
Ned Paterson  
Government Ctr.  
1600 Seneca Ave.  
Troy, NY 12180  
(518) 270-2990
- Putnam**  
25 Old Route 6  
Carmel, NY 10512  
(845) 808-1300
- Rensselaer**  
14891  
(607) 535-8195
- 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.  
Schoharie, NY 12157  
(518) 295-8388
- Tioga**  
1062 State Rte. 38  
PO Box 306  
Owego, NY 13827  
(607) 887-8261
- Tompkins**  
Court House Annex  
128 E. Buffalo St.  
Ithaca, NY 14850  
(607) 274-5522
- Ulster**  
284 Wall St.  
Kingston, NY 12401  
(845) 334-5470
- Warren**  
Cny. Municipal Ctr.  
3rd Floor  
Lunar Sery. 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 Cluntopas 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

## (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](http://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 \_\_\_\_\_

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

Suffix \_\_\_\_\_

Zip code \_\_\_\_\_

Gender  M  F

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.

DMV or ID NYC # \_\_\_\_\_