

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
- pre-register to vote if you are 16 or 17 years of age

To register you must:

- be a US citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

Verifying your identity

We will try to check your identity before Election Day, using your DMV number (driver's license number or non-driver ID number), or the last four digits of your Social Security number, which you will fill in below.

If you have a DMV number, you must provide it. If you do not have a DMV number, you must provide the last four digits of your Social Security number. If you have neither, you may provide a valid photo ID, 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.

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.

This form must be received no later than 10 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

Para obtener este formulario en español, llame al 1-800-367-8683

한국어 양식을 원하시면 1-800-367-8683 번으로 전화하세요

Para sa mabuo na ito sa Tagalog, tumawag sa 1-800-367-8683

বাংলায় এই ফর্মের জন্য 1-800-367-8683 নম্বরে কল করুন

如需此表格的中文版本, 請撥打 1-800-367-8683

اس فارم کے اردو نسخے کے لیے 1-800-367-8683 پر کال کریں

ഈ ഫോം മലയാളത്തിൽ ലഭിക്കാൻ, 1-800-367-8683 എന്ന നമ്പറിൽ വിളിക്കുക

! 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.

1	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	For board use only
	If you answer <i>No</i> , you cannot register to vote.	
2	A) Will you be 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B) Are you at least 16 years of age and understand that you must be 18 years of age on or before Election Day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answer <i>No</i> to both of the prior questions, you cannot register to vote.		

3	Last Name _____	Suffix _____
	First Name _____	Middle Initial _____

4	Birthdate <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y											5	Gender _____
	M	M	/	D	D	/	Y	Y	Y	Y													
6	Phone _____	7	Email _____																				

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

9	Address or P.O. box _____
	P.O. Box _____ Zip code _____
	City/Town/Village _____

10	Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	What year? _____
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12	Your name was _____
	Your address was _____
	Your previous state or New York State County was _____

13	<input type="checkbox"/> I have a New York DMV number: _____
	<input type="checkbox"/> I do not have a New York DMV number. The last four digits of my Social Security number are: _____ x x x - x x - _____
	<input type="checkbox"/> I do not have a New York DMV number or a Social Security number.

14	I wish to enroll in a political party
	<input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____
15	I do not want to enroll in any political party and wish to be an independent voter
	<input type="checkbox"/> No party

15	<input type="checkbox"/> I need to apply for a mail ballot.
	<input type="checkbox"/> I would like to be an Election Day worker.

16	Affidavit: I swear or affirm that
	<ul style="list-style-type: none">• 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	_____

Address and stamp this section

Your address



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
260 S. Pearl St.
Albany, NY 12202
(518) 487-5060

Allegany
8 Willets Ave.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 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

Delaware
97 Main St.
Suite 5
Delhi, NY 13753
(607) 832-5321

Dutchess
112 Delafield Street
Suite 200
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
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
Batavia, NY 14020
(585) 815-7804

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

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

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

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Geneseo, NY 14454
(585) 243-7090

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

Monroe
435 Smith St.
Rochester, NY 14608
(585) 753-1550

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau
240 Old Country Rd.
5th Fl.
PO Box 9002
Mineola, NY 11501
(516) 571-8683

Niagara
111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida
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
75 Webster Ave
PO Box 30
Goshen, NY 10924
(845) 360-6500

Orleans
14016 Route 31 West,
Ste. 140
Albion, NY 14411
(585) 589-3274

Oswego
74 Bunner St.
Suite 1
Oswego, NY 13126
(315) 349-8350

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

Putnam
25 Old Route 6
Carmel, NY 10512
(845) 808-1300

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

Rockland
11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Canton, NY 13617
(315) 379-2202

Saratoga
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249

Schenectady
2696 Hamburg St.
Schenectady, NY
12303
(518) 377-2469

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

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(607) 535-8195

Seneca
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
1062 State Rte. 38
PO Box 306
Owego, NY 13827
(607) 687-8261

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

Ulster
79 Hurley Ave.
Suite 112
Kingston, NY 12401
(845) 334-5470

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

Washington
1153 Burgoyne Ave.
Fort Edward, NY
12828
(518) 746-2180

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

Westchester
445 Hamilton Ave.
8th Floor
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 upon your death, you may enroll in the NYS *Donate Life*™ Registry online at www.donatelife.ny.gov or complete the form below.

You will receive a confirmation email or letter, 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 Gender M F

Eye color Height Ft. In.

Email DMV or ID NYC #

By signing below,
you certify that you are:

- 16 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 NYS *Donate Life*™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

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Sign

Date