



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

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.

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.

বাড়ি আপনার এই ফর্মটি ব্যবহারের ক্ষেত্রে চাপে রাখুন 1-800-367-8683 নাম্বারে 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

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

Your name

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

More information

Items 6 & 7 are optional

4 Birth date M M / D D / Y Y Y Y 5 Sex M F
 6 Phone - - - - - 7 Email _____

The address where you live

8 Address (not P.O. box) _____ Zip code _____
 Apt. Number _____
 City/Town/Village _____
 New York State County _____

The address where you receive mail

Skip if same as above

9 Address or P.O. box _____ Zip code _____
 P.O. Box _____
 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 -
 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.

I wish to enroll in a political party

- Democratic party
- Republican party
- Conservative party
- Green party
- Working Families party
- Independence party
- Women's Equality party
- Reform party
- Other _____

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I do not wish to enroll in a political party

- 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.

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Sign _____

Date _____

REMOVE TO EXPOSE ADHESIVE

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Address and stamp this section

Your address

Place
First-class
stamp
here



Your County Board of Elections address (select from below)

**Before mailing
Remove tape,
fold and seal**

New York City
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
32 North Russell Road
Albany, NY 12206
(518) 487-5060

Allegany
6 Schuyler St.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hewley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285

Chautauque
7 North Erie St.
Mayville, NY 14757
(716) 759-4580

Chemung
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
Cnty Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
112 River St.
Suite 1
Cortland, NY 13045
(607) 753-5032

Delaware
3 Gallant Ave.
Delhi, NY 13753
(607) 746-2315

Dutchess
47 Cannon St.
Poughkeepsie, NY
12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
7651 Court St.
PO Box 217
Elizabethtown, NY
12932
(518) 873-3474

Franklin
355 West Main St.
Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton
2714 St. Hwy 29
Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
PO Box 284
Batavia, NY 14021
(585) 344-2550

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY
12108
(518) 548-4684

Herkimer
109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis
7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Genesee, NY 14454
(585) 243-7090

Madison
County Office Bldg.
N. Court St.
PO Box 666
Warsaw, NY 14614
13163
(315) 366-2231

Monroe
39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau
240 Old Country Rd.
5th Fl.
Mineola, NY 11501
(516) 571-2411

Niagara
111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida
Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Oranoga
1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontonario
74 Ontario St.
Canandaigua, NY
14824
(585) 396-4005

Orange
25 Court Lane
PO Box 30
Goshen, NY 10924
(845) 291-2444

Oswego
County Admin. Bldg.
14012 State Rte. 31
Albion, NY 14411
(585) 589-3274

Saratoga
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249

Schenectady
388 Broadway, Ste. E
Schenectady, NY
12305
(518) 377-2469

Schoharie
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

Schoharie
County Office Bldg.
140 County Hwy. 33W
Cooperstown, NY
13326
(607) 547-4247

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(607) 535-8195

Seneca
One DiPronto Dr.
Watkins, NY 13165
(315) 539-1760

St. Lawrence
48 Court St.
Canton, NY 13617
(315) 379-2202

Sullivan
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga
County Office Bldg.
56 Main St.
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Lake George, NY
12845
(518) 761-6456

Washington
363 Broadway
Fort Edward, NY
12828
(518) 746-2180

Wayne
7376 State Rte. 31
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Ouaropas St.
White Plains, NY
10601
(914) 995-5700

Wyoming
4 Perry Ave.
Watraw, NY 14569
(585) 786-8931

Yates
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Optional) Register to donate your organs and tissues

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.

Last name _____

First name _____

Middle Initial _____ Suffix _____

Address _____

Apt. Number _____ Zip code _____

City _____

Birth date | M | M | D | D | / | Y | Y | Y | Y | Sex M F

Eye color _____ Height _____ Ft. _____ In.

**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;
- 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.

_____ Sign _____ Date _____

