

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
- 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 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 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 中文資料: 若您有興趣索取中文資料表格, 한국어: 한국어 양식을 원하시면

যদি আপনি এই ফর্মটি বাংলাতে পেতে ঢান তাহলে

formulario en español, llame al 1-800-36	7-8683	請電: 1-800-367-8683 1-800-367	-8683	으로 전회	· 하십시오. 1-8	00-367-8683 নশ্বরে যে	ান কৰুন
It is a crime to procure a fa	lse reg	istration or to furnish false information to the Bo	oard (of Elec	tions. F	Please print in blu	e or black ink.
• Overliffications	1	Are you a citizen of the U.S.? Yes If you answer <i>No</i> , you cannot register to vote.] No			For board use onl	У
Qualifications	2	Will you be 18 years of age or older on or before election day?				:	
Your name	3	Last name First name				Suffix Middle Initial	
More information Items 6 & 7 are optional	6	Birth date M M / D D / Y Y Y Y Phone -			ex	□ F	
The address where you live	8	Address (not P.O. box) Apt. Number City/Town/Village New York State County	Zip	code			
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?	Vo_		11	What year?	1 (
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 Cou	ınty v	vas			
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 × × × − × × − □ 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 vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.	14	□ Democratic party □ Republican party □ Conservative party □ Green party □ Working Families party □ Independence party □ Women's Equality party	16	Sign	 I am a citizer I will have liv for at least 3 I meet all rect to vote in Ne This is my si The above ir if it is not tru 	I swear or an of the United State and in the county, ci od days before the equirements to regise and york State. I gnature or mark in a formation is true, I e, I can be convicted and/or jailed for up to	es. ty or village election. ter the box below. understand that ed and fined up
Optional questions	15	☐ I need to apply for an Absentee ballot. ☐ I would like to be an Election Day worker.		Date			

Address and stamp this section

Your address	
	*
	OFFICIAL * * *
	** ELECTION MAIL ** Insuranced by the U.S. Pozzul Senedo: **
	* *

Place First-Class Stamp Here

Before 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. Belmont, NY 14813 (585) 268-9294

Broome 60 Hawley St. PO Box 1766 Binghamton, NY (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. Mavville, NY 14757

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

Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740

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

Cortland 112 River St. Suite 1 Cortland NV

Delaware Delhi, NY 13753 (607) 746-2315

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

Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891

Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663

Fulton 2714 St. Hwy 29

Genesee County Building #1 15 Main St. PO Box 284

(585) 344-2550

(518) 719-3550

Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684

PO Box 217 Elizabethtown, NY 12932 (518) 873-3474

Ste. 1 Johnstown, NY 12095 (518) 736-5526

Greene 411 Main St. Ste. 437 Catskill, NY 12414

Hamilton

Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102

NY 13601 (315) 785-3027

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

Livingston Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090

Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163

(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 1206 (518) 853-8180

Nassau 240 Old Country Rd. 5th Fl. 5th Fl. Mineola, NY 11501 (516) 571-2411

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 West Syracuse, NY 13204 (315) 435-3312

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

Orange 25 Court Lane PO Box 30 Goshen, NY 10924 (845) 291-2444

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

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

(607) 547-4247

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

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

48 Court St. Canton, NY 13617 (315) 379-2202

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

Schenectady 388 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469

(607) 535-8195

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

Steuben 3 E. Pulteney Sq. Bath, NY 14810 (607) 664-2260

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

Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400

Tioga County Office Bldg. 56 Main St. Owego, NY 13827 (607) 687-8261

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

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

Warren

Warren Cnty, Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 12845 (518) 761-6456

Washington 383 Broadway Fort Edward, NY

12828 (518) 746-2180

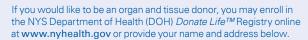
Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400 Westchester

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

Wyoming 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



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 $ M_{\perp} M_{\parallel} / D_{\perp} D_{\parallel} / Y_{\perp} Y_{\perp} Y_{\perp} Y_{\parallel} $	Sex M F
Eye color	Height Ft. In.

By signing	below,
vou 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 procure-ment organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign	Date