New York State Voter Registration Form

Register to vote
With this form you may 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.

Send or deliver this form
Fill out the form below and send it by personal delivery to your county’s address as shown on the back of this form, or mail this form to the office of your County Board of Elections.
Mail or deliver this form at least 10 days before the election you want to vote in. Your county will notify you if you are registered to vote

Questions?
Call your County Board of Elections for help in filling out this form or 1-800-FOR-VOTE (1-800-367-8683) or for more information on www.elections.ny.gov

Verifying your identity
We’ll try to check your identity by calling the DMV number (driver’s license number or non-driver’s ID number), or the last four digits of your Social Security number, which you’ll find 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 other government document that shows your name and address. You may include a copy of credit card types of ID with this form—be sure to tape the closed 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.

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

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.

Your name
Last name ____________________________
First name ____________________________
Middle Initial ______________

More information
Birth date ________ / ________ / ________
Sex ☐ M ☐ F
Phone ____________________________
Email ____________________________

The address where you live
City/Town/Village Binghamton
New York State County Broome

Address (not P.O. box) Binghamton University,
Apt. Number ____________________________ Zip code 13902
City/Town/Village Binghamton

The address where you receive mail
Skip same as above
P.O. Box 6000 Zip code 13902

Voting history
Have you voted before? ☐ Yes ☐ No
What year? ______

Voting information that has changed
Your name was
Your address was
Your previous state or New York State County was

Identification
☐ New York State DMV number ____________________________
☐ Last four digits of your Social Security number ____________________________
☐ I do not have a New York State driver’s license or a Social Security number.

Political party
You must make 1 selection
Political party enrollment is optional but that of a primary of a political party, a voter must enroll in that political party. Unless state party rules allow otherwise.

I wish to enroll in a political party
☐ Democratic Party
☐ Republican Party
☐ Conservative Party
☐ Green Party
☐ Working Families Party
☐ Independence Party
☐ Women’s Equality Party
☐ Reform Party
☐ Other ____________________________
☐ I do not wish to enroll in a political party
☐ No party

Optional questions
☐ I need to apply for an absentee ballot.
☐ I would like to be an Election Day worker.

Sign
Date

Your Living Community
Your BU Box #

Davvid: I swear or affirm that
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.

Sign ____________________________
Date ____________________________

Note: Must select 1 political party.
(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may register at the New York State Department of Health (NYS DOH) Donate Life Registry online at www.ny.gov or provide your name and address below.

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

By signing below, you certify that you are:

- 18 years of age or older
- willing to donate all of your organs and tissues for transplantation, research, or both
- allowing the Board of Elections to provide your name and identifying information to NYS DOH for enrollment in the Registry
- and authorizing NYS DOH to allow access to this information to a fully accredited organ procurement organization.

Last name

First name

Middle initial

SUFFIX

Address

Apt. Number

ZIP code

City

Birth date

Sex

Height

Eye color

Date

SIGN

FL

In.

[Signature]