

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.? <input type="checkbox"/> Yes <input type="checkbox"/> No	For board use only
	If you answer <i>No</i> , you cannot register to vote.	
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 _____	Suffix _____
	First name _____	Middle Initial _____

More information

4	Birth date M, M / D, D / Y, Y, Y, Y	5	Sex <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	10	What year?
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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	<input type="checkbox"/> New York State DMV number
	<input type="checkbox"/> Last four digits of your Social Security number x x x - x x -
	<input type="checkbox"/> 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	<input type="checkbox"/> Democratic party
	<input type="checkbox"/> Republican party
	<input type="checkbox"/> Conservative party
	<input type="checkbox"/> Working Families party
	<input type="checkbox"/> Independence party
	<input type="checkbox"/> Green party
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> I do not wish to enroll in a party

Optional questions

14	<input type="checkbox"/> I need to apply for an Absentee ballot (optional).
	<input type="checkbox"/> I would like to be an Election Day worker (optional).



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.

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Sign

Date
