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MAIL TO:

DUTCHESS COUNTY BOARD OF ELECTIONS

47 CANNON ST

POUGHKEEPSIE, NY 12601-3270



## 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 page 2 of this PDF document and mail it to **your county's address** from the list of addresses below, or take the 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.state.ny.us](http://www.elections.state.ny.us)

### 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 when you mail this form.

**If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.**

# New York State Voter Registration Form (See instructions on page 1)

**!** 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

For Board use only

**Your name**

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

**More information**

**4** Birth date  /  /  **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.

**15**

Sign   
Date

**Optional questions**

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

# (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.nyhealth.gov](http://www.nyhealth.gov) or complete the form below 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.

By signing below,

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

Apt. Number \_\_\_\_\_ Zip code \_\_\_\_\_

City \_\_\_\_\_

Birth date MM / DD / YYYY \_\_\_\_\_ Sex  M  F

Eye color \_\_\_\_\_ Height Ft. \_\_\_\_\_ In. \_\_\_\_\_

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.

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**Sign** **Date**