

# How to Register to Vote in New York City

## League of Women Voters of the City of New York

[www.lwvnyc.org](http://www.lwvnyc.org)

- The instructions that follow are for filling out the voter registration form for New York State. This is a paper form. On-line registration is only available for those with a current driver's license, permit, or non-drivers ID, through the Department of Motor Vehicles (DMV). See the LWVNYC guide *How to Register to Vote in New York Online through the DMV* for instructions. Otherwise, you must use a paper form.
- For information about your current registration, use the Registered Voter Search, <https://www.nycvotersearch.com/>. See the LWVNYC guide *How to Look up your Voter Registration in New York City* for instructions. Also, see the NYC Board of Elections website <https://vote.nyc/> for updated information on elections and deadlines, phone numbers and translations.
- The voter registration form from the NYC Board of Elections can be found at: <https://www.elections.ny.gov/NYSBOE/download/voting/voteregform-eng-fillable.pdf> Note that this form is legal sized, so to print it you will either need to use legal sized paper or shrink it down to letter sized using your printer settings. We have also provided a compressed letter sized version of the form at the end of this guide. The NYC Board of Elections voter registration form also includes a postage paid return address on the second page. (The NY State Board of Elections does not.)
- The NY State BOE does provide both a fillable form: <https://www.elections.ny.gov/NYSBOE/download/voting/voteregform-eng-fillable.pdf> and an Accessible form: <https://www.elections.ny.gov/NYSVoterRegistrationFormEnglish.html>. Once this form is completed, you will need to print it out (note it is also on legal sized paper), sign and date it, and mail it in.
- Completed forms should be mailed to:

Board of Elections  
32 Broadway, 7 Fl  
New York, NY 10004-1609

or to the Borough offices shown on second page of the form. Your form must be delivered or mailed at least 25 days before the next election for it to be effective for that election.

**Note:** Registration Forms are also available at the BOE Borough offices and at other locations, such as libraries, post offices and most NYC government agencies. However, stay-at-home restrictions currently mean many of these places are closed. You can also request a form by mail at <https://www.elections.ny.gov/VoterRegSite/VoterRegistration>, but we caution there may be delays. For assistance, please email the LWVNYC office at [office@lwvnyc.org](mailto:office@lwvnyc.org) or call 212-725-3541. The LWVNYC also maintains a supply of registration forms and can mail one to you.

# Instructions for Filling out the Voter Registration Form

**Use Blue or Black Pen!!!**

Forms filled out with any other colors, or pencil, will not be processed

**Guidelines.** Check the guidelines: “To register you must” on the left. Take note of “Verifying your identity” on the right.



## 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 or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- 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.

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.ny.gov](http://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.

ଦ୍ରଷ୍ଟବଳ ଥାଏ ଯଦି ଆପଣଙ୍କର ଲୋକ ସଭା ସଭାରେ 1-800-367-8683 ନମ୍ବର ଉପରେ କଲ୍ କରନ୍ତୁ

**Organ Donation.** On the physical form and the second page of the printed out form there is a section for Organ Donation. It is not part of the voter registration, but please consider donating!

### (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](http://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 |  
Eye color \_\_\_\_\_  
Email \_\_\_\_\_  
Gender  M  F  
Height | | Ft. | | In.  
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

## Answering the questions on the 2020 form

**!** 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.

<b>Qualifications</b>	1	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> , you cannot register to vote.	For board use only																	
	2	<b>A)</b> Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>B)</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. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <b>No</b> to both of the prior questions, you cannot register to vote.																		
<b>Your name</b>	3	Last name _____ First name _____	Suffix _____ Middle Initial _____																	
<b>More information</b> Items 5, 6 & 7 are optional	4	Birth date <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	D	D	Y	Y	Y	Y									5	Gender <input type="checkbox"/>
M	M	D	D	Y	Y	Y	Y													
	6	Phone _____	7	Email _____																

### Qualifications

**Q1. You may only register to vote if you are a citizen.**

**Q2. A.** If you will be at least 18 years old by election day (for 2020, either the primary held on June 23, or the general election on Nov. 3), check Yes. You must be at least 18 years old to vote in any election.

**Q2. B.** If you are at least 16 years old, you may pre-register to vote, and your registration will become active when you turn 18. Check Yes, if you are at least 16 currently, but note that you must be at least 18 years old to vote in any election.

### Your name and information

**Q3.** You should write in your name as it appears on the form of identification that you provide for question 13.

**Q4.** The birthdate **IS NOT** optional.

**Q5.** Gender **IS** optional.

**Q6 and Q7.** Although phone and email are optional, we at the LWVNYC **STRONGLY ADVISE** people to fill out this information in case the Board of Elections needs to follow up with questions.

