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 (TDI/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.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDI/TTY Dial 711)

Find answers or tools 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 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.

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.
If you would like to be an organ and tissue donor, you may enroll in the Registry online or at
your local County Board of Elections office. To enroll by mail, complete and return this form.

(Optional) Register to donate your organs and tissues

Sign here

Full name

Birth date

Address

City

State

Zip code

Sex

Apt. number

Middle initial

First name

Address and stamp this section

Before mailing, remove tape, fold and seal.

Your County Board of Elections address (below)

Return to your County Board of Elections Office

www.nyhealth.gov

Donate Life™

If you would like to be an organ and tissue donor, you may enroll in the Registry online or at your local County Board of Elections office. To enroll by mail, complete and return this form.