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 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 if 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.

1. Qualifications
   - Are you a citizen of the U.S.? 
     - Yes 
     - No
   - Will you be 18 years of age or older on or before election day? 
     - Yes 
     - No

2. Your name
   - Last name
   - First name
   - Suffix
   - Middle Initial

3. More information
   - Items 6 & 7 are optional
   - Birth date
   - Phone
   - Sex 
     - M 
     - F
   - Email

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

5. The address where you receive mail
   - Skip if same as above
   - Address or P.O. box
   - Zip code
   - City/Town/Village

6. Voting history
   - Have you voted before? 
     - Yes 
     - No
   - What year?

7. Voting information that has changed
   - Skip if this has not changed or you have not voted before
     - Your name was
     - Your address was
     - Your previous state or New York State County was

8. Identification
   - You must make 1 selection
   - For questions, please refer to Verifying your identity above.
   - New York State DMV number
   - Last four digits of your Social Security number
   - I do not have a New York State driver’s license or a Social Security number.

9. 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.
   - I wish to enroll in a political party
     - Democratic party
     - Republican party
     - Conservative party
     - Green party
     - Working Families party
     - Independence party
     - Women’s Equality party
     - Reform party
     - Other
   - I do not wish to enroll in a political party
     - No party

10. Optional questions
    - I need to apply for an Absentee ballot.
    - I would like to be an Election Day worker.

11. 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.

12. Sign

13. Date
Thank you for registering to vote. Your registration will be processed and you will receive a confirmation letter. 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.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle Initial</th>
<th>Suffix</th>
<th>Address</th>
<th>Apt. Number</th>
<th>City</th>
<th>Zip code</th>
<th>Sex</th>
<th>Height</th>
<th>Eye color</th>
<th>Birth date</th>
</tr>
</thead>
</table>

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; and
- 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.

Sign: [Signature]
Date: [Date]

[Register to donate your organs and tissues online at www.nyhealth.gov]