NEW YORK STATE VOTER REGISTRATION FORM

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

Box 8: The completion of this box is optional.

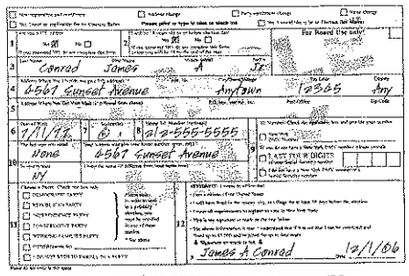
Box 9: Must be completed. If you have a current DMV number (Driver's license number or non driver ID number), you must provide that number. If you do not have a current DMV number, you must provide the last four digits of your social security number.

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: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. **Except the Independence Party which permits non-enrolled voters to vote in their primary elections.*

Box 12: This application must be signed and dated in ink.

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.



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-drive 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.

☐ New registration and enrollment ☐ Address change ☐ Party enrollment change ☐ Name change

☐ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day Worker

1 Are you a U.S. citizen Yes ☐ No ☐ If you answered NO, do not complete this form.

2 I will be 18 years old on or before election day: Yes ☐ No ☐ If you answered NO, do not complete this form, unless you will be 18 by the end of the year.

For Board Use only! D

3 Last Name | First Name | Middle Initial | Suffix

4 Address Where You Live (do not give P.O. address) | Apt. No. | City/Town/Village | Zip Code | County

5 Address Where You Get Your Mail (if different from above) | 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

☐ New York DMV Number _____

If you do not have a New York DMV number, please provide

☐ LAST FOUR DIGITS of your Social Security number ☐☐☐☐

☐ I do not have a New York DMV number or a Social Security number.

10 The last year you voted | Your Address was(give your house number, street, city) | In county/state | Under the name (if different from your name now)

11 **Choose a Party**– Check one box only

☐ DEMOCRATIC PARTY
☐ REPUBLICAN PARTY
☐ INDEPENDENCE PARTY
☐ CONSERVATIVE PARTY
☐ WORKING FAMILIES PARTY
☐ OTHERS(write in) _____
☐ I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in one of these parties.

* See above

12 **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 on the line 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.

⬇ Signature or mark in ink ⬇

X _____ Date _____

Eng 4/07

Please do not write in this space

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK, NY

POSTAGE WILL BE PAID BY ADDRESSEE

BOARD OF ELECTIONS
32 BROADWAY 7th. Fl.
NEW YORK, NY 10275-0067