

# 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.

**If you do not check any box, you will be considered to have decided not to register to vote at this time.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Please Print Name)

## 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.

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

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

## VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (07/2012)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day worker

<b>1</b>	Are you a U. S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2</b>	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>For Board use only!</b>
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form unless you will be 18 by the end of the year.		
<b>3</b>	Last Name	First Name	Middle Initial	Suffix		
<b>4</b>	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village	Zip Code	County
<b>5</b>	Address where you get your mail (if different from above)		P.O. Box, star route, etc.		Post Office	Zip Code
<b>6</b>	Date of Birth	<b>7</b>	Sex (circle) M <input type="checkbox"/> F <input type="checkbox"/>	<b>8</b>	Home Tel. Number (optional)	
<b>10</b>	The last year you voted	Your Address was (give house number, street and city)			<b>9</b>	ID Number—Check the applicable box and provide your number: <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number
	In county/state	Under the Name (if different from your name now)				
<b>11</b>	<b>Choose a party -- Check one box only</b> <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			<b>12</b>	<b>AFFIDAVIT:</b> 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

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address \_\_\_\_\_  
 Apt Number \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Sex  M  F  
 Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.

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.**

## 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.

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