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 1-800-486-VOTE (TTY Dial 711). Find answers or tools on our website www.elections.state.ny.us

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

中文资料: 若您有興趣索取中文資料請撥打：1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683로 전화 하십시오.

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.

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.

3 Last name First name Suffix

4 Birth date

5 Sex M F

6 Telephone (optional)

7 Address (not P.O. box)

Apt. Number Zip code

City/Town/Village

New York State County

8 Address or P.O. box

P.O. Box Zip code

City/Town/Village

9 Have you voted before? Yes No

10 What year?

11 Your name was

Your address was

Your previous state or New York State County was

12 Identification

You must make 1 selection

For questions, please refer to Verifying your identity above.

☐ 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.

13 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.

☐ Democratic party

☐ Republican party

☐ Conservative party

☐ Working Families party

☐ Independence party

☐ Green party

☐ Other: 

☐ I do not wish to enroll in a party

14 Optional questions

15 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.

☐ I am not in prison or on parole for a felony conviction.

☐ I do not claim the right to vote elsewhere.

☐ I will not vote in any other jurisdiction in the United States.

☐ I am not a candidate for office.

☐ I am not an employee of the Board of Elections.

☐ I do not have a New York State driver’s license or a Social Security number.

☐ I am not a minor.

☐ I will not vote in any other jurisdiction in the United States.

☐ I am not a candidate for office.

☐ I am not an employee of the Board of Elections.

☐ I do not have a New York State driver’s license or a Social Security number.

☐ I am not a minor.

Sign

Date

MOISTEN AND SEAL
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.

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;
- 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

Last name
First name
Address
Apt. Number
Sex M F
City
Height Ft. In.
Suffix
Middle Initial
Apt. Number
Zip code
Birth date
Y Y Y YD D
Sign Date

Board of Elections Borough Offices

General Office
32 Broadway, 7 Fl
New York, NY 10004-1609
Tel: 1.212.487.5300

Borough Offices

Manhattan
200 Varick St., 10 Fl
New York, NY 10014
Tel: 1.212.866.2100

Brooklyn
345 Adams Street, 4 Fl
Brooklyn, NY 11201
Tel: 1.718.797.8800

Queens
126-06 Queens Boulevard
Kew Gardens, NY 11415
Tel: 1.718.730.6730

Staten Island
1 Edgewater Plaza, 4 Fl
Staten Island, NY 10305
Tel: 1.718.876.0079

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

New York, NY 10756-0067
BOARD OF ELECTIONS
2 BROADWAY FL 7
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 339 NEW YORK NY
POSTAGE WILL BE PAID BY ADDRESSEE