

New York State Voter Registration Form

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.

2 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
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3 Your name Last Name _____ First Name _____
Suffix _____ Middle Initial _____

4 More information Birthdate

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

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

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

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

12 Voting information that has changed Your name was _____
Skip if this has not changed or you have not voted before Your address was _____
Your previous state or New York State County was _____

13 Identification You must make one selection. If you have a NY DMV number, you must provide it. For questions, please refer to *Verifying your identity* above.
 I have a New York DMV number: _____
 I do not have a New York DMV number.
The last four digits of my Social Security number are: x x x - x x - _____
 I do not have a New York DMV number or a Social Security number.

14 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
 Working Families party
 Other
I do not want to enroll in any political party and wish to be an independent voter
 No party

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

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 _____

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)

MONROE COUNTY BOARD OF ELECTIONS

435 SMITH STREET

ROCHESTER, NY 14608

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.

Verifying your identity

We will try to check your identity before Election Day, using your DMV number (driver's license number or non-driver ID number), or the last four digits of your Social Security number, which you will fill in below.

If you have a DMV number, you must provide it. If you do not have a DMV number, you must provide the last four digits of your Social Security number. If you have neither, you may provide a valid photo ID, 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.

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

Para obtener este formulario en español, llame al 1-800-367-8683

বাংলায় এই ফর্মের জন্য 1-800-367-8683 নম্বরে কল করুন

한국어 양식을 원하시면 1-800-367-8683 번으로 전화하세요

如需此表格的中文版本, 請撥打 1-800-367-8683

Para sa mabuo na ito sa Tagalog, tumawag sa 1-800-367-8683

اس فارم کے اردو نسخے کے لیے 1-800-367-8683 پر کال کریں

ഈ ഫോം മലയാളത്തിൽ ലഭിക്കാൻ, 1-800-367-8683 എന്ന നമ്പറിൽ വിളിക്കുക

(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 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 |

Gender M F

Eye color

Height

Ft. | | | | In.

Email

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