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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

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 MM / DD / YYYY

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.

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

!

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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

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

Sign

Date

(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 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	M M / D D / Y Y Y Y	Sex	<input type="checkbox"/> M <input type="checkbox"/> 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