



Goshen Central School District Only Voter Registration Form

Voter Name (Last, First, Middle, Suffix)	
Residence Address including City, State and Zip	Street Number Street Name City, State, Zip
Mailing Address (only if different from Residence Address)	Street Number Street Name City, State, Zip
Date of Birth (MM/DD/YYYY)	
Gender	
Registration Date	
Voter Signature	

*This form is used for voting in Goshen Central School District Budget & Board Member Elections ONLY. It will not register you to vote in any other local, state, or national elections.