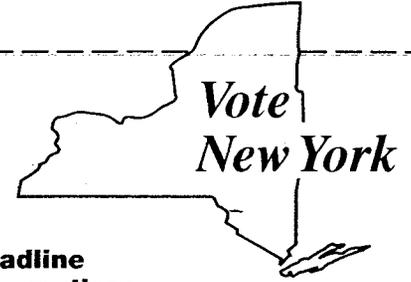# New York State Voter Registration Form

Vote
New York

You Can Use This Form To:
- register to vote in New York State
- change your name and/or address, if there is a change since you last voted
- enroll in a political party or change your enrollment

To Register You Must:
- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form
  (*note*: you must be 18 years old by the date of the general, primary or other election in which you want to vote).
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取本中文資料
表格，請電 1 - 800 - 367-8683

To Complete This Form:
Fill in all the boxes that apply to you.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

Box 7: The completion of this box is optional.

Box 9: If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

Box 10: Check one box only.

Box 11: This application must be signed and dated in ink.

If you will need an application for an Absentee Ballot or would like to be an Election Day Worker, please check below.

Deadline Information:
You can register in person at your county board of elections on any business day, except election day. If you want to vote in an election, you must mail or deliver this form to your county board of elections no later than 25 days before the election in which you want to vote. Your eligibility to vote will be based on the date you file this form, and your county board will notify you of your eligibilty.

Need More Registration Forms?
You can get registration forms at most state agency offices and post offices or at any county board of elections.

Questions?
Call your county board of elections. Find the phone number on the other side of this form. Or call 1-800-FOR-VOTE Hearing impaired people with TDD may call 1-800-533-8683. Or visit our website - www.elections.state.ny.us

Please print or type in blue or black ink

MREG(6/00)

☐ Yes, I need an application for an Absentee Ballot

☐ Yes, I would like to be an Election Day Worker

1	Check boxes that apply: ☐ new registration and enrollment ☐ address change ☐ party enrollment change ☐ name change	**2** Are you a U.S. citizen? ☐ Yes ☐ No If you answered NO, do not complete this form.	For Board Use Only

3	Last Name First Name Middle Initial Suffix

4	Address Where You Live (do not give P.O. address) Apt. No. City/Town/Village Zip Code County

5	Address Where You Get Your Mail (if different from above) P.O. box, star rte., etc. Post Office Zip Code

6	Date of Birth	**7**	Sex (circle) M F	**8** Home Tel. Number (optional)

9	The last year you voted Your Address was (give house number, street, and city) In county/state Under the name (if different from your name now)

10	Choose a Party — Check one box only ☐ REPUBLICAN PARTY ☐ DEMOCRATIC PARTY ☐ INDEPENDENCE PARTY ☐ CONSERVATIVE PARTY ☐ LIBERAL PARTY ☐ RIGHT TO LIFE PARTY ☐ GREEN PARTY ☐ WORKING FAMILIES PARTY ☐ I DO NOT WISH TO ENROLL IN A PARTY *Please note:* In order to vote in a **primary election**, you must be enrolled in a party.	**11**	**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. • This is my signature or mark on the line 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. ⬇ Signature or mark ⬇ X _____ Date _____

Please do not write in this space