Register to vote

With this form, you register to vote 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 U.S. 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 (TTD/TTY Dial 711) for answers or tools on our website www.elections.state.ny.us

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.

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

4 Birth date
5 Sex ☐ M ☐ F
Middle Initial

More information

6 Telephone (optional)

The address where you live

7 Address (not P.O. box)
Apt. Number
City/Town/Village
New York State County

The address where you receive mail

8 Address or P.O. box
P.O. Box
City/Town/Village

Voting history

9 Have you voted before? Yes ☐ No ☐

What year?

10

Voting information that has changed

Skip if this has not changed or you have not voted before

11 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.

12 ☐ 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
To vote in a primary election, you must be enrolled in one of these listed parties—except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

13 ☐ Democratic party
☐ Republican party
☐ Conservative party
☐ Working Families party
☐ Independence party
☐ Green party
☐ Other ..........................................
☐ I do not wish to enroll in a party

Affidavit: I swear or affirm that

15 ☐ 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