



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.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.

! 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No	For board use only
	If you answer <i>No</i> , you cannot register to vote.	

2	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answer <i>No</i> , you cannot register to vote unless you will be 18 by the end of the year.

3	Last name _____	Suffix _____
	First name _____	Middle Initial _____

4	Birth date M M / D D / Y Y Y Y	5	Sex <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	10	What year?
----------	--	-----------	-------------------

11	Your name was _____
	Your address was _____
	Your previous state or New York State County was _____

12	<input type="checkbox"/> New York State DMV number
	<input type="checkbox"/> Last four digits of your Social Security number x x x - x x -
	<input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.

13	<input type="checkbox"/> Democratic party	15	Affidavit: I swear or affirm that		
	<input type="checkbox"/> Republican party				
<input type="checkbox"/> Conservative party					
<input type="checkbox"/> Working Families party					
<input type="checkbox"/> Independence party					
<input type="checkbox"/> Green party					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> I do not wish to enroll in a party					
14	<input type="checkbox"/> I need to apply for an Absentee ballot (optional).			Sign	_____
	<input type="checkbox"/> I would like to be an Election Day worker (optional).				

Optional questions	<input type="checkbox"/> I need to apply for an Absentee ballot (optional).	Sign	_____
	<input type="checkbox"/> I would like to be an Election Day worker (optional).		

MOISTEN AND SEAL

Date	Sign
------	------

- 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.

By signing below, you certify that you are:

Last name		First name		Middle Initial		Suffix	
Address							
Apt. Number				City			
Birth date				Eye color			
Sex		Height					
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Ft. <input type="checkbox"/> In.					
Zip code							



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.

(Optional) 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

Borough Offices

Manhattan
 200 Varick St., 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
 126-06 Queens Boulevard
 Kew Gardens, NY 11415
 Tel: 1.718.730.6730

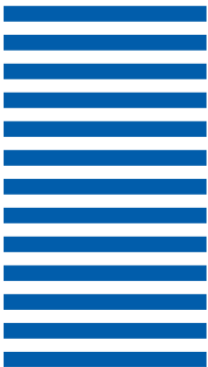
Staten Island
 1 Edgewater Plaza, 4 Fl
 Staten Island, NY 10305
 Tel: 1.718.876.0079



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

POSTAGE WILL BE PAID BY ADDRESSEE

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

