

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.

Información en español: si le interesa obtener este

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

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 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.

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It is a crime to procure a fai	lse reg	gistration or to furnish false information to the	Board	of Elect	tions. F	Please print in blue or black ink.	
Qualifications	1	Are you a citizen of the U.S.? Yes	□ No e.	-		For board use only	
Qualifications	2	Will you be 18 years of age or older on or before election day? Yes If you answer <i>No</i> , you cannot register to vote	□ N unles		vill be 18 by th	e 18 by the end of the year.	
Your name	3	Last name First name				Suffix Middle Initial	
More information Items 6 & 7 are optional	4 6	Birth date M M			ex	<u>□ F</u>	
The address where you live	8	Address (not P.O. box) Apt. Number City/Town/Village New York State County	Zip	code			
The address where you receive mail Skip if same as above	9	Address or P.O. box P.O. Box City/Town/Village	Zip	code			
Voting history	10	Have you voted before?	No		1	1 What year?	
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 Co	ounty	was			
Identification You must make 1 selection For questions, please refer to Verifying your identity above.	13	□ New York State DMV number □ Last four digits of your Social Security nu □ I do not have a New York State driver's lice			x x - x x		
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 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	16	Sign	 I am a citize I will have liver for at least 3 I meet all reto vote in Note This is mys The above in if it is not true 	I: I swear or affirm that not the United States. Wed in the county, city or village 80 days before the election. Quirements to register ew York State. I can be convicted and fined up nd/or jailed for up to four years.	
Optional questions	15	I need to apply for an Absentee ballot.		Date			

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Address		authorizing the Board of Elections your name and identifying informations	ebivorq of
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st www.nyhealth.gov or provide your name and address	·w	N mou	orke State



You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) Donate LifeTM Registry online at www.nyhealth.gov or provide your name and address below.

(Optional) Register to donate your organs and tissues



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

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

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