



**SEX OFFENDER
REGISTRATION
FORM**
(Please print legibly or
type)

COMMONWEALTH OF MASSACHUSETTS
Sex Offender Registry Board
(FOR OFFICIAL LAW ENFORCEMENT USE ONLY)

INSTRUCTIONS – Have registrant complete all sections, sign, attach photograph and fingerprint card and submit to SORB, Post Office Box 4547, Salem, MA, 01970.

SECTION A – Type/Status

- Level 1
- Level 2
- Level 3
- SVP

- Initial Registration
- Annual/Change Reg

SECTION B – Contributing Agency Information

Agency Name: _____ Reporting Officer: _____

Agency Address: _____
STREET ADDRESS CITY COUNTY STATE ZIP

Phone Number: _____ FAX Number: _____

SECTION C – Registrant Information

Name: _____, _____, _____ SSN: _____ - _____ - _____ SON: _____
LAST FIRST MIDDLE DD MM YYYY CITY ST

Driver's License or ID: _____ DOB: _____ / _____ / _____ POB: _____, _____ ST

Race: _____ Sex: _____ Hair Color: _____ Eye Color: _____ Height _____' _____" Weight: _____ lbs

Scars/Marks/Tattoos: _____ Occupation (type of work) _____

Currently on Parole/Probation: NO YES If YES, Probation/Parole Type: Federal State If State, which state: _____

Parole/Probation Officer Name: _____ Officer's Telephone Contact Number: _____

Are You Registered as a Sex Offender in Another State: NO YES If YES, which state: _____ and at what LEVEL _____

SECTION D Permanent Address

Street Address _____

NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc

City/Town County

State ZIP Home Phone

Temporary OR Out of State Address (If different than permanent)

Street Address _____

NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc

City/Town County

State ZIP Home Phone

Mailing Address:

(MUST accompany a permanent or temporary address)

Address _____

Post Office Box or Number/Street/Apt, Bldg, Lot, Etc

City/Town County

State ZIP Home Phone

Closest Living Relative

Name: _____ Relationship: _____

Address _____

Number/Street/Apt, Bldg, Lot, Etc

City/Town County

State ZIP Home Phone

SECTION E – Vehicle, Mobile Home, Trailer, Manufactured Home

VIN: _____

License Tag #: _____ State: _____

Description (make/model/color scheme): _____

Vessel, Live-Aboard Vessel, or Houseboat

Hull ID#: _____ Name of Vessel: _____

Manufacturer's Serial #: _____

Description (make/model/color scheme): _____

SECTION F – Employment Employed Self-Employed Unemployed

Employer: _____ Contact Person: _____ Contact Phone: _____

Address _____
Post Office Box or Number/Street/Apt, Bldg, Lot, Etc City/Town County State ZIP

SECTION G – Campus Activity Student Employee Volunteer

Start Date _____ Stop Date _____

University/College/School Name: _____ Campus: _____

Employer: _____ Contact Person: _____ Contact Phone: _____

Address _____
Post Office Box or Number/Street/Apt, Bldg, Lot, Etc City/Town County State ZIP

SECTION H - Please Read Carefully Before Signing – You are advised that you must notify, in writing, the Sex Offender Registry Board or the Police Department in the city or town in which you reside not less than 10 days prior to any change in residence, employment, or attendance at an institute of higher learning. You are further advised that you are required to immediately contact and advise of your presence, the appropriate authorities in any other state in which you locate yourself for the purpose of residence, employment, or attendance at an institute of higher learning. Failing to do so may subject you to criminal prosecution.

I have read and understand the above requirements, OR the requirements were read to me and I understand these requirements. I do hereby attest that the information I have provided is true and accurate. Signed, this _____ DAY _____ MONTH _____ YR, under the pains and penalties of perjury.

Signature of Registrant

Signature of Witness