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
• pre-register to vote if you are 18 or 17 years of age

To register you must:
• be a U.S. citizen
• be 16 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
• not be in prison or on parole for a felony conviction (unless parole performed or restored rights of citizenship);
• not claim the right to vote elsewhere;
• not found to be incompetent by a court.

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

Verify 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.

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.

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

2 A) Will you be 18 years of age or older on or before election day? ☐ Yes ☐ No
  B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked “pending” and you will be unable to cast a ballot in any election? ☐ Yes ☐ No
  If you answer No to both of the prior questions, you cannot register to vote.

Your name
3 Last name
  First name

More information
4 Birth date
  [ ] [ ] [ ] [ ] [ ] ☐ [ ] [ ] [ ] [ ] [ ]
5 Gender
  [ ] Male ☐ Female
6 Phone
7 Email

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

The address where you receive mail
9 Address or P.O. box
  P.O. Box
  City/Town/Village

Voting history
10 Have you voted before? ☐ Yes ☐ No
11 What year?

Voting information that has changed
12 Your name was
13 Your address was
14 Your previous state or New York State County was

Identification
15 You must make 1 selection
For questions, please refer to Verifying your identity above.
16 ☐ 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
☐ Working Families party
☐ Other: ________________________________

I do not want to enroll in any political party and wish to be an independent voter
☐ No party

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.

Optional questions
17 ☐ I need to apply for an Absentee ballot.
18 ☐ I would like to be an Election Day worker.

Sign
Date
By signing below:

You certify that you are:

(Optional) Register to donate your organs and tissues

Your County Board of Elections address (street form below)

Address and stamp this section

Fold and seal.

Before mailing.