



New York State Statement of Confidential Voter

1. Personal Information

Full Name

Date of Birth

2. Address Information

Address

City

State

Zip Code

County where you live

3. Affirmation

By signing this document, I do hereby swear or affirm that I am a victim of domestic violence, and further that because of the threat of physical or emotional harm to myself or to family or household members, I wish to have my voter registration record kept confidential.

Signature

Date

Instructions:

Complete this form by providing the information requested and submit it to the Board of Elections in the county in which you are registered to vote. If you are not already registered to vote, you must first complete a voter registration form.

Upon processing your completed form, the Board of Elections shall ensure that any registration record maintained by them be kept separate and apart from other such records and not be made available for inspection or copying by the public or any other person, except election officials acting within the course and scope of their official duties and only as pertinent and necessary.

The confidentiality of such registration records shall begin upon the Board's acceptance of your application and will continue for four years from such date.

A new application may be made prior to the expiration of such four year period.

Under a separate section of Election Law, you can also be excused from going to your polling place to vote and receive a special ballot. For further information, please contact your local Board of Elections for their special ballot procedures.