

# **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

#### Send or deliver this form

Fill out the form below and send it to vour county's address on the back of this form or take this form to the office of your County Board of Flections

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

### 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 formbe sure to tape the sides of the form closed.

1-800-FOR-VOTE (TDD/TTY Dial 711) If we are unable to verify your identity before restored rights of citizenship); Find answers or tools on our website Election Day, you will be asked for ID when not claim the right to vote elsewhere: www.elections.ny.gov you vote for the first time. • not found to be incompetent by a court. Información en español: si le interesa obtener este 中文資料:若您有興趣索取中文資料表格, 한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오. formulario en español, llame al 1-800-367-8683 請電: 1-800-367-8683 1-800-367-8683 লম্বরে ফোল করুল 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 Are you a citizen of the U.S.? ☐ Yes ☐ No 1 If you answer No, you cannot register to vote. Qualifications 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. Last name Suffix Your name 3 Middle Initial First name Gender Birth date 5 More information Items 5, 6 & 7 are optional 6 Address (not P.O. box) Apt. Number Zip code The address where you live City/Town/Village **New York State County** Address or P.O. box The address where you receive mail 9 P.O. Box Zip code Skip if same as above City/Town/Village Yes ■ No Voting history 10 Have you voted before? What year? **Voting information** Your name was that has changed Your address was 12 Skip if this has not changed Your previous state or New York State County was or you have not voted before Identification ■ New York State DMV number You must make 1 selection 13 Last four digits of your Social Security number For questions, please refer to Verifying your identity above. I do not have a New York State driver's license or a Social Security number. I wish to enroll in a political party Affidavit: I swear or affirm that 0 Political party Democratic party • I am a citizen of the United States. 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.

**Optional questions** 

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	Republican party					
	Conservative party					
	Working Families party					
	☐ Green party					
4	Libertarian party					
	Independence party					
	☐ SAM party					
	Other					
	I do not want to enroll in any political party					
	and wish to be an independent voter					

Uther	
I do not want to enroll in any political party and wish to be an independent voter	
No party	

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I need to apply for an Absentee ballot.
I would like to be an Election Day worke

- 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	

## Address and stamp this section

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* * 14121110	
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Your County Board of Elections address (select from below)

fold and seal remove tape, Before mailing,

Your address

**Chemung**378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475 Miagara 111 Main St. Ste. 100 Lockport, NY 14094 Lockport, St. (817) PO Box 217
12932 Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135 **Jefferson** 175 Arsenal St. Watertown, NY 13601 (315) 785-3027 (607) 274-5522 (PO7) 547-4247 | Schoharie | Scho Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 753-4580 **Erie** 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891 54h Fl. PO Box 9002 Mineola, NY 11501 (516) 571-8683 **Неткітет** 109 Mary St. Ste. 1306 Herkimer, ИҮ 13350 (315) 867-1102 1868-987 (888) Flogs 386.386 Rte. 38 306.00 Pto 3867 387-8261 387-8261 (315) 253-1285 Oswego 186 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8360 Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 Auburn, NY 13021 240 Old Country Rd. Cayuga Durchess (716) 938-2400 Cayuga Durchess Cyrle 938-2400 Cayugh Cancon St. Congly Cayugh 6918) 377-2469 Schenectady 2696 Hamburg St. Schenectady, VY 12303 Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180 0078-366 (419) Westchester 25 Quarropas St. YV ising Plains, NY 10801 0073-389 (1919) †89†-8†<u>9</u> (819) **Sullivan** Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400 Rte. 8 PO Box 175 Lake Pleasant, NY 12108 Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274 . (218) 882-2246 **Delaware** 3 Gallant Ave. Delhi, NY 13753 (607) 832-5321 Saratoga 50 W. High St. W. Span Spa, WY 12020 12027 0074-976 (918) 0991-897 (888) Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3650 13163 (315) 366-2231 (315) 366-2231 (315) 360-6200 (327) 323 340-6500 (327) 323 3451 (345) 360-6500 (327) 323 3451 (327) 323 3450 **Suffolk** Yaphank Ave. PO Box 700 Yaphank, NY 11980 60 Hawley St. PO Box 1766 Binghamton, NY 13902 0812-947 (818) Washington 383 Broadway YU ,brawb Errt 12828 12828 County Office Bidg.
N. Court St.
PO Box 666
Wampsville, NY
13163 Genesee County Building #1 15 Main St. Batavia, NY 14020 (585) 815-7804 9007-968 (989) **Bockland** 11 New Hempstead Bd. (845) 638-5172 Columbia 401 State St. Hudson, NY 12534 (518) 828-3115 (607) 664-2260 Ontario 74 Ontario St. Canandaigua, NY 14424 Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294 Madison County Offlice Bldg. Steuben 3 E. Pulteney Sq. Bath, NY 14810 9949-197 (818) 12845 3rd Floor 1340 St. Rte. 9 14 Human Serv. Bldg Med Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990 **Seneca** One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760 Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312 
 Sie, 104
 2714 St. Hwy 29
 6 Court St.

 137 Watgaret St.
 Sie, 1
 Room 104

 Plattsburgh, WY 12901
 Johnstown, WY 12096
 Genseeo, WY 14454

 Flattsburgh, MY 12007
 Gens 174
 Gens 27090
 Fulton 2714 St. Hwy 29 oneida Union Station 321 Main St. 3rd Fl. Utica, VV 13501 Utica, VS 13601 9618-989 (209) Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, UY 14891 14891 355 West Main St. Ste. 167 Malone, NY 12953 Mayone, 1663 **Ulster** 284 Wall St. Kingston, NY 12401 (845) 334-5470 (212) 487-5300 New York, NY 10004 New York City 32 Broadway, 7th Fl.



Date

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### (Optional) Register to donate your organs and tissues

you an opportunity to limit your donation. You will receive a confirmation email or letter, which will also provide If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life  $^{\rm TM}$ Registry online at www.donatelife.ny.gov or complete the form below.

1218) 873-3474

Fmail

Eye color		Height Ft.	·ul   ln		
Birth date   M M / D D // Y Y	7 7 7 7	Gender   M	∃ 🗆	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.	
City					
Apt. Number		əboɔ qiZ			
Address				<ul> <li>authorizing the Board of Elections to pr your name and identifying information</li> </ul>	
kilfu2 lsitinl əlbbiM	xiffu8			<ul> <li>consenting to donate all of your organs and tissues for transplantation, research, or both;</li> </ul>	
First name				16 years of age or older;	
Last name				By signing below, you are:	:

DMV or ID NYC#