

http://www.elections.state.ny.us/NYSBOE/download/voting/voteform\_enterable.pdf - Windows Internet Explorer

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Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

unity bill, bank statement, government check or some other government document that shows your name and address. If you include a copy of any identification with this application, be sure to tape the sides of this form closed.

you must be enrolled in one of New York's 5 constituted parties. •Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.

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.

Yes, I need an application for an Absentee Ballot **Please print in blue or black ink**  Yes, I would like to be an Election Day Worker

1 Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		2 I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form, unless you will be 18 by the end of the year.		For Board use only!	
3 Last Name		First Name		Middle Initial	
4 Home Address Where You Live (do not give P.O. address)		Apt. No.		City/Town/Village	
5 Address Where You Get Your Mail (if different from home address)		P.O. box, star rte., etc.		Post Office	
6 Date of Birth		7 Sex (circle) <input type="checkbox"/> M <input type="checkbox"/> F		8 Home Tel. Number (optional)	
10 In county/state		Your Address was (give house number, street, and city)		9 ID Number - Check the applicable box and provide your number <input type="checkbox"/> New York DMV number If you do not have a New York DMV number, please provide <input type="checkbox"/> Last four (4) digits of your Social Security number <input type="checkbox"/> I do not have a New York DMV number or a Social Security number.	
11 Choose a Party — Check one box only <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in) <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		To vote in a primary election, you must be enrolled in one of these parties. *See above		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 in ink ↓ X _____ Date _____	

Please do not write in this space

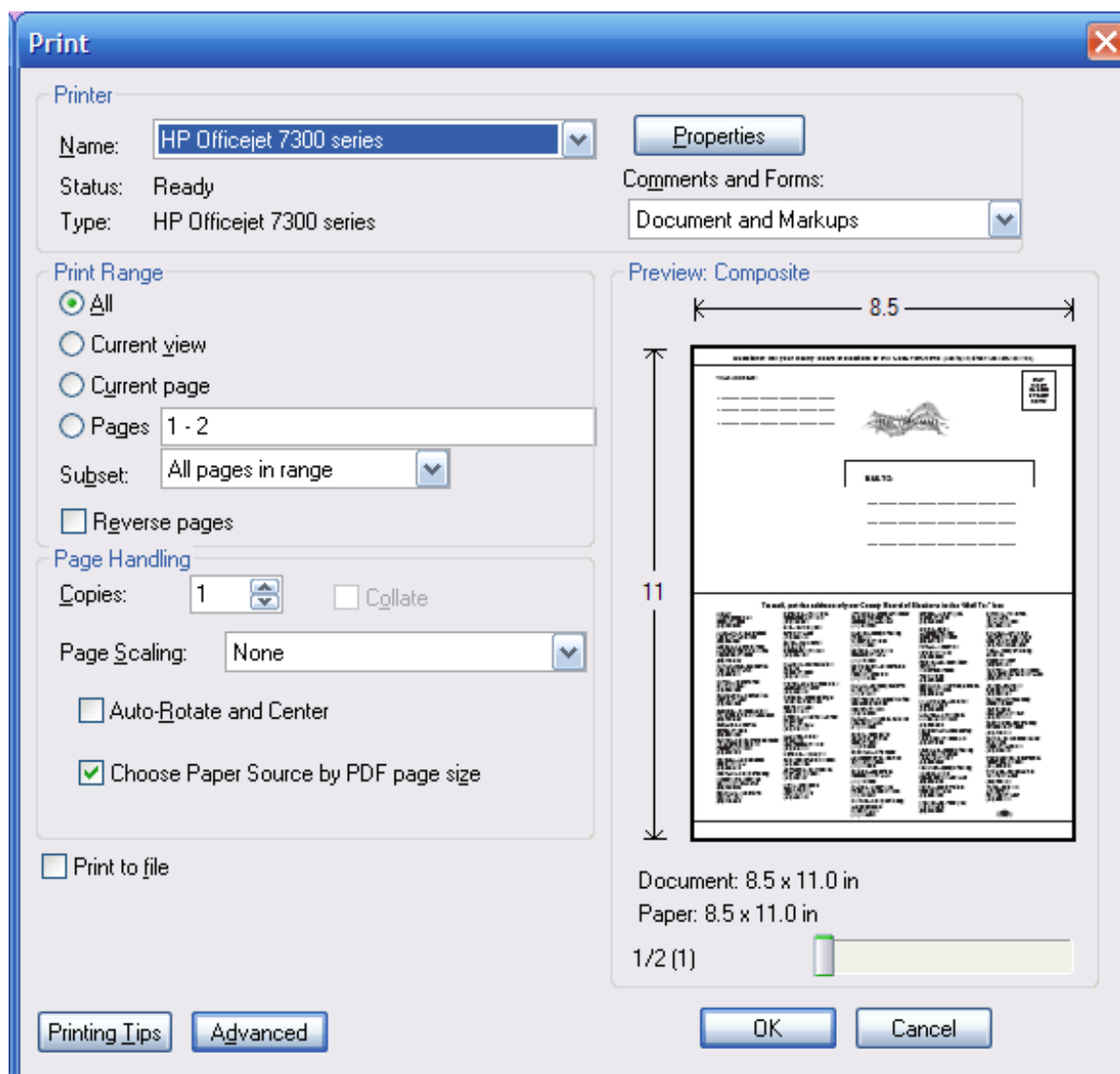
Clear Form

In most versions of Adobe, you can select Highlight Fields to see which fields can be filled in within the file.

Check the following items; - Which are set to default.

- The “Yes, I need an application for an Absentee Ballot” is checked by default. Uncheck it if you do not need an absentee ballot.
- The “Yes, I would like to be an Election Day Worker” is checked by default. Uncheck it if you do not want to be an election day worker.
- The County field doesn't seem to work because you can't select anything except for the A counties. Just type the first letter of your county, ie E for Essex and the counties starting with E will be given as an option.

## Printing Instructions:



Page Scaling should be set to “None” and Choose Paper Source by PDF page size should be selected.

Just print on standard 8 ½ x 11 paper. You can fold on the dotted lines and tape the edges for mailing, or just place in another envelope and send to our local Board of Elections.