

# **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

#### 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 formbe 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.

中文資料:若您有興趣索取中文資料表格, 한국어: 한국어 양식을 원하시면

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে

It is a crime to procure a fal	lse re	gistration or to furnish false information to th	e Board	of Ele	ctions.	Please print in blue or black inl	
	1	Are you a citizen of the U.S.?	□ No	5			
Qualifications -		If you answer <i>No</i> , you cannot register to v	ote.				
Qualifications	2						
	Nil.	If you answer <i>No</i> , you cannot register to v	ote unle	ss you	will be 18 by the	ne end of the year.	
Value		Last name				Suffix	
Your name	3	First name				Middle Initial	
More information	4	Birth date / / /		5	Sex 🔲 M	□ F	
tems 6 & 7 are optional	6	Phone		-	Email		
		Address (not P.O. box)					
The address	8	Apt. Number Zip code				. 1	
where you live		City/Town/Village					
		New York State County					
The address where		Address or P.O. box					
ou receive mail	9	P.O. Box Zip code					
Skip if same as above		City/Town/Village					
Voting history	10	Have you voted before? Yes	□ No		1	1 What year?	
Voting information	880	Your name was					
hat has changed	12	Your address was					
Skip if this has not changed or you have not voted before		Your previous state or New York State	County	was			
dentification	EN	☐ New York State DMV number				1	
ou must make 1 selection	13						
For questions, please refer to /erifying your identity above		I do not have a New York State driver's license or a Social Security number.					
, 3,	1920	Democratic party		1		t: I swear or affirm th	
Political party  You must make 1 selection		Republican party	O			of the United States.	
		☐ Conservative party	ALC:			red in the county, city or village 0 days before the election.	
To vote in a primary election, you must be enrolled in one	14	☐ Working Families party			• I meet all red	quirements to register	
of these listed parties — except the Independence Party,	14	☐ Independence party				w York State gnature or mark in the box below.	
which permits non-enrolled voters to participate in certain	1	☐ Green party	16		The above in	oformation is true, I understand that e, I can be convicted and fined up	
orimary elections.		Other				nd/or jailed for up to four years	
		☐ I do not wish to enroll in a party					
0 1 1 1		☐ I need to apply for	15	Sigr	ו		
Optional questions	15	an Absentee ballot.					
		I would like to be an Election Day worker.		Date	8		

## Address and stamp this section

Place First-class stamp here

Your County Board of Elections address (select from below)

### Before mailing Remove tape, fold and seal

Your address

NASSAU COUNTY BOARD OF ELECTIONS 240 OLD COUNTRY ROAD – 5<sup>TH</sup> FLOOR MINEOLA, NEW YORK 11501-4250

New York City 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. Beimont, NY 14813 (585) 268-9294

**Broome** vernment Plaza Government Plaz 60 Hawley St PO Box 1766 Binghamton, NY 13902 (607) 778-2172

Cattaraugus 302 Court St Delhi, NY 13753 Little Valley, NY 14755 (607) 746-2315 (716) 938-2400

Cayuga 157 Genesee St (Basement) Auburn, NY 13021 (315) 253-1285

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

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

Cortland

**Delaware** 3 Gallant Ave

**Dutchess** 47 Cannon St., Poughkeepsle, 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 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

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 ov Govt Ctr. Geneseo, NY 14454 (585) 243-7090

Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231

Montgomery 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 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312

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

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

County Admin. Bldg. 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274

Oswego, NY 13126 (315) 349-8350

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

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

**St. Lawrence** 48 Court St Canton, NY 13617 (315) 3**79**-2202

(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

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

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

Suffolk

Yaphank Ave PO Box 700 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

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

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

Warren Cnty, Municipal Ctr. 3rd Floor Human Serv, Bldg 1340 St, Rte, 9 Lake George, NY 12845 (518) 761-6456

Washington 383 Broadway Fort Edward, NY

12828 (518) **746-2180** 

7376 State Rte, 31 PO Box 636 Lyons, NY 14489 (315) 946-7400

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

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 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	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 procure-ment organizations and NYS-licensed tissue

Sian	Date