



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 আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

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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.

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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.

3

Last name

First name

Suffix

Middle Initial

4

Birth date

M

M

/

D

D

/

Y

Y

Y

Y

5

Sex ☐ M ☐ F

6

Phone

-

-

7

Email

8

Address (not P.O. box)

Apt. Number

Zip code

City/Town/Village

New York State County

9

Address or P.O. box

P.O. Box

Zip code

City/Town/Village

10

Have you voted before? ☐ Yes ☐ No

11

What year?

12

Your name was

Your address was

Your previous state or New York State County was

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.

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I wish to enroll in a political party

☐ Democratic party

☐ Republican party

☐ Conservative party

☐ Green party

☐ Working Families party

☐ Independence party

☐ Women's Equality party

☐ Reform party

☐ Other

I do not wish to enroll in a political party

☐ No party

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☐ I need to apply for an Absentee ballot.

☐ I would like to be an Election Day worker.

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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

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

(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.



Last name		First name		Middle Initial		Suffix	
Address		Apt. Number					
City		Birth date					
Sex		Height		Eye color		In.	

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 NY's-licensed tissue and eye banks and hospitals upon your death.

Sign	Date