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 (unless parole pardoned or reasoned rights of citizenship);
• not claim the right to vote elsewhere;
• not be 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 (TD/TYY 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.

Optional questions

• I wish to enroll in a political party
  • Democratic party
  • Republican party
  • Conservative party
  • Working Families party
  • Green party
  • Libertarian party
  • Independence party
  • SAM party
  • Other
  • I do not wish to enroll in any political party and wish to be an independent voter
  • No party

• I need to apply for an Absentee ballot.
• I would like to be an Election Day worker.

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.

Qualifications

1. Are you a citizen of the U.S.?   [ ] Yes [ ] No

If you answer No, you cannot register to vote.

2. 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

3. Last name

4. First name

Suffix

Middle Initial

More information

Items 5, 6 & 7 are optional.

4. Birth date

5. Gender

6. Phone

Email

The address where you live

7. Address (not P.O. box)

8. Apt. Number

City/Town/Village

New York State County

The address where you receive mail

9. Address or P.O. box

P.O. Box

Zip code

City/Town/Village

Voting history

10. Have you voted before?  [ ] Yes [ ] No

11. What year?

Voting information that has changed

Skip if this has not changed or you have not voted before.

12. Your name was

13. Your address was

14. Your previous state or New York State County was

Identification

You must make 1 selection

For questions, please refer to Verifying your identity above.

13. [ ] New York State DMV number

14. [ ] Last four digits of your Social Security number

15. [ ] 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.

14. [ ] Democratic party

15. [ ] Republican party

16. [ ] Conservative party

17. [ ] Working Families party

18. [ ] Green party

19. [ ] Libertarian party

20. [ ] Independence party

21. [ ] SAM party

22. [ ] Other

23. I do not wish to enroll in any political party and wish to be an independent voter

24. 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.

Sign

Date
Register to donate your organs and tissues.

Before mailing, fold and seal.

Your county board of elections address (select from below):

*Please note: New York State law requires that you enroll in the NYS Donate Life™ registry before you can donate your body.

www.donatelife.ny.gov

(xxx) xxx-xxxx (xxx) xxx-xxxx

Sign

Left name

Address

Zip Code

Gender

Birth date

DMV or ID NYC #

By signing below, you certify that you are:

• 16 years of age or older;

• authorizing the Board of Elections to provide your name and identifying information to NYS.

You may also enroll in the NYS Donate Life™ registry at: www.donatelife.ny.gov

(Applicable to New York residents)

NYS Commissioner of Health upon your death.

Your city, your state

Eye color

Height

Weight

A p t.

City

Address

Gender

Birth date

DMV or ID NYC #