

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.

In Order To Vote:

- you can register in person at your county board of elections
- to vote in an election, you must mail or deliver this form to your county board no later than 25 days before the election in which you want to vote
- be 18 years old by the date of the election in which you want to vote
- your eligibility to vote will be based on the date you file this form
- 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/TTY may call the New York State Relay #711.

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

中文资料: 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.

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

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

TO COMPLETE THIS FORM:

Box 9: If you have a current DMV number, you must provide that number. If you do not have a current DMV number, 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: Check one box only. In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties.

***Except** the Independence Party, which permits non-enrolled voters to vote in their primary elections.

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.

Yes, I need an application for an Absentee Ballot

Please print 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.		If you answered NO, do not complete this form, unless you will be 18 by the end of the year.			
3 Last Name		First Name		Middle Initial	
				Suffix	
4 Home Address Where You Live (do not give P.O. address)		Apt. No.		City/Town/Village	
				Zip Code	
5 Address Where You Get Your Mail (if different from home address)		P.O. box, star rte., etc.		Post Office	
				Zip Code	
6 Date of Birth		7 Sex (circle) M F		8 Home Tel. Number (optional)	
9 ID Number - Check the applicable box and provide your number					
		<input type="checkbox"/> New York DMV number _____			
10 The last year you voted		9 If you do not have a New York DMV number, please provide			
Your Address was (give house number, street, and city)		<input type="checkbox"/> Last four (4) digits of your Social Security number _____			
10 In county/state		<input type="checkbox"/> I do not have a New York DMV number or a Social Security number.			
11 Choose a Party — Check one box only		12 AFFIDAVIT: I swear or affirm that			
<input type="checkbox"/> DEMOCRATIC PARTY		• I am a citizen of the United States.			
<input type="checkbox"/> REPUBLICAN PARTY		• I will have lived in the county, city, or village for at least 30 days before the election.			
<input type="checkbox"/> INDEPENDENCE PARTY		• I meet all requirements to register to vote in New York State.			
<input type="checkbox"/> CONSERVATIVE PARTY		• This is my signature or mark on the line below.			
<input type="checkbox"/> WORKING FAMILIES PARTY		• 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.			
<input type="checkbox"/> OTHER (write in) _____		↓ Signature or mark in ink ↓			
<input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		X _____		Date _____	

Please do not write in this space