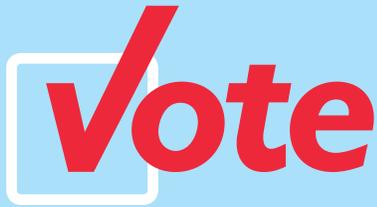


The power
of your



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 and Motor Vehicles, as well as 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.

Voter registration form is also available at: www.elections.ny.gov/votingregister.html

Inside:

New voter registration form
now with donor registry option

**Use this form to register
TODAY!**

Making it



Courtesy of:

Assemblywoman

Stacey Pheffer Amato



Assemblywoman Stacey Pheffer Amato

District Offices

95-16 Rockaway Beach Boulevard
Rockaway Beach, NY 11693
718-945-9550

162-38 Cross Bay Boulevard
Howard Beach, NY 11414
718-641-8755

Albany Office

Room 827, LOB
Albany, NY 12248

518-455-4292

amatos@nyassembly.gov
www.nyassembly.gov

Updated 1/18

The power
of your





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 U.S. 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;
- not be adjudged mentally incompetent by a court; and
- live at your present address 30 days before an election.

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 these 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.

Victims of domestic violence

N.Y. Election Law (5-508) allows victims of domestic violence who obtain a court order from NY Supreme Court in the county where they are registered to have their voter registration record kept separate and apart from other registration records and not be made available for inspection or copying by the public or any other person, except election officials acting within the course and scope of their official duties. Under a separate section of the law (11-306), you can also be excused from going to your polling place to vote and get a special ballot. For further information, you should contact your local board of elections for their confidential registration and special ballot procedures.

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.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

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

New York City

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

207 Rock City St., Ste. 100
Little Valley, NY 14755
(716) 938-2400

Cayuga

157 Genesee St. (basement)
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 14902-0588
(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) 832-5321

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.
Batavia, NY 14020
(585) 815-7804

Greene

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

Hamilton

102 County View Dr.
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.
Room 404
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.
138 N. Court St., Bldg.4
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) 571-8683

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

75 Webster Ave., PO Box 30
Goshen, NY 10924
(845) 360-6500

Orleans

County Admin Bldg.
14012 State Rte. 31 West
Albion, NY 14411
(585) 589-3274

Oswego

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

Otsego

140 County Hwy. 33W, Ste. 2
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

80 State Highway 310
Canton, NY 13617
(315) 379-2202

Saratoga

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

Schenectady

2696 Hamburg St.
Schenectady, NY 12303
(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

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

Sullivan

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

Tioga

1062 State Rt. 38, PO Box 306
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

Warren County Municipal Ctr.
Human Services Bldg., 3rd
Floor
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

417 Liberty St., Ste. 1124
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.

! 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> , you cannot register to vote.	For board use only	
	2	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> , you cannot register to vote unless you will be 18 by the end of the year.		
Your name	3	Last name _____ First name _____	Suffix _____ Middle Initial <input type="text"/> <input type="text"/>	
More information <small>Items 5, 6 & 7 are optional</small>	4	Birth date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	5	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	6	Phone <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	7	Email <input type="text"/>
The address where you live	8	Address (not P.O. box) _____ Apt. Number _____ Zip code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> City/Town/Village _____ New York State County _____		
The address where you receive mail <small>Skip if same as above</small>	9	Address or P.O. box _____ P.O. Box _____ Zip code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> City/Town/Village _____		
Voting history	10	Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	What year? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Voting information that has changed <small>Skip if this has not changed or you have not voted before</small>	12	Your name was _____ Your address was _____ Your previous state or New York State County was _____		
Identification <small>You must make 1 selection</small> <small>For questions, please refer to Verifying your identity above.</small>	13	<input type="checkbox"/> New York State DMV number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Last four digits of your Social Security number x x x - x x - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.		
Political party <small>You must make 1 selection</small> <small>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.</small>	14	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">I wish to enroll in a political party</div> <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Green party <input type="checkbox"/> Working Families party <input type="checkbox"/> Independence party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Reform party <input type="checkbox"/> Other _____	!	Affidavit: I swear or affirm that <ul style="list-style-type: none"> 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.
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">I do not wish to enroll in a political party</div> <input type="checkbox"/> No party	16	
Optional questions	15	<input type="checkbox"/> I need to apply for an Absentee ballot. <input type="checkbox"/> I would like to be an Election Day worker.		
		Sign		
		Date		

clip and mail

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

Last name _____

First name _____

Middle Initial Suffix _____

Address _____

Apt. Number _____ Zip code

City _____

Birth date / /

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

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 711

WEBSITE

www.elections.ny.gov

