



# 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 US citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

## 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.

This form must be received no later than **10 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](http://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.

বাংলা: আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নাম্বার কল করুন

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.

A) Will you be 18 years of age or older on or before election day?  Yes  No  
B) Are you at least 16 years of age and understand that you must be 18 years of age on 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?  Yes  No  
If you answer **No** to both of the prior questions, you cannot register to vote.

For board use only

Your name 3 Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

More information 4 Birth date 

M	M	/	D	D	/	Y	Y	Y	Y
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 5 Gender \_\_\_\_\_  
6 Phone \_\_\_\_\_ 7 Email \_\_\_\_\_  
Items 5, 6 & 7 are optional

The address where you live 8 Address (not P.O. box) \_\_\_\_\_  
Apt. Number \_\_\_\_\_ Zip code \_\_\_\_\_  
City/Town/Village \_\_\_\_\_  
New York State County \_\_\_\_\_ Select your New York State County \_\_\_\_\_

The address where you receive mail 9 Address or P.O. box \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Zip code \_\_\_\_\_  
Skip if same as above  
City/Town/Village \_\_\_\_\_

Voting history 10 Have you voted before?  Yes  No 11 What year? \_\_\_\_\_

Voting information that has changed 12 Your name was \_\_\_\_\_  
Your address was \_\_\_\_\_  
Your previous state or New York State County was \_\_\_\_\_

Identification 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 14 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.  
**I wish to enroll in a political party**  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Other \_\_\_\_\_  
**I do not want to enroll in any political party and wish to be an independent voter**  
 No party

16 **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 \_\_\_\_\_

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

# Address and stamp this section

Your address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Place  
First-Class  
Stamp  
Here

Before mailing,  
remove tape,  
fold and seal

Your County Board of Elections address (select from below)

**BROOME COUNTY BOARD OF ELECTIONS**  
**PO BOX 1766**  
**BINGHAMTON, NY 13902**

<b>New York City</b> 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300	<b>Chenango</b> 5 Court St. Norwich, NY 13815 (607) 337-1760	<b>Franklin</b> 358 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	<b>Lewis</b> 7680 N. State St. Lowville, NY 13367 (315) 376-5329	<b>Oneida</b> Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	<b>Putnam</b> 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	<b>Schuylar</b> County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	<b>Ulster</b> 79 Hurley Ave. Suite 112 Kingston, NY 12401 (845) 334-5470
<b>Albany</b> 260 S. Pearl St. Albany, NY 12202 (518) 487-5060	<b>Clinton</b> City Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740	<b>Fulton</b> 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526	<b>Livingston</b> County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090	<b>Onondaga</b> 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	<b>Rensselaer</b> Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	<b>Seneca</b> One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760	<b>Warren</b> Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456
<b>Allegany</b> 8 Willets Ave. Belmont, NY 14813 (585) 268-9294	<b>Columbia</b> 401 State St. Hudson, NY 12534 (518) 828-3115	<b>Genesee</b> County Building #1 15 Main St. Batavia, NY 14020 (585) 815-7804	<b>Madison</b> County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	<b>Ontario</b> 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005	<b>Rockland</b> 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172	<b>Steuben</b> 3 E. Fulleney Sq. Bath, NY 14810 (607) 664-2260	<b>Washington</b> 383 Broadway Fort Edward, NY 12828 (518) 746-2180
<b>Broome</b> Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	<b>Cortland</b> 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	<b>Greene</b> 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	<b>Monroe</b> 39 Main St. W. Rochester, NY 14614 (585) 753-1550	<b>Orange</b> 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500	<b>St. Lawrence</b> 80 State Hwy 310 Canton, NY 13617 (315) 379-2202	<b>Suffolk</b> Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	<b>Wayne</b> 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400
<b>Cattaraugus</b> 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400	<b>Delaware</b> 97 Main St. Suite 5 Delhi, NY 13753 (607) 832-5321	<b>Hamilton</b> Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	<b>Montgomery</b> Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	<b>Orleans</b> 14016 Route 31 West, Ste. 140 Albion, NY 14411 (585) 589-3274	<b>Saratoga</b> 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	<b>Sullivan</b> Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400	<b>Westchester</b> 25 Quarropas St. White Plains, NY 10601 (914) 995-5700
<b>Cayuga</b> 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	<b>Dutchess</b> 112 Delafield Street, Suite 200 Poughkeepsie, NY 12601 (845) 486-2473	<b>Herkimer</b> 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	<b>Nassau</b> 240 Old Country Rd. 5th Fl. PO Box 9002 Mineola, NY 11501 (516) 571-8883	<b>Oswego</b> 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	<b>Schenectady</b> 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469	<b>Tioga</b> 1062 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261	<b>Wyoming</b> 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931
<b>Chautauque</b> 7 North Erie St. Mayville, NY 14757 (716) 753-4580	<b>Erie</b> 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891	<b>Jefferson</b> 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	<b>Niagara</b> 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	<b>Otsego</b> Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247	<b>Schoharie</b> County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	<b>Tompkins</b> Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	<b>Yates</b> Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135
<b>Chemung</b> 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475	<b>Essex</b> 7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474						

## (Optional) Register to donate your organs and tissues

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](http://www.donatelife.ny.gov) or complete the form below.

You will receive a confirmation email or letter, 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 | M | | | D | D | | | Y | Y | Y | Y |  
 Eye color \_\_\_\_\_  
 Email \_\_\_\_\_  
 Gender  M  F  
 Height | | Ft. | | | In.  
 DMV or ID NYC # \_\_\_\_\_

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.

Sign \_\_\_\_\_ Date \_\_\_\_\_