

The power
of your



Some of the most important changes
in our country begin at the ballot box.

That's why the NYS Legislature passed bills simplifying voter registration.

- ✓ You can register, re-register and make address changes at many state and local offices serving the public, including the departments of Labor, Social Services, Motor Vehicles and state and city universities.
- ✓ In addition, the law allows 17-year-olds to register if they will reach their 18th birthday by the end of the calendar year.
- ✓ New Yorkers moving within a county or within New York City automatically have their registration transferred to the new address and the Board of Elections sends confirmation to you when it receives the address change.
- ✓ You can also register as an organ and tissue donor on the form.

Register. Make your vote count

Inside:

Making it
easier to



New voter registration form
now with donor registry option

Use this form to register TODAY!

Courtesy of:

Assemblymember
Al Stirpe



**Assemblymember
Al Stirpe**

District Office

7293 Buckley Road, Suite 201
N. Syracuse, NY 13212
315-452-1115

Albany Office

Room 656, LOB
Albany, NY 12248
518-455-4505

stirpea@assembly.state.ny.us
www.assembly.state.ny.us

Updated 2/13

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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 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.

Send or deliver this form

Fill out the form on the right and mail it to **your county's Board of Elections** or drop it off.

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 below or
1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on the Board of Elections website

www.elections.ny.gov

Verifying your identity

The Board of Elections will 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 to the right.

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 when you mail this form.

If they 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.

Mail your completed form to the address for the county in which you reside:

New York City

Executive Offices
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany

32 North Russell Road
Albany, NY 12206
(518) 487-5060

Allegany

6 Schuyler St.
Belmont, NY 14813
(585) 268-9294

Broome

Government Plaza
60 Hawley St., PO Box 1766
Binghamton, NY 13902
(607) 778-2172

Cattaraugus

302 Court St.
Little Valley, NY 14755
(716) 938-2400

Cayuga

10 Court St.
Auburn, NY 13021
(315) 253-1285

Chautauqua

7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung

378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango

5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton

Cnty. Government Ctr.
137 Margaret St. Ste. 104
Plattsburgh, NY 12901
(518) 565-4740

Columbia

401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland

112 River St., Ste. 1
Cortland, NY 13045
(607) 753-5032

Delaware

3 Gallant Ave.
Delhi, NY 13753
(607) 746-2315

Dutchess

47 Cannon St.
Poughkeepsie, NY 12601
(845) 486-2473

Erie

134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex

7551 Court St., PO Box 217
Elizabethtown, NY 12932
(518) 873-3474

Franklin

355 West Main St., Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton

2714 State Hwy 29, Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee

County Building #1
15 Main St., PO Box 284
Batavia, NY 14021
(585) 344-2550

Greene

411 Main St., Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton

Rte. 8, PO Box 175
Lake Pleasant, NY 12108
(518) 548-4684

Herkimer

109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson

175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis

7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston

County Govt. Ctr.
6 Court St., Room 104
Geneseo, NY 14454
(585) 243-7090

Madison

County Office Bldg.
N. Court St., PO Box 666
Wampsville, NY 13163
(315) 366-2231

Monroe

39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Montgomery

Old Courthouse
9 Park St., PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau

240 Old Country Rd., 5th Fl.
Mineola, NY 11501
(516) 571-2411

Niagara

111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida

Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Onondaga

1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontario

74 Ontario St.
Canandaigua, NY 14424
(585) 396-4005

Orange

25 Court Lane, PO Box 30
Goshen, NY 10924
(845) 291-2444

Orleans

14012 State Rte. 31
Albion, NY 14411
(585) 589-3274

Oswego

185 E. Seneca St., Box 9
Oswego, NY 13126
(315) 349-8350

Otsego

Ste. 2, 140 County Hwy. 33W
Cooperstown, NY 13326
(607) 547-4247

Putnam

25 Old Route 6
Carmel, NY 10512
(845) 808-1300

Rensselaer

Ned Pattison Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Rockland

11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence

48 Court St.
Canton, NY 13617
(315) 379-2202

Saratoga

50 W. High St.
Ballston Spa, NY 12020
(518) 885-2249

Schenectady

388 Broadway, Ste. E
Schenectady, NY 12305
(518) 377-2469

Schoharie

County Office Bldg.
284 Main St., PO Box 99
Schoharie, NY 12157
(518) 295-8388

Schuyler

County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY 14891
(607) 535-8195

Seneca

One DiPronio Dr.
Waterloo, NY 13165
(315) 539-1760

Steuben

3 E. Pulteney Sq.
Bath, NY 14810
(607) 664-2260

Suffolk

PO Box 700, Yaphank Ave.
Yaphank, NY 11980
(631) 852-4500

Sullivan

Gov't. Ctr.
100 North St., PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga

County Office Bldg.
56 Main St.
Owego, NY 13827
(607) 687-8261

Tompkins

Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster

284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren

Third Floor
Human Services Bldg.
1340 State Rte. 9
Lake George, NY 12845
(518) 761-6456

Washington

383 Broadway
Fort Edward, NY 12828
(518) 746-2180

Wayne

7376 State Rte. 31, Ste. 1200
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester

25 Quarropas St.
White Plains, NY 10601
(914) 995-5700

Wyoming

4 Perry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates

Ste. 1124, 417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Optional) Register to donate your organs and tissues



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.health.ny.gov or complete the form to the right and mail it in with your Voter Registration Form.

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

New York State Voter Registration Form

! 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.

Qualifications

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

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.

For board use only

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information

4 Birth date | M | M | / | D | D | / | Y | Y | Y | Y | _____ **5** Sex M F

6 Telephone (optional) | | | | - | | | | - | | | | |

The address where you live

7 Address (not P.O. Box) _____
Apt. Number _____ Zip code | | | | |
City/Town/Village _____
New York State County _____

The address where you receive mail
Skip if same as above

8 Address or P.O. Box _____
P.O. Box _____ Zip code | | | | |
City/Town/Village _____

Voting history

9 Have you voted before? Yes No **10** What year? | | | | |

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

11 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.

12 New York State DMV number | | | | |
 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.

Political party
You must make 1 selection
To vote in a primary election, you must be enrolled in one of these listed parties — except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

13 Democratic party
 Republican party
 Conservative party
 Working Families party
 Independence party
 Green party
 Other _____
 I do not wish to enroll in a party

! **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.

Optional questions

14 I need to apply for an Absentee ballot (optional).
 I would like to be an Election Day worker (optional).

15 **Sign** _____
Date _____

Optional **registration form to donate your organs and tissues**

Last name _____
First name _____
Middle Initial | | _____ Suffix _____
Address _____
Apt. Number _____ Zip code | | | | |
City _____
Birth date | M | M | / | D | D | / | Y | Y | Y | Y | _____ Sex M F
Eye color _____ Height | | Ft. | | In.

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.

_____ **Sign** _____ **Date**

clip and mail

Fold and
Tape Here

FROM:

PLACE
STAMP
HERE

TO: BOARD OF ELECTIONS

MAKE YOUR

 **Vote** COUNT

Questions?

PHONE

800-FOR-VOTE
800-367-8683
TDD 800-533-8683

WEBSITE

www.elections.ny.gov

