NEW YORK STATE VOTER REGISTRATION FORM

_	New registration and enr				ddress o	-		-	nrollmen	_	=		☐ Name	_		
	Yes, I need an application	n for a	n Absentee Ballot	P		print or type in blu				Yes, I	I would like to	be an	Election	Day Worke	er	
	Are you a U.S. citizen? Yes No					I will be 18 years old on or before election day:						For Board use only!				
1	Yes □ No □ 2					Yes No I If you answered NO, do not complete this form,										
	If you answered NO, do not	comple	ete this form.			ss you will be 18 by the ϵ										
3	Last Name		First Name	•		Middle Initial		S	Suffix							
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4	Address Where You Live (de	o not g	ive P.O. address)		Apt. No. City/Town/Village					Zip Code		Co	ounty			
_	Address Where You Get You	r Mail (if different from above		P.O. box, star rte., etc.					Post Office Zip Code						
5																
6	Date of Birth	7	Home Tel. Number (optional)						eck the applicab	ble box	and provi	de your numb	er			
6			M F					□ New Lice	y York D nse Nun	river's nber						
	The last year you voted	number,	mber, street, and city)				AST FOUR DIGITS our Social Security number									
10	To a control data	177	Under the name (if different		from your name now)			9	of yo	our Soci	al Security num	ber				
	In county/state Under the name (if different fro					on your name now)			□ I do	not have	re a New York driver's license number or a rity number					
						Soci	al Secur	rity number								
	Choose a Party — Check one box only					AFFIDAVIT: I swear or affirm that										
	☐ REPUBLICAN PARTY Please note:					I am a citizer	n of the U	Jnite	ed States							
	☐ DEMOCRATIC PAR					I will have lived in the cour I meet all requirements to re				y, city, or village for at least 30 days before the election.					ion.	
	☐ INDEPENDENCE PA	ARTY	electi	on, yo	bu	This is my si	ignature o	r ma	ark on th	e line b	pelow.					
11	☐ CONSERVATIVE PARTY must be enr in one of the parties.					The above in and fined up					nd that if it is ip to four year		ie I can	be convicted	d	
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Congratulations!