



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 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.

Qualifications

1	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	For board use only
	If you answer <i>No</i> , you cannot register to vote.	
2	Will you be 18 years of age or older on or before election day? <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.	

Your name	3	Last name	Suffix
		First name	Middle Initial

More information Items 6 & 7 are optional	4	Birth date	M M / D D / Y Y Y Y	5	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
	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 Skip if same as above	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 Skip if this has not changed or you have not voted before	12	Your name was
		Your address was
		Your previous state or New York State County was

Identification You must make 1 selection For questions, please refer to Verifying your identity above.	13	<input type="checkbox"/> New York State DMV number
		<input type="checkbox"/> Last four digits of your Social Security number
		<input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.

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.	14	I wish to enroll in a political party	16	Affidavit: I swear or affirm that
		<input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Green party <input type="checkbox"/> Working Families party <input type="checkbox"/> Independence party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Reform party <input type="checkbox"/> Other _____		
		I do not wish to enroll in a political party		
		<input type="checkbox"/> No party		Sign

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

MOISTEN AND SEAL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY
POSTAGE WILL BE PAID BY ADDRESSEE

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 / 1.212.487.5400

Phone Bank: 1.866.VOTE.NYC

E-mail: electioninfo@boe.nyc.nyc.us

Web Page: www.vote.nyc.nyc.us

Borough Offices

Manhattan

200 Varick Street, 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 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 procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

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Sign

Date