# New York State Voter Registration Form

**Register to vote**

Fill out this form, you must be old enough to vote in the New York State. You also have to do the following:

- Change the name or address on your voter registration.
- Become a member of a political party.
- Select your political party.
- Verify your identity.

**To register you must:**

- Be a U.S. citizen.
- Be 18 years old at the end of this year or on or before election day.
- Not be on parole for a felony conviction.
- Not claim the right to vote elsewhere.

**Voting information**

For questions, please refer to Verifying your identity above.

**Identification**

You must make 1 selection.

For questions, please refer to Verifying your identity above.

**Political party**

You must make 1 selection.

Political party enrollment is optional but that, in order to vote in a primary election of a political party, you must enroll in that political party, unless state party rules allow otherwise.

**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 mean 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.

**Optional questions**

- I need to apply for an absentee ballot.
- I would like to be an Election Day worker.

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**Verify your identity**

For questions, please refer to Verifying your identity above.

**Questions**

Call your County Board of Elections listed on the back of this form or 1-800-367-8683 1-800-367-8683 TDD/TTY Dial 711 for answers or tools on our website www.elections.ny.gov
New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must either be personally delivered to your county board of elections not later than the day before the election, or postmarked by governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the board of elections no later than the close of polls on election day, or postmarked by governmental postal service not later than the day before the election and received no later than the 7th day after the election.

1. I am requesting, in good faith, an absentee ballot due to (check one reason):
   - [ ] absence from county or New York City on election day
   - [ ] temporary illness or physical disability
   - [ ] permanent illness or physical disability
   - [ ] duties related to primary care of one or more individuals who are ill or physically disabled
   - [ ] patient or inmate in a Veterans' Administration Hospital
   - [ ] detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

2. absentee ballot(s) requested for the following election(s):
   - [ ] Primary Election only
   - [ ] General Election only
   - [x] Special Election only
   - Any election held between these dates: absence begins: 8/22/16 absence ends: 5/20/17

3. last name or surname: BEARCAT first name: BAXTER
   middle initial: suffix:

4. date of birth: 01/01/1995
   county where you live: ALBANY
   phone number (optional):

5. address where you live (residence) street: 123 BINGHAMTON AVE
   city: apt. NY: state: zip code: 12345

6. Delivery of Primary Election Ballot (check one)
   - [x] Mail ballot to me at: (mailing address)
     street no. street name: apt. city: state: zip code: 12345
   - [ ] Deliver to me in person at the board of elections
     to pick up my ballot at the board of elections.

7. Delivery of General (or Special) Election Ballot (check one)
   - [x] Mail ballot to me at: (mailing address)
     street no. street name: apt. city: state: zip code: 12345
   - [ ] Deliver to me in person at the board of elections
     to pick up my ballot at the board of elections.

Applicant Must Sign Below

I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: X BAXTER BEARCAT Date: 9/9/16

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date __/__/___ Name of Voter: ____________________________ Mark: ____________________________

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

__________________________ ____________________________
(address of witness to mark) (signature of witness to mark)

BOARD USE ONLY:
Town/City/Ward/Dist: ____________________________
Registration No: ____________________________
Party: ____________________________

[ ] voted in office

Board Use Only
2010 regular ab app2_rev (6/15/10)