

New York State Voter Registration Form

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you last voted
- enroll in a political party or change your enrollment

To Register You Must:

- be a U.S. citizen
- be 18 years old by the end of this year
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

Need More Registration Forms?

You can get registration forms at most state agency offices and post offices or at any county board of elections or call 1-800-FOR-VOTE.

Deadline Information:

You can register in person at your county board of elections on any business day. If you want to vote in an election, you must mail or deliver this form to your county board of elections no later than 25 days before the election in which you want to vote. You must be 18 years old by the date of the general, primary or other election in which you want to vote. Your eligibility to vote will be based on the date you file this form, and your county board will notify you of your eligibility.

Questions?

Call your county board of elections. Find the phone number on the other side of this form. Hearing impaired people with TDD may call 1-800-533-8683. Visit our website - www.elections.state.ny.us

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 如果你有興趣索取本中文資料表格, 請電 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

↓ Please tear off this panel and use tape strip below to seal and mail. ↓

Fold on center line, remove tape, seal and mail

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

Box 10: If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

Box 11: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

Box 12: This application must be signed and dated in ink.

If you would like an application for an ABSENTEE BALLOT or would like to be an ELECTION DAY WORKER, please check the corresponding box below.

IDENTIFICATION REQUIREMENTS

Identification means a verifiable New York Driver's License number or the last four digits of your Social Security number, as requested in Box 9 of the application.

If you do not have either of these, and you are registering for the first time and are doing so by mail, you may provide a copy of a valid photo ID, or a current utility bill, bank statement, government check or some other government documentation that shows your name and address. If you do not provide identification with this form, you will be asked for it the first time you vote.

If you include a copy of any identification, be sure to tape the sides of this form closed.

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day Worker

1 Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		2 I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/>		For Board use only!	
If you answered NO, do not complete this form.					
3 Last Name		First Name		Middle Initial	
3 Address Where You Live (do not give P.O. address)		Apt. No.		City/Town/Village	
4 Address Where You Get Your Mail (if different from above)		P.O. box, star rte., etc.		Post Office	
5 Date of Birth		6 Sex (circle) M F		8 Home Tel. Number (optional)	
9 The last year you voted		7 Your Address was (give house number, street, and city)		ID Number - Check the applicable box and provide your number	
10 In county/state		Under the name (if different from your name now)		<input type="checkbox"/> New York Driver's License Number <input type="checkbox"/> Last four digits of your Social Security number	
11 Choose a Party — Check one box only		12 AFFIDAVIT: I swear or affirm that			
<input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		Please note: In order to vote in a primary election, you must be enrolled in one of these parties.		• 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 on the line 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. Signature or mark: _____	
		X _____		Date _____	

Please do not write in this space