

NEW YORK STATE VOTER REGISTRATION FORM



To COMPLETE THIS FORM fill in all sections which apply to you. MAKE CERTAIN THAT YOU PLACE ONLY ONE LETTER OR NUMBER IN EACH BOX AND LEAVE A BLANK BOX IN BETWEEN WORDS. See the sample —>

Sections 1, 2, 3, 4, 6, and 11 are essential. Your registration cannot be processed unless all the information required in these sections is submitted. Especially remember to SIGN and date your application (section 11).

Section 5 must be filled in if you receive your mail at an address different from your legal residence. (For example, at a PO Box and Station or Rural Rte., etc.)

Sections 7 and 8 are optional.

Fill in section 9. If you have never voted before, write "NONE". If you have voted before and cannot remember the year, place a "?" in the space. If your name has been changed since the last time you voted, indicate it here and supply your former name.

Section 10: Check ONE box only. Note: If you wish to vote in a political party's PRIMARY election you must be an enrolled member of that political party. Place an "X" next to that party.

Check boxes that apply: I need an application for an Absentee Ballot I would like to be an Election Day Worker

1 New registration and enrollment Address Change Party enrollment change Name Change

2 Are you a U.S. citizen? Yes No
IF NO, DO NOT COMPLETE THIS FORM

3 CONRAD JAMES A JR

4 9567 SUNSET AVE APT 10F
CITY TOWN VILLAGE NY ZIP CODE
ANYTOWN NY 12345

5 PO BOX 6789 GCS STATION ZIP CODE
12345

6 07/11/1977 7 Sex M 8 (212) 555-5555
Date of Birth (MM/DD/YYYY) Home Telephone-Area Code and Number (optional)

9 NONE
The Last Year You Voted Under the Name (if different from your name now)

Your Address Was (give house number, street and city)

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 James A. Conrad
Signature or Mark

Date (MM/DD/YY)
07/01/1999

* 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.
* I am a Citizen of the United States
* I will have lived in the county, city, or village for at least 30 days before election
* This is my signature or mark in the box below

Questions?

Call your County Board of Elections or (212) VOTE-NYC [212-868-3692]
Hearing Impaired people with TDD may call (212) 487-5496.

PLEASE PRINT IN BLUE OR BLACK INK. USE BLOCK LETTERS.

Check boxes that apply: I need an application for an Absentee Ballot I would like to be an Election Day Worker

1 New registration and enrollment Address Change
 Party enrollment change Name Change

2 Are you a U.S. citizen? Yes No
IF NO, DO NOT COMPLETE THIS FORM

D

3 Last First MI Suffix

4 Address Where You Live (do not give P.O. address) APT. No.

City/Town/Village NY ZIP CODE

5 Address Where You Get Your Mail (P.O. Box etc) Post Office ZIP CODE

6 Date of Birth (MM/DD/YYYY) 7 Sex M F 8 () - ()
Home Telephone-Area Code and Number (optional)

9 The Last Year You Voted Under the Name (if different from your name now)

Your Address Was (give house number, street and city) State

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

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 election
* 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.

11
Signature or mark

Date (MM/DD/YY)
/ /

NEW YORK STATE VOTER REGISTRATION FORM

YOU CAN USE THIS FORM TO:

- Register to vote in New York State
- Change your name/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.)
- Live at your present address for at least 30 days before an election.
- 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 (212) VOTE-NYC [212-868-3692]

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 eligibility. [THE COMPLETED FORM MAY NOT BE FAXED]

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 or (212) VOTE-NYC [212-868-3692]

Hearing impaired people with TDD may call (212) 487-5496.

Eng 9/99



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

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY

BUSINESS REPLY MAIL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

