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

To register you must:
• be an 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 to your county's address on the back of this form, or have this form mailed to the office of your County Board of Elections.
Mail or deliver this form at least 26 days before the election you want to vote in. Your county board will notify you that you are registered to vote.

Questions?
Call your County Board of Elections listed on the back of this form or 1-800-367-8683 (TODAY!! Day & Year). Find answers or tests 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 driver's license 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.

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.

1 Qualifications
Are you a citizen of the U.S.? □ Yes □ No
If you answer No, you cannot register to vote.

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
Suffix
Middle Initial

More information
Items 5, 6 & 7 are optional

5 Birth date 6 Phone
5 Sex □ M □ F
7 Email

The address where you live
Address (not P.O. box) □ Binghamton University
City/Town/Village Binghamton
New York State County Broome
Apt. Number
City/Town/Village Binghamton
Address or P.O. box BU Box #
P.O. Box 6020
Zip code 13902

The address where you receive mail
Skip if same as above

Voting history
Have you voted before? □ Yes □ No
What year?

Voting information that has changed
Skip if this has not changed or you have not voted before

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 3 3 3 3
□ I do not have a New York State driver's license or a Social Security number

Political party
You must make 1 selection
Political party enrollment is optional but, in order to vote in a primary election of a political party, you must enroll in that political party, unless a state party rule allows otherwise.

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

If I do not wish to enroll in a political party
□ No party

Optional questions
15 □ 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 live in this 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 $3,000 and/or jailed for up to four years.

Sign
Date