



# 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

## 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.

## 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.

## 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 আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 কল করে 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.

## Your name

3 Last name

First name

Suffix

Middle Initial

## More information

Items 6 & 7 are optional

4 Birth date

5 Sex  M  F

6 Phone

7 Email

8 Address (not P.O. box)

## The address where you live

9 Apt. Number

Zip code

City/Town/Village

New York State County

Address or P.O. box

10 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

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.

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

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## 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.

I do not wish to enroll in a political party

No party

## Optional questions

15  I need to apply for an Absentee ballot.

I would like to be an Election Day worker.

Sign

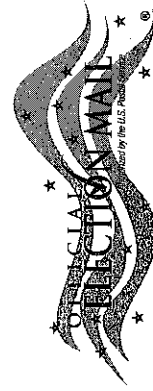
Date

# Address and stamp this section

Your address



Place  
First-Class  
Stamp  
Here



## Genesee County Board of Elections County Building One 15 Main Street Batavia, NY 14020

Before mailing,  
remove tape,  
fold and seal



<b>New York City</b> 32 Broadway, 7th Fl. New York, NY 10004 (212) 497-5300	<b>Franklin</b> 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	<b>Lewis</b> 7660 N. State St. Lowville, NY 13367 (315) 376-5329	<b>Oneida</b> Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	<b>Putnam</b> 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	<b>Schuyler</b> County Office Bldg. 105 8th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	<b>Ulster</b> 284 Wall St. Kingston, NY 12401 (845) 334-5470
<b>Albany</b> 32 North Russell Road Albany, NY 12206 (518) 487-5060	<b>Fulton</b> 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12085 (518) 736-5526	<b>Livingston</b> County Govt. Ctr. 6 Court St. Room 104 Genesee, NY 14454 (585) 243-7080	<b>Onondaga</b> 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	<b>Rensselaer</b> Ned Partison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	<b>Warren</b> Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845	
<b>Allegany</b> 6 Schuyler St. Beaumont, NY 14813 (585) 268-9284	<b>Genesee</b> County Office Bldg. 151 Main St. PO Box 284 Batavia, NY 14021 (585) 344-2550	<b>Madison</b> 74 Ontario St. Canandigua, NY 14424 (585) 396-4005	<b>Ontario</b> 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274	<b>Rockland</b> 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172	<b>Stauben</b> 3 E. Pulteney Sq. Bain, NY 14810 (607) 664-2260	<b>Washington</b> 383 Broadway Fort Edward, NY 12828 (518) 746-2180
<b>Broome</b> Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 753-5032	<b>Greene</b> 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	<b>Orange</b> 25 Court Lane PO Box 30 Goshen, NY 10924 (845) 291-2444	<b>Saratoga</b> 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	<b>Suffolk</b> Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	<b>Wayne</b> 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (518) 946-7400	
<b>Cattaraugus</b> 207 Rock City St. Suite 100 Little Valley, NY 14756 (716) 938-2400	<b>Hamilton</b> Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	<b>Orleans</b> 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274	<b>Schenectady</b> 368 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469	<b>Sullivan</b> Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400	<b>Westchester</b> 25 Quonipus St. White Plains, NY 10601 (914) 995-5700	
<b>Cayuga</b> 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	<b>Herkimer</b> 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	<b>Oswego</b> 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	<b>Tioga</b> 1082 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261	<b>Wyoming</b> 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931		
<b>Chautauque</b> 7 North Erie St. Mayville, NY 14757 (716) 753-4560	<b>Jefferson</b> 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	<b>Otsego</b> 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247	<b>Tompkins</b> County Office Bldg. 284 Main St. PO Box 95 Schoharie, NY 12157 (518) 295-8388	<b>Yates</b> Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135		
<b>Chemung</b> 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475	<b>Nassau</b> 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-2411	<b>Madara</b> 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040				

## (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.

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

Apt. Number \_\_\_\_\_ Zip code \_\_\_\_\_

City \_\_\_\_\_

Birth date | M | M | / | L | L | / | S | S | Sex  M  F

Eye color \_\_\_\_\_ Height | Ft. | in. \_\_\_\_\_

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.



Sign \_\_\_\_\_ Date \_\_\_\_\_