

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

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 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 formbe 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

中文資料: 若您有興趣索取中文資料表格, 한국어: 한국어 양식을 원하시면

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে

Torridiano en espanoi, name ar 1-000-307-0	003	明电·I-000-307-0063	07-0003 23	도 선확 아침스	1-8	৪০০-২০/-৪০৪২ লপ্পরে কোণ করণ	
It is a crime to procure a false	e registr	ation or to furnish false information to the I	Board of E	Elections.	F	Please print in blue or black in	
	1	Are you a citizen of the U.S.?		No		For board use only	
Qualifications	2	Will you be 18 years of age or		No			
		If you answer <i>No</i> , you cannot register to	o vote unl	ess you v	vill be 18	B by the end of the year.	
Vaurnama	3	Last name				Suffix	
Your name	3	First name				Middle Initial	
More information	4	Birth date M M / D D / Y Y	YY	5	Sex	□ M □ F	
ems 6 & 7 are optional	6	Phone Email					
		Address (not P.O. box)					
The address	8	Apt. Number	Zip	code			
here you live		City/Town/Village					
		New York State County					
The address where		Address or P.O. box					
you receive mail	9	P.O. Box	Zip	code			
Skip if same as above		City/Town/Village					
Voting history	10	Have you voted before?	☐ No	_	11	What year?	
Voting information		Your name was					
that has changed Skip if this has not changed	12	Your address was					
or you have not voted before		Your previous state or New York St	ate Coun	County was			
dentification		☐ New York State DMV number	1 1	1 1 1	1 1		
You must make 1 selection	13	☐ Last four digits of your Social Security number					
For questions, please refer to Verifying your identity above.		☐ I do not have a New York State drive	er's license	or a Social Security number.			
Political party		☐ Democratic party	0 /	A ffida	vit: l	swear or affirm tha	
You must make 1 selection		Republican party				United States. ne county, city or village	
To vote in a primary election, you must be enrolled in one		☐ Conservative party☐ Working Families party		for at leas	t 30 days	before the election. ents to register	
of these listed parties — except the Independence Party,	14	☐ Independence party		to vote in	New York		
which permits non-enrolled voters to participate in certain		Green party		The abov	e informat	tion is true, I understand that be convicted and fined up	
orimary elections.		☐ Other ☐ I do not wish to enroll in a party				led for up to four years.	
		☐ I need to apply for	S	ign			
Optional questions	15	an Absentee ballot					
- 1		☐ I would like to be an	D	ate			

Election Day worker

		ußiS	Date
Eye color	Height Ft.		
Birth date M M M V D L D V Y Y Y Y Y Y Y Y Y	∃	suq eλe psuks suq μοεbitals nbou λ	Vour dearn.
City		orobasinger valiation of noritemrof or noinsernof or sensil-2YM bns anoitszinsgro from mem sensilation bas alacid system bas	enssit bea
Apt. Number	aboo qiZ	VizigeA ent in inemillator of HOD ensire Modern of HOD grizing the other of HOD grizing the other of the othe	:/
Address		enoitoeld for Board of Elections • snoitoeld of Elections • smorth of Elections • some some some some some some some some	
Middle Initial Suffix		18 years of age or older; consenting to donate all of your or tissues for transplantation, researd	
First name		you certify that you a	מו בי
Sast name		By signing below,	.040



You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) Donate Life $^{\rm IM}$ Registry online at www.nyhealth.gov or provide your name and address below.

(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

Phone Bank: 1.866.VOTE.NYC E-mail: www.wote.nyc.ny.us Web Page: www.vote.nyc.ny.us

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

վեժեկուցի հրմակ Մուկիութեվի Միկինավինի Միկինի

NEW YORK NY 10275-0067 BOARD OF ELECTIONS

POSTAGE WILL BE PAID BY ADDRESSEE

BOSINESS KEPLY MAIL FIRST-CLASS MEW YORK NY



