

New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New Fill out the form below and send it to your 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;

Send or deliver this form

county's address on the back of this form, or take this form to the office of your County

the election you want to vote in. Your county Willyou do not have a DMV or social security 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 Mail or deliver this form at least 25 days before which you'll fill in below.

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.

formulario en español, llame al 1-			***		
It is a crime to procure	e a fal	se registration or to furnish false information to	the Board of Edestion in blue or black ink.		
Qualifications	1	Are you a citizen of the U.S.?☐ Yes ☐ No	For board use only		
		If you answer <i>No</i> , 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.			
Your name	2	Last name	Suffix		
	3	First name	Middle Initial		
More information	4	Birth date MM / DDD / YDY Y Y Y	Gender		
tems 5, 6 & 7 are option	al 6	Phone - 7	Email		
		Address (not P.O. box)			
The address where you live		Apt. Number Zip code			
	8	City/Town/Village			
		New YorkStateCounty			
The address where		Addressor P.O.box			
The address where you receive mail Skip if same as above	9	P.O.Box Zip code			
		City/Town/Village			
oting 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		Your name was			
		Your address was			
		Your previous stateor New York State County was			
Identification You must make 1 selection 13 For questions, please refer to Verifying your identity above.		☐ New York State DMV numbe			
		☐ Last four digits of your Social Security numbæx 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 yote in a primary election or a political party, a voter mulenroll in that political party, unless state party rules allow otherwise.	14 st	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 ☐ Sig	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 belo. The above information is true, I understand the if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.		
Ontional acceptions		☐ I need to apply for an Absentee ballot.			
Optional questions	15	☐ I would like to be an Election Day worker.	te		

Address and stamp this section

ELECTION MAIL

Place First-Class Stamp Here

Before mailing, remove tape, fold and seal

Your address

	Your County Board of Elections address (select from below)					
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New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300

Albany 32 North Russell Road Albany, NY 12206 (518) 487-5060

Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294

(607) 778-2172

Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400

Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285

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

Chemung 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475

Chen ang o 5 Court St. Norwich, NY 1381 5 (607) 337-1760

Cnty Government Ctr. Fu Ste. 104 27 137 Margaret St. Ste Plattsburgh, NY 12901 Joh (518) 565-4740 (51

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

Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032

Delaware 3 Gallant Ave. Delhi, NY 13753 (607) 832-5321

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

7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474

Franklin 355 West Main St. Ste. 161 Malone, NY12953 (518) 481-1663

Fulton 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526

Genesee County Building #1 15 Main St. Batavia, NY 14020 (585) 815-7804

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. Waterlown, NY 13601 (315) 785-3027

Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329

Geneseo, NY 14454 (585) 243-7090

Madison County Office Bidg. N. Court St. PO Box 666 Wampsville, NY 13 163 (315) 366-2231

Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550

Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180

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

Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765

Onondaga 1000 Erie Blvd We Syracuse, NY 13204 (315) 435-3312

Ontario 74 Ontario St. Canandaigua, NY 14424 (585)396-4005

Orange 75 Webster Ave PO Box30 Goshen, NY10924 (845) 360-6500

Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274

Oswego 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350

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

Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300

Rensselaer Ned Patrison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990

Rockland 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172

St. Lawrence 80 State Hwy 310 Canton, NY 13617 (315) 379-2202

Saratog a 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249

Schenectady 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469

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

County Office Bldg 1059th St., Unit 13 Watkins Glen, NY

14891 (607) 535-8195

Seneca One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760

(607) 664-2260

Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500

Sullivan Gav't.Ctr. 100 North St. PO Bax 5012 Manticella, NY 12701 (845) 807-0400

Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522

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

Warren Cnty, Municipal Ctr. Cnty, Municipal Ctr 3rd Floor Human Serv, Bldg 1340 St. Rte. 9 Lake George, NY

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

Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400

Westchester moasSt.

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

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

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		By signing below, you certify that you are	:	
First name		16 years of age or older;		
Middle Initial Suffix		 consenting to donate all of your organs tissues for transplantation, research, o 		
Address		 authorizing the Board of Elections to provour name and identifying information 		
Apt. Number	Zip code	Donate Life™ Registry for enrollment; • and authorizing the Registry to give access to this information to federally regulated organ		
City		procurement organizations and NYS-lic	ensed	
Birth date MIM / DID / YIYIYIY	Gender ☐ M ☐ F	tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.		
Eye color	Height Ft. In.			
Email	DMV or ID NYC #	Sign	Date	