



# 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](http://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.?**  Yes  No

If you answer *No*, you cannot register to vote.

### Qualifications

**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.

For board use only

**Your name**

**3** Last name \_\_\_\_\_ **Suffix** \_\_\_\_\_

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**More information**

**4** Birth date    /    /      **5** Sex  M  F

**6** Telephone (optional)    -

**The address where you live**

**7** Address (not P.O. box) \_\_\_\_\_

Apt. Number \_\_\_\_\_ Zip code

City/Town/Village \_\_\_\_\_

New York State County \_\_\_\_\_

**The address where you receive mail**

Skip if same as above

**8** Address or P.O. box \_\_\_\_\_

P.O. Box \_\_\_\_\_ Zip code

City/Town/Village \_\_\_\_\_

**Voting history**

**9** Have you voted before?  Yes  No **10** What year?

**Voting information that has changed**

Skip if this has not changed or you have not voted before

**11** 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.

**12**  New York State DMV number

Last four digits of your Social Security number     -   -

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

**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.

**13**  Democratic party

Republican party

Conservative party

Working Families party

Independence party

Green party

Other \_\_\_\_\_

I do not wish to enroll in a party

**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.
- 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**

**14**  I need to apply for an Absentee ballot (optional).

I would like to be an Election Day worker (optional).

GLUE STRIP

# Address and stamp this section

Your address

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Place  
First-class  
stamp  
here

Before mailing  
Remove tape,  
fold and seal

Your County Board of Elections address (select from below)

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**New York City**  
Executive Offices  
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  
44 Hawley St.  
PO Box 1766  
Binghamton, NY  
13902  
(607) 778-2172

**Cattaraugus**  
302 Court St.  
Little Valley, NY 14755  
(716) 938-2400

**Cayuga**  
10 Court St.  
Auburn, NY 13021  
(315) 253-1285

**Chautauqua**  
7 North Erie St.  
Mayville, NY 14757  
(716) 753-4580

**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.  
137 Margaret St.  
Ste. 104  
Plattsburgh, NY 12901  
(518) 565-4740

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

**Cortland**  
County Office Bldg.  
60 Central Ave.  
Room 102  
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**  
7551 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  
Geneseo, NY 14454  
(585) 243-7090

**Madison**  
County Office Bldg.  
N. Court St.  
PO Box 666  
Wampsville, NY 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

**Onondaga**  
100 Erie Blvd West  
Syracuse, NY 13204  
(315) 435-3312

**Ontario**  
74 Ontario St.  
Canandaigua, NY  
14424  
(585) 396-4005

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

**Orleans**  
County Admin. Bldg.  
14016 State Rte. 31  
Albion, NY 14411  
(585) 589-3274

**Oswego**  
185 E. Seneca St.  
Box 9  
Oswego, NY 13126  
(315) 349-8350

**Otsego**  
Ste. 2  
140 County Hwy. 33W  
Cooperstown, NY  
13326  
(607) 547-4247

**Putnam**  
25 Old Route 6  
Carmel, NY 10512  
(845) 808-1300

**Rensselaer**  
Ned Pattison  
Government Ctr.  
1600 Seventh Ave.  
Troy, NY 12180  
(518) 270-2990

**Rockland**  
11 New Hempstead Rd.  
New City, NY 10956  
(845) 638-5172

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

**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

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

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

**Seneca**  
One DiPronio Dr.  
Waterloo, NY 13165  
(315) 539-1760

**Steuben**  
3 E. Pulteney Sq.  
Bath, NY 14810  
(607) 664-2260

**Suffolk**  
PO Box 700  
Yaphank Ave.  
Yaphank, NY 11980  
(631) 852-4500

**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

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

**Warren**  
Cnty. Municipal Ctr.  
1340 St. Rte. 9  
Lake George, NY  
12845  
(518) 761-6456

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

**Wayne**  
157 Montezuma St. Ext.  
PO Box 636  
Lyons, NY 14489  
(315) 946-7400

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

**Wyoming**  
4 Perry Ave.  
Warsaw, 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](http://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