

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

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.

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.

Questions?

Board of Elections.

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

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 中文資料: 若悠有興趣索取中文資料表格, 한국어: 한국어 양식을 원하시면 객육 আগদি এই ফাটি বাংলাতে পেতে চল ভাষণে

formulario en español, llame al 1-800-36	7-8683	請電: 1-800-367-8683 1-800-3	57-8683	으로 전회	하십시오.	1-800-367-8683 নম্বরে ফোল করুল		
It is a crime to procure a fal	lse reg	gistration or to furnish false information to the	Board	of Elec	tions.	Please print in blue or black ink.		
_	1	Are you a citizen of the U.S.? Yes	□ No	_		For board use only		
Qualifications	2	Will you be 18 years of age or older on or before election day?						
Your name	3	Last name First name				Suffix Middle Initial		
More information Items 6 & 7 are optional	4 6	Birth date M M I D D I Y Y Y Y Y Y Y Y Y		_	ex 🔲	M		
The address where you live	8	Address (not P.O. box) Apt. Number City/Town/Village New York State County	Zip	code				
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						
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	16	Sign	 I am a c I will ha for at le I meet a to vote This is r The abort if it is not 	vit: I swear or affirm that itizen of the United States. ve lived in the county, city or village ast 30 days before the election. all requirements to register in New York State. my signature or mark in the box below. voe information is true, I understand that ot true, I can be convicted and fined up 20 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.		Date				

Address and stamp this section

our address	
	*
	OFFICIAL * * *
	* *ELECTION MAIL
	Augure 20d by the U.S. Post M. Senice Augure

Place First-Class Stamp Here

Before mailing, remove tape, fold and seal

Your County Board of Elections address (select from below)

New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300

Albany, NY 12206 (518) 487-5060

Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294

(607) 778-2172

te 100 Little Valley, NY 14755 (716) 938-2400

Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285

Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 753-4580

Chemung 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475

Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760

Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740

Columbia 401 State St. Hudson, NY 12534 (518) 828-3115

Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032

Delhi, NY 13753 (607) 746-2315

Dutchess 47 Cannon St. Poughkeepsie, NY 12601 (845) 486-2473

Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891

Essex 7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474

Franklin 355 West Main St. Ste. 161 Malone, NY 12953

(518) 481-1663 **Fulton** 2714 St. Hwy 29 Ste. 1

Genesee County Building #1 15 Main St. PO Box 284

Batavia, NY 14021 (585) 344-2550

Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550 Hamilton

Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684

Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102

Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329

Livingston County Govt. Ctr. 6 Court St. Room 104 Ste. 1 Room 104 Johnstown, NY 12095 Geneseo, NY 14454 (518) 736-5526 (585) 243-7090

Madison County Office Bldg. N. Court St. PO Box 666 13163 (315) 366-2231

Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550

Montgomery Old Courthouse 9 Park St. PO Box 1500

Nassau 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-2411

 Jefferson
 Niagara

 175 Arsenal St.
 111 Main St.

 Watertown, NY 13601
 5te. 100

 (315) 785-3027
 Lockport, NY 14094

 (716) 438-4040

Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765

Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312

Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005

Orange 25 Court Lane PO Box 30 Goshen, NY 10924 (845) 291-2444

Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274

Box 9 Oswego, NY 13126 (315) 349-8350

Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247

Putnam 25 Old Route 6 Carmel, NY 1051 (845) 808-1300

Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave Troy, NY 12180 (518) 270-2990

Rockland 11 New Hem

New City, NY 10956 (845) 638-5172 **St. Lawrence** 48 Court St. Canton, NY 13617 (315) 379-2202

(518) 885-2249 Schenectady 388 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469

Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388

Watkins Glen, NY 14891 (607) 535-8195

One DiPronio Dr Waterloo, NY 13165 (315) 539-1760

Steuben 3 E. Pulteney Sq. Bath, NY 14810 (607) 664-2260 Suffolk

Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500

Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400

Tioga County Office Bldg. 56 Main St. Owego, NY 13827 (607) 687-8261

Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522

Ulster 284 Wall St. Kingston, NY 12401 (845) 334-5470

Cnty. Municipal Ctr 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456

Washington 383 Broadway Fort Edward, NY

12828 (518) 746-2180

Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400

Westchester 25 Quarropas St. White Plains, NY 10601 (914) 995-5700

Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931

Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135

(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 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 / D D / Y Y Y Y	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.

Ī	Sian	Date