

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 ভাহলে 1–800–367–8683 নম্বনে ফোন করুন

It is a crime to procure a fa	lse reg	gistration or to furnish false information to the I	Board	of Elect	ions.	Please print in blue or black in
	1	Are you a citizen of the U.S.? Yes	□ No	-		For board use only
Qualifications	2	Will you be 18 years of age or older on or before election day? Yes If you answer No, you cannot register to vote	□ N e unles		vill be 18 b	by the end of the year.
Your name	3	Last name First name				Suffix Middle Initial
More information Items 6 & 7 are optional	4	Birth date M, M / D, D / Y, Y, Y, Y 5 Sex				
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?				
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 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 	16		 I am a citi I will have for at least I meet all to vote in This is meet. The abovif it is not 	vit: I swear or affirm the izen of the United States. e lived in the county, city or village st 30 days before the election. I requirements to register New York State. ly signature or mark in the box below. le information is true, I understand that true, I can be convicted and fined up 0 and/or jailed for up to four years.
Optional questions	15	I need to apply for an Absentee ballot.		Sign Date		

Election Day worker.

Address and stamp this section

Your address	
	*
	OFFICIAL * * *
	* * ELECTION MAIN ************************************

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 302 Court St. Delhi, NY 13753 Little Valley, NY 14755 (607) 746-2315 (716) 938-2400

Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285

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

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

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

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

51 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474

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

Fulton 2714 St. Hwy 29 Johnstown, NY 12095 (518) 736-5526

Genesee County Building #1 15 Main St. PO Box 284 (585) 344-2550

NY 12414

(518) 719-3550 Hamilton

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

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

(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. otn rl. 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 County Admin. Bldg. 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274

Oswego, NY 13126 (315) 349-8350

Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (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

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

(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

TiogaCounty 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

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) $Donate\ Life^{TM}$ 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	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,
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 procure-ment organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign	Date