

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.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> , you cannot register to vote.	For board use only
	2	A) Will you be 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> to both of the prior questions, you cannot register to vote.	

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

More information <small>Items 5, 6 & 7 are optional</small>	4	Birthdate <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	/	D	D	Y	Y	Y	Y	5	Gender _____
	M	M	/	D	D	Y	Y	Y	Y				
6	Phone _____	7	Email _____										

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

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

Voting history	10	Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	What year? _____
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Voting information that has changed <small>Skip if this has not changed or you have not voted before</small>	12	Your name was _____
		Your address was _____
		Your previous state or New York State County was _____

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

Political party <small>You must make 1 selection</small>	14	I wish to enroll in a political party
		<input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other
		I do not want to enroll in any political party and wish to be an independent voter
		<input type="checkbox"/> No party

Optional questions	15	<input type="checkbox"/> I need to apply for a mail ballot.
		<input type="checkbox"/> I would like to be an Election Day worker.

!	Affidavit: I swear or affirm that
	<ul style="list-style-type: none">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