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

To register you must:
• be a U.S. 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 the 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. (1-800-367-8683)
Find answers or tools on our website www.elections.ny.gov

Verifying your identity
We 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 or more 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.

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.

Are you a citizen of the U.S.? □ Yes □ No
If you answer No, you cannot register to vote.

Will you be 18 years of age or older on or before election day? □ Yes □ No
If you answer No, you cannot register to vote unless you will be 18 by the end of the year.

Your name
First name
Middle Initial
Last name
Suffix

More information
Items 5, 6 & 7 are optional

The address where you live
Address (not P.O. box)
City/Town/Village
New York State County

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

Voting history
Have you voted before? □ Yes □ No
What year? ____________

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

Identification
You must make 1 selection
For questions, please refer to Identifying 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.

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

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

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.

Sign _________________
Date ____________

Information en español, bilingüe; obtenga esta forma en español, llame al 1-800-367-8683
Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683
Chinese: If you need a Chinese speaking representative, please call 1-800-367-8683
한국어: 한국어 양식을 원하시면 1-800-367-8683으로 전화 하십시오.

Please print in blue or black ink.

Register to vote
Send or deliver this form
Questions?
Verifying your identity
I need to apply for an Absentee ballot.
I would like to be an Election Day worker.
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.

Last name
First name
Address
Apt. Number
Sex
M
F
City
Height
Ft.
In.
Suffix
Middle Initial
Apt. Number
Zip code
Birth date
Y
Y
Y
Y
D
D
M
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