

Make your **VOTE** count

For more information about deadlines for registration and voting, contact the Board of Elections at **800-367-8683** (TDD: 711), or visit the Board of Elections website at **elections.ny.gov/VotingDeadlines.html**.

Make your **VOTE** count

New York State voter registration form *including* donor registry option
Use this form to **register TODAY!**

The power
of your
VOTE

Inside:

Courtesy of
**Speaker of the Assembly
Carl E. Heastie**



Important dates:

June 25, 2024 - Primary Election

June 15 - 23 - Primary Election Early Voting Period

Nov. 5, 2024 - General Election

Oct. 26 - Nov. 3 - General Election Early Voting Period

NYS Assembly, Albany, NY 12248

Updated 4/24

The power of your **VOTE**

Some of the most important changes in our country begin at the ballot box.

That's why the NYS Legislature passed bills **expanding early voting options** and **simplifying voter registration**.

- ✓ **NEW:** Starting in 2024, any registered voter in New York may apply to vote early by mail. Visit elections.ny.gov/request-ballot for more information and to apply for an Early Mail Ballot.
- ✓ You can register, re-register and make address changes at many state and local offices serving the public, including the departments of Labor, Social Services and Motor Vehicles, as well as state and city universities.
- ✓ Sixteen- and 17-year-olds can pre-register and then can vote once they turn 18 years old.
- ✓ The Board of Elections will automatically transfer the voter registration information of any New Yorker when it receives a notice of change of address to another address in New York State and will inform the voter when that notice has been received.
- ✓ You can also register as an organ and tissue donor on the form.

If you have questions about voter registration, contact the Board of Elections at **800-367-8683** (TDD: 711). You can also visit the Board of Elections website at elections.ny.gov/register-vote for more information about voter registration, to print out additional voter registration forms or to register online using the Board of Elections' Online Voter Registration portal.



Speaker of the Assembly Carl E. Heastie

Please contact my office if I can assist you further with this or any other matter.

District Office

250 Broadway, Suite 2301
New York, NY 10007
212-312-1400

Albany Office

Room 932, LOB
Albany, NY 12248
518-455-3791

speaker@nyassembly.gov • www.nyassembly.gov



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
- pre-register to vote if you are 16 or 17 years of age

To register you must:

- be a US citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

Send or deliver this form

Fill out the form below and send it to your **county's address** on the back of this form, or take this form to the office of your County Board of Elections.

This form must be received no later than **10 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.ny.gov

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 with this form—be sure to tape the sides of the 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.

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

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

শদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

! 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.

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

2 **A)** Will you be 18 years of age or older on or before election day? Yes No
B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? Yes No
If you answer **No** to both of the prior questions, you cannot register to vote.

For board use only

Your name

3 Last name _____ **Suffix** _____
First name _____ Middle Initial _____

More information (Items 5, 6 & 7 are optional)

4 Birth date: M M / D D / Y Y Y Y _____ **5** Gender _____
6 Phone: _____ **7** Email: _____

The address where you live

8 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)

9 Address or P.O. box _____
P.O. Box _____ Zip code _____
City/Town/Village _____

Voting history

10 Have you voted before? Yes No **11** What year? _____

Voting information that has changed (Skip if this has not changed or you have not voted before)

12 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.)

13 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. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.)

14 **I wish to enroll in a political party**

- Democratic party
- Republican party
- Conservative party
- Working Families party
- Other _____

16 **I do not want to enroll in any political party and wish to be an independent voter**

- No party

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

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

Sign _____
Date _____

Your address

Fold and
Tape Here



Place
First-Class
Stamp
Here

Your County Board of Elections address (select from below)

New York City
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
260 S. Pearl St.
Albany, NY 12202
(518) 487-5060

Allegany
8 Willets Ave.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285

Chautauqua
7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
Cnty Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
112 River St.
Suite 1
Cortland, NY 13045
(607) 753-5032

Delaware
97 Main St.
Suite 5
Delhi, NY 13753
(607) 832-5321

Dutchess
112 Delafield Street,
Suite 200
Poughkeepsie, NY
12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
7551 Court St.
PO Box 217
Elizabethtown, NY
12932
(518) 873-3474

Franklin
355 West Main St.
Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton
2714 St. Hwy 29
Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
Batavia, NY 14020
(585) 815-7804

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY
12108
(518) 548-4684

Herkimer
109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis
7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Geneseo, NY 14454
(585) 243-7090

Madison
County Office Bldg.
N. Court St.
PO Box 666
Wampsville, NY
13163
(315) 366-2231

Monroe
39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Nassau
240 Old Country Rd.
5th Fl.
PO Box 9002
Mineola, NY 11501
(516) 571-8683

Niagara
111 Main St.
Ste. 100
Lockport, NY 14094
(716) 438-4040

Oneida
Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Onondaga
1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontario
74 Ontario St.
Canandaigua, NY
14424
(585) 396-4005

Orange
75 Webster Ave
PO Box 30
Goshen, NY 10924
(845) 360-6500

Orleans
14016 Route 31 West,
Ste. 140
Albion, NY 14411
(585) 589-3274

Oswego
185 E. Seneca St.
Box 9
Oswego, NY 13126
(315) 349-8350

Otsego
Ste. 2
140 County Hwy. 33W
Cooperstown, NY
13326
(607) 547-4247

Putnam
25 Old Route 6
Carmel, NY 10512
(845) 808-1300

Rensselaer
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Rockland
11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Canton, NY 13617
(315) 379-2202

Saratoga
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249

Schenectady
2696 Hamburg St.
Schenectady, NY
12303
(518) 377-2469

Schoharie
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(607) 535-8195

Seneca
One DiPronio Dr.
Waterloo, NY 13165
(315) 539-1760

Steuben
3 E. Pulteney Sq.
Bath, NY 14810
(607) 664-2260

Suffolk
Yaphank Ave.
PO Box 700
Yaphank, NY 11980
(631) 852-4500

Sullivan
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga
1062 State Rte. 38
PO Box 306
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Ulster
79 Hurley Ave.
Suite 112
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Lake George, NY
12845
(518) 761-6456

Washington
383 Broadway
Fort Edward, NY
12828
(518) 746-2180

Wayne
7376 State Rte. 31
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Quarropas St.
White Plains, NY
10601
(914) 995-5700

Wyoming
4 Perry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life*™ Registry online at www.donatelife.ny.gov or complete the form below.

You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.



Last name _____

First name _____

Middle Initial Suffix _____

Address _____

Apt. Number _____ Zip code _____

City _____

Birth date

M	M	/	D	D	/	Y	Y	Y	Y

 Gender M F

Eye color _____ Height

 Ft. _____ In. _____

Email _____ DMV or ID NYC # _____

By signing below,
you certify that you are:

- 16 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 NYS *Donate Life*™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

Sign _____ Date _____