**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
- pre-register to vote if you are 16 or 17 years of age

To register you must:
- be a U.S. citizen.
- be 18 years old (or you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

**Questions?**
Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711) to find answers or tools on our website www.elections.ny.gov

**Verify 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.

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**Qualifications**
Are you a citizen of the U.S.?  
Yes ☐  No ☐
If you answer No, you cannot register to vote.

Are you at least 16 years of age and understand that you must be 18 years of age or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked “pending” and you will be unable to cast a ballot in any election.  
If you answer No to both of the prior questions, you cannot register to vote.

**The address where you live**
Address (not P.O. box)
City/Town/Village  
New York State County

**The address where you receive mail**
Address or P.O. box
P.O. Box  
City/Town/Village

**Voting information that has changed**
Have you voted before?  
Yes ☐  No ☐

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.

**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.

**Optional questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ☐</th>
<th>No ☐</th>
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<tbody>
<tr>
<td>I need to apply for an Absentee ballot.</td>
<td></td>
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<tr>
<td>I would like to be an Election Day worker.</td>
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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
By signing below, you certify that you are:

- 16 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 NYS Donate Life™ Registry for enrollment;
- authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

You may revoke your donation at any time by notifying us in writing. If you would like to be an organ and tissue donor upon your death, you will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life™ Registry online at www.donatelife.ny.gov or complete the form below.

Last name
First name
Middle Initial
Suffix
City
State
Zip code
Apt.
Number
Address
E-mail:
Phone:
Birth date
Gender
Eye color
Sign date
DMV or ID NYC #
New York, NY 10004-1609
Tel: 1.212.487.5300 / 1.212.487.5400
Phone Bank: 1.866.VOTE.NYC
E-mail: electioninfo@boe.nyc.ny.us
Web Page: www.vote.nyc.ny.us
345 Adams Street, 4 Fl
Brooklyn, NY 11201
Tel: 1.718.797.8800
118-35 Queens Boulevard, 11th Fl
Forest Hills, NY 11375
Tel: 1.718.730.6730
Staten Island
1 Edgewater Plaza, 4 Fl
Staten Island, NY 10305
Tel: 1.718.876.0079
1780 Grand Concourse, 5 Fl
Bronx, NY 10457
Tel: 1.718.299.9017
Bronx
200 Varick Street, 10 Fl
New York, NY 10014
Tel: 1.212.886.2100
Manhattan
32 Broadway, 7 Fl
Brooklyn
345 Adams Street, 4 Fl
Brooklyn, NY 11201
Tel: 1.718.797.8800
Queens
118-35 Queens Boulevard, 11th Fl
Forest Hills, NY 11375
Tel: 1.718.730.6730
Staten Island
1 Edgewater Plaza, 4 Fl
Staten Island, NY 10305
Tel: 1.718.876.0079
1780 Grand Concourse, 5 Fl
Bronx, NY 10457
Tel: 1.718.299.9017
Bronx
200 Varick Street, 10 Fl
New York, NY 10014
Tel: 1.212.886.2100
Manhattan
32 Broadway, 7 Fl
New York, NY 10004-1609
Tel: 1.212.487.5300 / 1.212.487.5400
Phone Bank: 1.866.VOTE.NYC
E-mail: electioninfo@boe.nyc.ny.us
Web Page: www.vote.nyc.ny.us
Register to donate your organs and tissues
Board of Elections Borough Offices
General Office
32 Broadway, 7 Fl
New York, NY 10004-1609
Tel: 1.212.487.5300 / 1.212.487.5400
Phone Bank: 1.866.VOTE.NYC
E-mail: electioninfo@boe.nyc.ny.us
Web Page: www.vote.nyc.ny.us