



# 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.

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 양식은 원하시면 1-800-367-8683 으로 전화하십시오.

## 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.state.ny.us](http://www.elections.state.ny.us)

## 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.**

**!** 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.

**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** Your name  
Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**4** Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
**6** Telephone (optional) \_\_\_\_\_

**7** The address where you live  
Address (not P.O. box) \_\_\_\_\_ Zip code \_\_\_\_\_  
Apt. Number \_\_\_\_\_  
City/Town/Village \_\_\_\_\_  
New York State County \_\_\_\_\_

**8** The address where you receive mail  
Skip if same as above  
Address or P.O. box \_\_\_\_\_ Zip code \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City/Town/Village \_\_\_\_\_

**9** Voting history  
Have you voted before?  Yes  No What year? \_\_\_\_\_

**11** 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 state or New York State County was \_\_\_\_\_

**12** Identification  
You must make 1 selection  
For questions, please refer to *Verifying your identity* above.  
 New York State DMV number \_\_\_\_\_  
 Last four digits of your Social Security number x x - x x -  
 I do not have a New York State driver's license or a Social Security number.

**13** 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.  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Independence party  
 Green party  
 Other \_\_\_\_\_  
 I do not wish to enroll in a party

**14** Optional questions  
 I need to apply for an Absentee ballot (optional).  
 I would like to be an Election Day worker (optional).

## ! 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.

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Sign

Date

# Address and stamp this section

Your address

Place  
First-class  
stamp  
here



Your County Board of Elections address (select from below)

**NASSAU COUNTY BOARD OF ELECTIONS**  
**240 OLD COUNTRY ROAD - 5th FLOOR**  
**MINEOLA, NEW YORK 11501 - 4250**

<b>New York City</b> Executive Offices 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300	<b>Chenango</b> 5 Court St. Newrich, NY 13815 (607) 337-1760	<b>Lewis</b> 7660 N. State St. Lowville, NY 13367 (315) 376-5329	<b>Oneida</b> Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	<b>Putnam</b> 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	<b>Schuyler</b> County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	<b>Ulster</b> 284 Wall St. Kingston, NY 12401 (845) 334-5470
<b>Albany</b> 32 North Russell Road Albany, NY 12206 (518) 487-5060	<b>Clinton</b> Cnty. Government Ctr. 137 Margaret St. Ste. 104 Plattsburgh, NY 12901 (518) 565-4740	<b>Livingston</b> County Govt. Ctr. 8 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090	<b>Onondaga</b> 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	<b>Rensselaer</b> Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2390	<b>Warren</b> Cnty. Municipal Ctr. 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456	
<b>Allegany</b> 6 Schuyler St. Belmont, NY 14813 (585) 268-9294	<b>Columbia</b> 401 State St. Hudson, NY 12534 (518) 828-3115	<b>Madison</b> County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	<b>Ontario</b> 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005	<b>Rockland</b> 11 New Hemstead Rd. New City, NY 10956 (845) 638-5172	<b>Washington</b> 383 Broadway Fort Edward, NY 12828 (518) 746-2180	
<b>Broome</b> Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	<b>Cortland</b> 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	<b>Monroe</b> 39 Main St. W. Rochester, NY 14614 (585) 753-1550	<b>Orange</b> 25 Court Lane PO Box 30 Goshen, NY 10924 (845) 291-2444	<b>Saratoga</b> 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	<b>Wayne</b> 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400	
<b>Cattaraugus</b> 302 Court St. Little Valley, NY 14755 (716) 938-2400	<b>Delaware</b> 3 Gallant Ave. Dehi, NY 13753 (607) 746-2315	<b>Montgomery</b> Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	<b>Orleans</b> County Admin. Bldg. 14072 State Rte. 31 Albion, NY 14411 (585) 589-3274	<b>Schenectady</b> 386 Broadway, Ste E Schenectady, NY 12305 (518) 377-2469	<b>Westchester</b> 25 Quarropas St. White Plains, NY 10601 (914) 807-0400	
<b>Cayuga</b> 10 Court St. Auburn, NY 13021 (315) 253-1285	<b>Erie</b> 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891	<b>Nassau</b> 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-2411	<b>Oswego</b> 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	<b>Tioga</b> County Office Bldg. 56 Main St. Owego, NY 13827 (607) 687-8261	<b>Wyoming</b> 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931	
<b>Chautauqua</b> 7 North Erie St. Mayville, NY 14757 (716) 753-4580	<b>Essex</b> 7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474	<b>Niagara</b> 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	<b>Schoharie</b> County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	<b>Tompkins</b> Ste. 1124 Court House Annex 126 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	<b>Yates</b> 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, you may enroll in the NYS Department of Health (DOH) *Donate Life*™ Registry online at [www.nyhealth.gov](http://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

Zip code

City

Birth date

Sex  M  F

Eye color

Height

In.

Sign

Date

**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.

