



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.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.

যদি আসনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে 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 6 & 7 are optional

4 Birth date / / 5 Sex M F

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

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.

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

Optional questions

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



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

Signature and Date fields

Address and stamp this section

Your address



Place
first-class
stamp
here

Remove 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
- Albany**
32 North Russell Road
Albany, NY 12206
(518) 487-5060
- Allegany**
6 Schuyler St.
Baltimore, NY 14813
(585) 268-9294
- Bromme**
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172
- Cattaraugus**
302 Court St.
Little Valley, NY 14755
(716) 938-2400
- Cayuga**
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285
- Chautauque**
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891
- Chemung**
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475
- Franklin**
355 West Main St.
Malone, NY 12953
Ste. 161
(518) 481-1663
- Clinton**
City Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 665-4740
- Chenango**
5 Court St.
Norwich, NY 13815
(607) 337-1760
- Genesee**
County Building #1
15 Main St.
Batavia, NY 14021
(585) 344-2550
- Columbia**
401 State St.
Hudson, NY 12534
(518) 828-3115
- Delaware**
3 Gallant Ave.
Delft, NY 13753
(607) 746-2315
- Greene**
411 Main St.
Catskill, NY 12414
Ste. 437
(518) 719-3550
- Hamilton**
Rte. 8
PO Box 175
Lake Pleasant, NY
(518) 548-4684
- Madison**
County Office Bldg.
N. Court St.
PO Box 666
Warpsville, NY
(315) 366-2231
- Lewis**
7660 N. State St.
Lowville, NY 13367
(315) 376-5329
- Livingston**
County Govt. Ctr.
6 Court St.
Room 104
Genesee, NY 12095
(585) 243-7090
- Montgomery**
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180
- Orleans**
County Adm'n. Bldg.
14012 State Rte. 31
Albion, NY 14411
(585) 589-3274
- Ontario**
74 Ontario St.
Carnadigua, NY
14424
(585) 396-4005
- Onondaga**
1000 Erie Blvd West
Syouse, NY 13204
(315) 435-3312
- Putnam**
25 Old Route 6
Carmel, NY 10512
(845) 808-1300
- Rensselaer**
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(607) 535-8195
- Saratoga**
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249
- Schoharie**
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388
- Schenectady**
388 Broadway, Ste. E
12305
(518) 377-2469
- St. Lawrence**
11 New Hempstead Rd.
3 E. Putney Sq.
Bath, NY 14810
(607) 664-2260
- Rockland**
12845
Lake George, NY
(518) 761-6456
- Schoharie**
County Office Bldg.
56 Main St.
Owego, NY 13827
(607) 687-8261
- Sullivan**
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400
- Tioga**
County Office Bldg.
10611
(914) 995-5700
- Ulster**
County Office Bldg.
284 Wall St.
Kingston, NY 12401
(845) 334-5470
- Warren**
City, Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Watervliet, NY 13165
(315) 539-1760
- 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 Quannapas St.
White Plains, NY
10611
(914) 995-5700
- Wyoming**
4 Ferry Ave.
Warsaw, NY 14569
(585) 786-8931
- Yates**
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135
- Tompkins**
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

(Optional) Register to donate your organs and tissues



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.

By signing below, you certify that you are:

- 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.

Sign	Date

Last name		First name		Middle Initial		Suffix	
Address							
Apt. Number							
City							
Birth date		M		M		M	
Eye color		D		D		D	
Sex		M		M		M	
Height		Ft.		Ft.		Ft.	
Zip code							