



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 5, 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

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 **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

16 **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

Optional questions

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

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)

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

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

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(845) 808-1300

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

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

Stauben
3 E. Putney Sq.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Yaphank Ave.
Yaphank, NY
11980
(631) 852-4500

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

Tioga
1062 State Rte. 38
PO Box 306
Owego, NY 13827
(607) 887-8261

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

Chemung
PO Box 588
Elizabethtown, NY
12932
(518) 873-3474

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

Essex
7551 Court St.
Watertown, NY 13601
(315) 785-3027

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 867-1102

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

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

Orleans
1412 State Rte. 31
Albion, NY 14411
(518) 885-2249

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

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

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

Oswego
Box 9
Oswego, NY 1326
(315) 349-8350

Niagara
111 Main St.
Lockport, NY 14094
(716) 438-4040

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

Madison
County Office Bldg.
74 Ontario St.
Canandigua, NY
14424
(585) 396-4005

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Delaware
3 Gallant Ave.
Delft, NY 13753
Rte. 8
PO Box 175
Lake Pleasant, NY
12108
(518) 548-4684

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

Franklin
355 West Main St.
Malone, NY 12953
Ste. 161
Norwich, NY 13815
(607) 337-1760

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Genesee, NY 12095
(585) 243-7090

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

Clinton
City Government Ctr.
2714 St. Hwy 29
Ste. 104
Plattsburgh, NY 12901
(518) 656-4740

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

Albany
6 Schuyler St.
Baltimore, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Hamilton
109 Mary St.
Ste. 1306
Herkimer, NY 13650
(518) 867-1102

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Last name

First name

Middle Initial

Suffix

Apt. Number

Address

City

Birth date

M | M | M | / | Y | Y | Y | / | D | D | / | Y | Y | Y | Y

Eye color

Height

Ft.

In.

Sex

M F

Zip code

_____-____-____

Address

Middle Initial

Suffix

Apt. Number

Address

City

Birth date

M | M | M | / | Y | Y | Y | / | D | D | / | Y | Y | Y | Y

Eye color

Height

Ft.

In.

Sex

M F

Zip code

_____-____-____

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.

(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.

