**NYS Agency-Based Voter Registration Form**

"If you are not registered to vote where you live now, would you like to apply to register here today?"
- [ ] YES (if you check yes, please complete VOTER REGISTRATION APPLICATION at bottom of page)
- [ ] NO because I choose not to register OR
- [ ] I am already registered at my current address OR
- [ ] I asked for and received a mail registration form.

**Important!**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

For Board use only!

<table>
<thead>
<tr>
<th>VOTER REGISTRATION APPLICATION</th>
<th>(instructions on back)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Are you a U. S. citizen?</strong></td>
<td><strong>2 Will you be 18 years old on or before election day?</strong></td>
</tr>
<tr>
<td>[ ] Yes [ ] No [ ] No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If you answered NO, do not complete this form.</td>
<td>If you answered NO, do not complete this form unless you will be 18 by the end of the year.</td>
</tr>
</tbody>
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<tr>
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<th><strong>11</strong></th>
<th><strong>12</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Initial</td>
<td>Suffix</td>
<td>Address where you live (do not give P.O. address)</td>
<td>Apt. No.</td>
<td>City/Town/Village</td>
<td>Zip Code</td>
<td>County</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>[ ] New York DMV number__ __ __ __ __ __ __ __</td>
<td>[ ] New York Driver’s license number</td>
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<tr>
<td>[ ] Last four digits of your Social Security Number __ __ __ __</td>
<td>[ ] Last four digits of your Social Security Number __ __ __ __</td>
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<tr>
<td>[ ] I do not have a New York Driver’s license number</td>
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<td>[ ] New York DMV number__ __ __ __ __ __ __ __</td>
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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 will meet all requirements to register to vote in New York State.
- 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 in Ink] [Date]

(Optional) Register to donate your organs and tissues

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix</th>
<th>Address</th>
<th>Apt Number</th>
<th>Zip Code</th>
<th>City</th>
<th>Birth Date</th>
<th>Sex [ ] M [ ] F</th>
<th>Eye Color</th>
<th>Height</th>
<th>Ft.</th>
<th>In.</th>
</tr>
</thead>
</table>

By signing below, you certify that you are:
- 18 years of age or older
- Consent 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.

Sign [Date]
**Qualifications for Registration**

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.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

**Important!**

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - [www.elections.ny.gov](http://www.elections.ny.gov)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

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**Verifying your identity**

We will 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 will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay-check, 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 with 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.

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**To complete this form:**

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

*Box 9:* You must make one selection. For questions refer to **Verifying your identity** above.

*Box 10:* 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 11:* Check one box only. 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.