



# 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
- pre-register to vote if you are 16 or 17 years of age

## To register you must:

- be a US citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

## 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 (TDD/TTY Dial 711)

Find answers or tools on our website [www.elections.ny.gov](http://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 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.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

বঙ্গি আবেদন এই ফর্মটি বাংলায় পূরণে চান তাহলে 1-800-367-8683 নম্বরে ডেসক করুন

**!** 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** Are you a citizen of the U.S.?  Yes  No  
If you answer **No**, you cannot register to vote.

For board use only

## Qualifications

**A)** Will you be 18 years of age or older on or before election day?  Yes  No  
**B)** Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election.  Yes  No  
If you answer **No** to both of the prior questions, you cannot register to vote.

## Your name

**3** Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## More information

Items 5, 6 & 7 are optional

**4** Birth date 

M	M	/	D	D	/	Y	Y	Y	Y
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**5** Gender \_\_\_\_\_  
**6** Phone \_\_\_\_\_ **7** Email \_\_\_\_\_

## The address where you live

Address (not P.O. box) **Binghamton University**  
**8** Apt. Number \_\_\_\_\_ Zip code **1 3 9 0 2**  
City/Town/Village **Binghamton**  
New York State County **Broome**

Write your living community

## The address where you receive mail

Skip if same as above

Address or P.O. box **BU Box #**  
**9** P.O. Box **6020** Zip code **1 3 9 0 2**  
City/Town/Village **Binghamton**

Write your BU Box #

## Voting history

**10** Have you voted before?  Yes  No **11** What year? \_\_\_\_\_

## Voting information that has changed

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

**12** 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.

New York State DMV number \_\_\_\_\_  
**13**  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.

You must select one

## 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, a voter must enroll in that political party, unless state party rules allow otherwise.

**14** **I wish to enroll in a political party**  
 Democratic party  
 Republican party  
 Conservative party  
 Working Families party  
 Green party  
 Libertarian party  
 Independence party  
 SAM party  
 Other \_\_\_\_\_  
**I do not want to enroll in any political party and wish to be an independent voter**  
 No party

You must select one

## 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 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must sign and date

## Optional questions

**15**  I need to apply for an Absentee ballot.  
 I would like to be an Election Day worker.