



# 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.

## 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 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 (TDD/TTY Dial 711)

Find answers or tools on our website [www.elections.ny.gov](http://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.

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

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আসনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

**!** 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.

For board use only

## Your name

3 Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## More information

Items 6 & 7 are optional

4 Birth date    /    /     5 Sex  M  F  
6 Phone  -  -     7 Email

## The address where you live

8 Address (not P.O. box) \_\_\_\_\_  
Apt. Number \_\_\_\_\_ Zip code        
City/Town/Village \_\_\_\_\_  
New York State County \_\_\_\_\_

## The address where you receive mail

Skip if same as above

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 \_\_\_\_\_  
Your address was \_\_\_\_\_  
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          
 Last four digits of your Social Security number x x x - x x -      
 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 **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



## 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

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

Sign

Date

\_\_\_\_\_

\_\_\_\_\_

## Address and stamp this section

Your address

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Place  
First-Class  
Stamp  
Here

Your County Board of Elections address (select from below)

## MONROE COUNTY

### BOARD OF ELECTIONS

39 W MAIN ST, STE 106

ROCHESTER, NY 14614-1490

Before mailing,  
remove tape,  
fold and seal

## (Optional) Register to donate your organs and tissues



If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life*™ Registry online at [www.nyhealth.gov](http://www.nyhealth.gov) or provide your name and address below. You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

### 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

Middle Initial

Suffix

Apt. Number

Address

City

Birth date

M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y

Eye color

Height

Ft.

In.

Sex

M  F

Zip code

Sign

Date