

NEW YORK STATE VOTER REGISTRATION FORM



TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.

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: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

Box 12: This application must be signed and dated in ink.

If you would like an application for an ABSENTEE BALLOT or would like to be an ELECTION DAY WORKER, please check the corresponding box below.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| <input type="checkbox"/> New registration and enrollment | | <input type="checkbox"/> Address change | | <input type="checkbox"/> Party enrollment change | | <input type="checkbox"/> Name change | |
| <input type="checkbox"/> Yes, I need an application for an Absentee Ballot | | | | <input type="checkbox"/> Yes, I would like to be an Election Day Worker | | | |
| Please print or type in blue or black ink | | | | | | | |
| 1 Are you a U.S. citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 2 I will be 18 years old on or before election day: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | For Board use only! | | | |
| Last Name: <u>Conrad</u> | | First Name: <u>James</u> | | Middle Initial: <u>A</u> | | Suffix: <u>Jr</u> | |
| Address Where You Live (do not give P.O. address): <u>4567 Sunset Avenue</u> | | | | City/Town/Village: <u>Amgwin</u> | | Zip Code: <u>12345</u> County: <u>Any</u> | |
| Address Where You Get Your Mail (if different from above): | | | | P.O. box, star route, etc.: | | Post Office: Zip Code: | |
| 6 Date of Birth: <u>1/11/77</u> | | 7 Sex (circle): <u>M</u> | | 8 Home Tel. Number (optional): <u>212-555-5555</u> | | 9 ID Number - Check the applicable box and provide your number: <input type="checkbox"/> New York Driver's License Number | |
| 10 The last year you voted: <u>None</u> | | Your Address was (give house number, street, and city): <u>4567 Sunset Avenue</u> | | 9 <input type="checkbox"/> LAST FOUR DIGITS of your Social Security number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| In county/state: <u>NY</u> | | Under the name (if different from your name now): | | <input type="checkbox"/> I do not have a New York driver's license number or a Social Security number. | | | |
| 11 Choose a Party — Check one box only: <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in): <input checked="" type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY | | | | 12 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 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 ↓ <u>X</u> <u>James A Conrad</u> Date: <u>10/1/00</u> | | | |

IDENTIFICATION REQUIREMENTS

Identification means a **verifiable New York Driver's License** number or the **last four digits of your Social Security number**, as requested in **Box 9** of the application.

If you do not have either of these, and you are registering for the first time and are doing so by mail, you may provide a copy of a valid photo ID, or a current utility bill, bank statement, government check or some other government documentation that shows your name and address. If you do not provide identification with this form, you will be asked for it the first time you vote.

If you include a copy of any identification, be sure to tape the sides of this form closed.

| | | | | | | | |
|---|--|--|--|---|--|---|--|
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| 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. | | | | | |
| 3 Last Name | | First Name | | Middle Initial | | Suffix | |
| 4 Address Where You Live (do not give P.O. address) | | | | Apt. No. | | City/Town/Village | |
| Zip Code | | | | County | | | |
| 5 Address Where You Get Your Mail (if different from above) | | | | P.O. box, star rte., etc. | | Post Office | |
| Zip Code | | | | | | | |
| 6 Date of Birth | | 7 Sex (circle) M F | | 8 Home Tel. Number (optional) | | 9 ID Number - Check the applicable box and provide your number: <input type="checkbox"/> New York Driver's License Number | |
| 10 The last year you voted | | Your Address was (give house number, street, and city) | | <input type="checkbox"/> LAST FOUR DIGITS of your Social Security number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| In county/state | | Under the name (if different from your name now) | | <input type="checkbox"/> I do not have a New York driver's license number or a Social Security number. | | | |
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Please do not write in this space

NOTE: DO NOT STAPLE OR TAPE

"X" (fold in half to seal for mailing)