### 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](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.

### Qualifications

1. Are you a citizen of the U.S.?  
   - Yes  
   - No

2. 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

4. First name

5. Sex  
   - M  
   - F

6. Middle Initial

### More information

Items 5, 6 & 7 are optional

7. Email

### The address where you live

8. Address (not P.O. box)

9. City/Town/Village

10. New York State County

### The address where you receive mail

11. Address or P.O. box

12. P.O. Box

13. Apt. Number

14. Zip code

### Voting history

15. Have you voted before?  
   - Yes  
   - No

16. What year?

### Voting information that has changed

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

17. Your name was

18. Your address was

19. Your previous state or New York State County was

### Identification

You must make 1 selection

20. New York State DMV number

21. Last four digits of your Social Security number

22. I do not have a New York State driver’s license or a Social Security number.

### Political party

You must make 1 selection

23. Political party

24. I wish to enroll in a political party

25. I do not wish to enroll in a political party

### Optional questions

26. I need to apply for an Absentee ballot.

27. 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.
- 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.

28. Sign

29. Date
Register to donate your organs and tissues
(Optional)

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) Donate Life Registry online at www.nyhealth.gov or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

By signing below, you certify that you are:

• 18 years of age or older;
• consenting to donate all of your organs and tissues for transplantation, research, or both;
• authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
• and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

First name
Middle Initial
Last name
Birth date
Sex
Eye color
City
Zip code
Address
Suffix
Kidney initial
First name
Middle Initial
Last name
Birth date
Sex
Eye color
City
Zip code
Address
Suffix
Kidney initial

Apt. Number
City
Zip code
Phone
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