



## Address and stamp this section

Your address

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Place  
First-Class  
Stamp  
Here

Before mailing,  
remove tape,  
fold and seal

Your County Board of Elections address (select from below)

**Ulster**  
County Office Bldg.  
284 Wall St.  
Kingston, NY 12401  
(845) 334-5470

**Warren**  
City, Municipal Ctr.  
3rd Floor  
Human Serv. Bldg  
1340 St. Rte. 9  
Lake George, NY  
12845  
(518) 761-6456

**Washington**  
383 Broadway  
Fort Edward, NY  
12828  
(518) 746-2180

**Wayne**  
7376 State Rte. 31  
PO Box 636  
Lyons, NY 14489  
(315) 946-7400

**Westchester**  
25 Quarrpas St.  
White Plains, NY  
10601  
(914) 995-5700

**Wyoming**  
4 Ferry Ave.  
Warsaw, NY 14569  
(585) 786-8931

**Yates**  
417 Liberty St.  
Penn Yan, NY 14527  
(315) 536-5135

**Schuyler**  
County Office Bldg.  
105 9th St., Unit 13  
Watkins Glen, NY  
14891  
(845) 808-1300

**Rensselaer**  
Ned Pattison  
Govt. Bldg.  
14891  
(607) 535-8195

**Seneca**  
One DiPronio Dr.  
Watkins Glen, NY  
13665  
(315) 539-1760

**Stauben**  
3 E. Putney Sq.  
Bath, NY 14810  
(607) 664-2260

**Surfolk**  
Yaphank Ave.  
Yaphank, NY  
11980  
(631) 852-4500

**Sullivan**  
Govt. Ctr.  
100 North St.  
Monticello, NY 12701  
(845) 807-0400

**Tioga**  
1062 State Rte. 38  
PO Box 366  
Owego, NY 13827  
(607) 687-8261

**Tompkins**  
Court House Annex  
128 E. Buffalo St.  
Ithaca, NY 14850  
(607) 274-5522

**Ulster**  
284 Wall St.  
Kingston, NY 12401  
(845) 334-5470

**Putnam**  
25 Old Route 6  
Carmel, NY 10512  
(845) 808-1300

**Ontario**  
Union Station  
321 Main St.  
Carmel, NY 10512  
(845) 808-1300

**Livingston**  
County Govt. Ctr.  
6 Court St.  
Room 104  
Genesee, NY 12095  
(585) 243-7090

**Madison**  
County Office Bldg.  
74 Ontario St.  
Canandigua, NY  
14244  
(585) 396-4005

**Orange**  
75 Webster Ave  
Canton, NY 13617  
(315) 379-2202

**Saratoga**  
50 W. High St.  
Ballston Spa, NY  
12020  
(518) 885-2499

**Schenectady**  
2696 Hamburg St.  
Schenectady, NY  
12303  
(518) 377-2499

**Schoharie**  
County Office Bldg.  
284 Main St.  
PO Box 99  
Schoharie, NY 12157  
(518) 295-8388

**Osego**  
Box 9  
Owego, NY 13126  
(315) 349-8350

**Niagara**  
111 Main St.  
Lockport, NY 14094  
(716) 438-4040

**Nassau**  
240 Old Country Rd.  
5th Fl.  
PO Box 9002  
Mineola, NY 11501  
(516) 571-8683

**Jefferson**  
175 Arsenal St.  
Watertown, NY 13601  
(315) 785-3027

**Essex**  
751 Court St.  
PO Box 217  
Elizabethtown, NY  
12932  
(518) 873-3474

**Chenango**  
378 South Main St.  
Elmira, NY 14902  
(607) 737-5475

**Franklin**  
355 West Main St.  
Malone, NY 12953  
(518) 481-1663

**Clinton**  
City Government Ctr.  
2714 St. Hwy 29  
St. 104  
Plattsburgh, NY 12901  
(518) 565-4740

**Columbia**  
401 State St.  
Hudson, NY 12534  
(518) 828-3115

**Cortland**  
112 River St.  
Suite 1  
Cortland, NY 13045  
(607) 753-5032

**Delaware**  
3 Gallant Ave.  
Delft, NY 13753  
(607) 832-5321

**Hamilton**  
Rte. 8  
PO Box 175  
Lake Pleasant, NY  
12108  
(518) 548-4684

**Herkimer**  
109 Mary St.  
St. 1306  
Herkimer, NY 13350  
(315) 867-1102

**Herkimer**  
157 Genesee St.  
(Basement)  
Auburn, NY 13021  
(315) 253-1285

**Chautauque**  
7 North Erie St.  
Buffalo, NY 14202  
(716) 858-8891

**Chenung**  
PO Box 588  
Elizabethtown, NY  
12932  
(518) 873-3474

## (Optional) Register to donate your organs and tissues



You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life*™ Registry online at [www.donatelife.ny.gov](http://www.donatelife.ny.gov) or complete the form below.

Last name

First name

Middle Initial

Suffix

Address

Apt. Number

City

Birth date

MM / DD / YYYY

Eye color

Height

In.

DMV or ID NYC #

#

#

#

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16 years of age or older;

consenting to donate all of your organs and tissues for transplantation, research, or both;

authorizing the Board of Elections to provide your name and identifying information to NYS *Donate Life*™ Registry for enrollment;

and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

By signing below, you certify that you are:

- 16 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to NYS *Donate Life*™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

Sign

Date

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