New York State Voter Registration Form

Instructions
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 on page 2 of this PDF document and mail it to your county’s address from the list of addresses below, or take the 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

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 when you mail this form.
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
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(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 complete the form below and mail it in with your Voter Registration Form.
You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

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 procure-
ment organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Last name
First name
Middle Initial
Suffix
Address
Apt. Number
City
Birth date
Year Month Day
Eye color

Sex
M
F
Height
Ft.
In.

Sign
Date
# New York State Voter Registration Form

(See instructions on page 1)

## Qualifications

1. **Are you a citizen of the U.S.?**
   - Yes
   - No

   If you answer No, you cannot register to vote.

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.

## Your name

3. **Last name**
4. **First name**
5. **Middle Initial**
6. **Suffix**

## More information

7. **Birth date**
   - M
   - D
   - Y
   - Y
   - Y
   - Y

8. **Telephone (optional)**
9. **Sex**
   - M
   - F

## The address where you live

10. **Address (not P.O. Box)**
11. **Apt. Number**
12. **Zip code**

## The address where you receive mail

13. **Address or P.O. Box**
14. **P.O. Box**
15. **Zip code**

## Voting history

16. **Have you voted before?**
   - Yes
   - No

## Voting information that has changed

17. **Your name was**
18. **Your address was**
19. **Your previous state or New York State County was**

## Identification

20. **New York State DMV number**
21. **Last four digits of your Social Security number**
22. **I do not have a New York State driver’s license or a Social Security number.**

## Political party

23. **Democratic party**
24. **Republican party**
25. **Independence party**
26. **Conservative party**
27. **Working Families party**
28. **Other**
29. **I do not wish to enroll in a party**

## Optional questions

30. **I need to apply for an Absentee ballot (optional).**
31. **I would like to be an Election Day worker (optional).**

## 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

For board use only