## Addresses

The address where you live	8	Address (not P.O. box)	
		Apt. Number	Zip code
		City/Town/Village	
		New York State County	Select your New York State County
The address where you receive mail <small>Skip if same as above</small>	9	Address or P.O. box	
		P.O. Box	Zip code
		City/Town/Village	

**Q8.** This is the address that determines your polling place, so it should be a permanent address of sorts. It needs to be a physical address, not a P.O. Box, but it does not need to be a conventional apartment or house (it can be a street corner, for example). Students have the option of registering either where they go to school, away from “home”, or the “home” where their family is.

Counties in New York City are as follows:

Manhattan - New York County  
Bronx - Bronx County  
Brooklyn - Kings County  
Queens - Queens County  
Staten Island - Richmond County

**Only answer Q9 if you don't get mail reliably at the address you list on Q8.** Your registration will be confirmed by a mailing from the Board of Elections to this address. IF this mailing comes back “undelivered” your registration will not be active. The address provide in Q9 can be a relative, P.O. Box or community organization and does not need to be in state.

## Voting Information and Identification

<b>Voting history</b>	<b>10</b> Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>11</b> What year?
<b>Voting information that has changed</b> Skip if this has not changed or you have not voted before	<b>12</b> Your name was _____ Your address was _____ Your previous state or New York State County was _____	
<b>Identification</b> You must make 1 selection For questions, please refer to Verifying your identity above.	<b>13</b> <input type="checkbox"/> New York State DMV number                 <input type="checkbox"/> Last four digits of your Social Security number    x x x - x x -         <input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.	

**Q10 and Q11. Voting History.** These are to help the Board of Elections locate a prior registration. If you answer NO to Q10, then skip Q11 and Q12. If you don't remember when you voted last, make a reasonable estimate.

**Q12. Name or address changes.** Note the information provide in Q12 is the previous names or addresses ("Your name was" "Your address was"). Current information is written in Q3, Q8 and Q9. For line 3, if you moved from outside of NY State, indicate the state only, and if you moved from inside of NY State, indicate both the county and the state.

**Q13. Identification.** Answer by checking one of the first two boxes, if you have one of those two types of information, and write in either your full DMV number (driver's license number or non-driver ID number) or the the last 4 digits of your social security number (do NOT write in your full SSN!). If you check the third box, you will be asked to verify your identity the first time you vote, as described on the blue box on the top part of the form under "Verifying your identity". Note that NY State does not require identification to vote and that this information is to verify your identity. Anyone helping you fill out the form is not asked to review the form of identification that you provide.

## Political Parties and Optional Questions

<b>Political party</b> 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.	<b>14</b> <b>I wish to enroll in a political party</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"/> Green party <input type="checkbox"/> Libertarian party <input type="checkbox"/> Independence party <input type="checkbox"/> SAM party <input type="checkbox"/> Other <b>I do not want to enroll in any political party and wish to be an independent voter</b> <input type="checkbox"/> No party	<b>16</b> <b>Affidavit: I swear or affirm that</b> <ul style="list-style-type: none"><li>I am a citizen of the United States.</li><li>I will have lived in the county, city or village for at least 30 days before the election.</li><li>I meet all requirements to register to vote in New York State.</li><li>This is my signature or mark in the box below.</li><li>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.</li></ul> Sign  Date
<b>Optional questions</b>	<b>15</b> <input type="checkbox"/> I need to apply for an Absentee ballot. <input type="checkbox"/> I would like to be an Election Day worker.	

**Q14.** We at the LWWNYC encourage you to enroll in a political party because New York State is a Closed Primary State, which means that you may only vote in a party's primary election if you are enrolled in that party.

If you do not want to enroll in a political party, check "No party". *NOTE: The Independence Party is a particular party and by checking that box you are **not** saying that you are an "independent" voter. Only by checking "No party" are you indicating that you are an "independent" voter.*

**Q15.** If you would like to apply for an Absentee ballot or be an Election Day worker, you can check these boxes, however we recommend that follow up to ensure that these requests have been processed and/or apply separately. See the LWWNYC guide ***How to Apply for an Absentee Ballot in New York City*** for instructions. For information on becoming Election Day Worker, click on Poll Workers at the top of the [www.vote.nyc](http://www.vote.nyc) website.

## Make sure you Sign and Date!

Write your signature as you will write it at the poll site or on an absentee ballot. The rest of the form may be filled out with assistance, but the applicant must sign and date the form him/her/themselves.

