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?

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

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.

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.

I need to apply for an Absentee ballot.

I would like to be an Election Day worker.

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.
• I do not have a New York State driver’s license or a Social Security number.
• I do not wish to enroll in a party

Sign: ____________________________ Date: ____________
**Donate Life™**

Register to donate your organs and tissues

To enroll in organ donation:

1. Fill out this form. If you do not wish to provide your full name and address, provide your name and address below.

2. Sign the form below to enroll in organ donation.

3. Before mailing, remove tape, fold and seal.