



# 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.ny.gov](http://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 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.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

 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.

|   |   |   |  |  |  |
|---|---|---|--|--|--|
|  <b>Qualifications</b>  | 1   | <b>Are you a citizen of the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  | <div>For board use only</div>              |  |
|   | If you answer <i>No</i> , you cannot register to vote.  |   |  |  |  |
|   | 2   | <b>Will you be 18 years of age or older on or before election day?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
|   | If you answer <i>No</i> , you cannot register to vote unless you will be 18 by the end of the year. |   |  |  |  |
| <b>Your name</b>  | 3   | <b>Last name</b>  |  | <b>Suffix</b>                              |  |
|   |   | <b>First name</b>   |  | <b>Middle Initial</b> <input type="text"/> |  |
| <b>More information</b><br>Items 6 & 7 are optional   | 4   | <b>Birth date</b>   | <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | 5  | <b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F |
|   | 6   | <b>Phone</b>  | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | 7  | <b>Email</b>   |
| <b>The address where you live</b>   | 8   | <b>Address</b> (not P.O. box)   |  |  |  |
|   |   | <b>Apt. Number</b>  | <b>Zip code</b>  | <input type="text"/>                       |  |
|   |   | <b>City/Town/Village</b>  |  |  |  |
|   |   | <b>New York State County</b>  |  |  |  |
| <b>The address where you receive mail</b><br>Skip if same as above  | 9   | <b>Address or P.O. box</b>  |  |  |  |
|   |   | <b>P.O. Box</b>   | <b>Zip code</b>  | <input type="text"/>                       |  |
|   |   | <b>City/Town/Village</b>  |  |  |  |
| <b>Voting history</b>   | 10  | <b>Have you voted before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 11   | <b>What year?</b> <input type="text"/>                           |
| <b>Voting information that has changed</b><br>Skip if this has not changed or you have not voted before   | 12  | <b>Your name was</b>  |  |  |  |
|   |   | <b>Your address was</b>   |  |  |  |
|   |   | <b>Your previous state or New York State County was</b>   |  |  |  |
| <b>Identification</b><br>You must make 1 selection<br><br>For questions, please refer to <i>Verifying your identity</i> above.  | 13  | <input type="checkbox"/> New York State DMV number <input type="text"/>   |  |  |  |
|   |   | <input type="checkbox"/> Last four digits of your Social Security number    x x x - x x - <input type="text"/>                  |  |  |  |
|   |   | <input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.                           |  |  |  |
| <b>Political party</b><br>You must make 1 selection<br><br>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. | 14  | <input type="checkbox"/> Democratic party   |  |  |  |
|   |   | <input type="checkbox"/> Republican party   |  |  |  |
|   |   | <input type="checkbox"/> Conservative party   |  |  |  |
|   |   | <input type="checkbox"/> Working Families party   |  |  |  |
|   |   | <input type="checkbox"/> Independence party   |  |  |  |
|   |   | <input type="checkbox"/> Green party  |  |  |  |
|   |   | <input type="checkbox"/> Other _____  |  |  |  |
|   |   | <input type="checkbox"/> I do not wish to enroll in a party   |  |  |  |
| <b>Optional questions</b>   | 15  | <input type="checkbox"/> I need to apply for an Absentee ballot   |  |  |  |
|   |   | <input type="checkbox"/> I would like to be an Election Day worker  |  |  |  |
|   |   |  <b>Affidavit: I swear or affirm that</b>    | <ul style="list-style-type: none"><li>• I am a citizen of the United States.</li><li>• I will have lived in the county, city or village for at least 30 days before the election.</li><li>• I meet all requirements to register to vote in New York State.</li><li>• This is my signature or mark in the box below.</li><li>• 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.</li></ul> |  |  |
|   |   |   | <b>Sign</b>  | <input type="text"/>                       |  |
|   |   | <b>Date</b>   | <input type="text"/>   |  |  |



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BOARD OF ELECTIONS  
32 BROADWAY FL 7  
NEW YORK NY 10275-0067



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@boe.nyc.ny.us](mailto:www@boe.nyc.ny.us)  
Web Page: [www.vote.nyc.ny.us](http://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

(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.



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.

|             |  |            |  |                |  |        |  |
|-------------|--|------------|--|----------------|--|--------|--|
| Last name   |  | First name |  | Middle Initial |  | Suffix |  |
| Address     |  |            |  |                |  |        |  |
| Apt. Number |  |            |  | City           |  |        |  |
| Birth date  |  |            |  |                |  |        |  |
| Eye color   |  |            |  |                |  |        |  |
| Sex         |  | Height     |  |                |  |        |  |
| Zip code    |  |            |  |                |  |        |  |