Mail the form either to the main Board of Elections office or to the Borough offices, which are both shown on the last page of this guide. The main advantage in sending it to the main office is that you can use the postage paid feature, but otherwise we recommend sending the forms directly to the Borough offices.

To check on the status of your registration, use the Registered Voter Search, <https://www.nycvotersearch.com/>



# New York State Voter Registration Form

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- become a member of a political party
- change your party membership
- pre-register to vote if you are 16 or 17 years of age

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- be a U.S. citizen
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18)
- not be in prison or on parole for a felony conviction (unless parole/pardon or restored rights of citizenship)
- not claim the right to vote elsewhere
- not found to be incompetent by a court

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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 para obtener más detalles: [www.elections.ny.gov](http://www.elections.ny.gov) (línea 1-800-367-8883) 中文資料, 英語資料或加中文資料查詢: [www.elections.ny.gov](http://www.elections.ny.gov) (電話 1-800-367-8883) 한국어: [www.elections.ny.gov](http://www.elections.ny.gov) (전화 311-8883) 2025年10月1日

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.

## Qualifications

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.

3 Your name Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

4 More information Birth date \_\_\_\_\_ 5 Gender \_\_\_\_\_  
Items 5, 6 & 7 are optional 6 Phone \_\_\_\_\_ 7 Email \_\_\_\_\_

8 The address where you live Address (not P.O. box) \_\_\_\_\_  
Apt. Number \_\_\_\_\_ Zip code \_\_\_\_\_  
City/Town/Village \_\_\_\_\_  
New York State County \_\_\_\_\_

9 The address where you receive mail Address or P.O. box \_\_\_\_\_  
Skip if same as above P.O. Box \_\_\_\_\_ Zip code \_\_\_\_\_  
City/Town/Village \_\_\_\_\_

10 Voting history Have you voted before?  Yes  No 11 What year? \_\_\_\_\_

12 Voting information that has changed Your name was \_\_\_\_\_  
Skip if this has not changed or you have not voted before Your address was \_\_\_\_\_  
Your previous state or New York State County was \_\_\_\_\_

13 Identification You must make 1 selection  
For questions, please refer to Verifying your identity above.  
 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  
 Green party  
 Libertarian party  
 Independence party  
 SAM party  
 Other \_\_\_\_\_  
I do not want to enroll in any political party and wish to be an independent voter  
 No party

16 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.

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

Sign \_\_\_\_\_  
Date \_\_\_\_\_

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.

Date \_\_\_\_\_ Sign \_\_\_\_\_

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Apt. Number \_\_\_\_\_  
 City \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Eye color \_\_\_\_\_  
 Email \_\_\_\_\_

DMV or ID NYC # \_\_\_\_\_  
 Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 Gender  M  F  
 Zip code \_\_\_\_\_  
 Suffix \_\_\_\_\_

**(Optional) Register to donate your organs and tissues**

 You may enroll in the NYS *Donate Life*™ Registry online at [www.donateife.ny.gov](http://www.donateife.ny.gov) or complete the form below. If you would like to be an organ and tissue donor upon your death, you will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

 **Board of Elections Borough Offices**

**General Office**  
 32 Broadway, 7 Fl  
 New York, NY 10004-1609  
 Tel: 1.212.487.5300 / 1.212.487.5400  
 Phone Bank: 1.866.VOTE.NYC  
 E-mail: [electioninfo@boe.nyc.ny.us](mailto:electioninfo@boe.nyc.ny.us)  
 Web Page: [www.vote.nyc.ny.us](http://www.vote.nyc.ny.us)

**Borough Offices**

<p><b>Manhattan</b>          200 Varick Street, 10 Fl          New York, NY 10014          Tel: 1.212.886.2100</p>	<p><b>Brooklyn</b>          345 Adams Street, 4 Fl          Brooklyn, NY 11201          Tel: 1.718.797.8800</p>	<p><b>Staten Island</b>          1 Edgewater Plaza, 4 Fl          Staten Island, NY 10305          Tel: 1.718.876.0079</p>
<p><b>Bronx</b>          1780 Grand Concourse, 5 Fl          Bronx, NY 10457          Tel: 1.718.299.9017</p>	<p><b>Queens</b>          118-35 Queens Boulevard, 11th Fl          Forest Hills, NY 11375          Tel: 1.718.730.6730</p>	

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

BUSINESS REPLY MAIL  
 FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY

POSTAGE WILL BE PAID BY ADDRESSEE

BOARD OF ELECTIONS  
 32 BROADWAY 7 FL  
 NEW YORK NY 10275-0067