Moisten and seal to "X" (fold in half)

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).

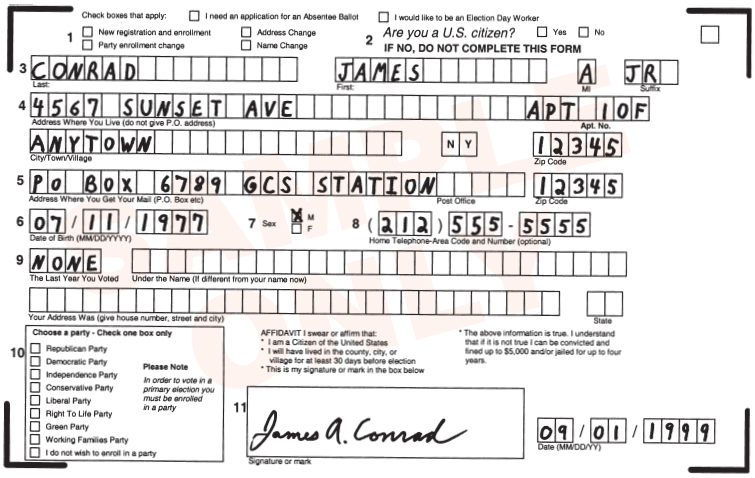
Section 5 must be filled in if you receive your mail at an address different from your legal residence. (For example, at a PO Box and Station or Rural Rte., etc.)

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.

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



Questions?

Call your County Board of Elections or (212) VOTE-NYC [212-868-3692]
Residents of NYC may call toll free 1-866-VOTE-NYC

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

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

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3 Last: First: MI Suffix

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

City/Town/Village N Y 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) / /

Eng 3/02

NOTE: DO NOT STAPLE OR TAPE
"X" (fold in half to seal for mailing)