



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 (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

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.

বাংলা: আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে কোল করুন

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.

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 Gender _____

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
 Working Families party
 Green party
 Libertarian party
 Independence party
 SAM party
 Other _____

I do not want to enroll in any political party and wish to be an independent voter

No party

Optional questions

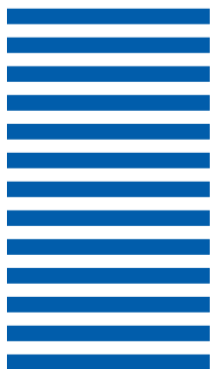
15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

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.

16 Sign _____
Date _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY

POSTAGE WILL BE PAID BY ADDRESSEE

BOARD OF ELECTIONS
32 BROADWAY 7 FL
NEW YORK NY 10275-0067



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

Borough Offices

Manhattan

200 Varick Street, 10 Fl
New York, NY 10014
Tel: 1.212.886.2100

Bronx

1780 Grand Concourse, 5 Fl
Bronx, NY 10457
Tel: 1.718.299.9017

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

(Optional) Register to donate your organs and tissues

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.



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;
- and 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.

Last name	
First name	
Middle Initial	Suffix
Address	
Apt. Number	
City	
Birth date	
Eye color	
Email	
DMV or ID NYC #	
Height	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Zip code	

Sign	
Date	