

		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		SECTION B – Contributing Agency Information					
Level 1 Level 2 Level 3 SVP		Agency Name:		Reporting Officer:			
Initial Registration Annual/Change Reg.		Agency Address:					
		<small>STREET ADDRESS</small>		<small>CITY</small>		<small>COUNTY</small> <small>STATE</small> <small>ZIP</small>	
		Phone Number:		FAX Number:			
SECTION C – Registrant Information							
Name:		SSN:		SON:			
<small>LAST</small>		<small>FIRST</small>		<small>MIDDLE</small>			
Driver's License or ID:		DOB:		POB:			
<small>DD</small>		<small>MM</small> <small>YYYY</small>		<small>CITY</small>		<small>ST</small>	
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, wh 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 (verified with 2 forms of independent written verification*)				Secondary OR Out of State Address (If different than permanent)			
NOTE: PO Box is not acceptable				NOTE: PO Box is not acceptable			
<small>Number/Street/Apt. Bldg. Lot, Etc</small>				<small>Number/Street/Apt. Bldg. Lot, Etc</small>			
/				/			
<small>City/Town</small>				<small>City/Town</small>			
/				/			
<small>State</small> <small>ZIP</small> <small>Home Phone</small>				<small>State</small> <small>ZIP</small> <small>Home Phone</small>			
Mailing Address: (MUST accompany a permanent or temporary address)				Closest Living Relative			
Address				Name: Relationship:			
<small>Post Office Box or Number/Street/Apt. Bldg. Lot, Etc</small>				<small>Number/Street/Apt. Bldg. Lot, Etc</small>			
/				/			
<small>City/Town</small>				<small>City/Town</small>			
/				/			
<small>State</small> <small>ZIP</small> <small>Home Phone</small>				<small>State</small> <small>ZIP</small> <small>Home Phone</small>			
SECTION E – Vehicle, Mobile Home, Trailer, Manufactured Home				Vessel, Live-Aboard Vessel, or Houseboat			
VIN:				Hull ID#: Name of Vessel:			
License Tag #: State:				Manufacturer's Serial #:			
Description (make/model/color scheme):				Description (make/model/color scheme):			
SECTION F – Employment Employed Self-Employed Unemployed							
Employer:		Contact Person:		Contact Phone:			
Address		/		/		/	
<small>Post Office Box or Number/Street/Apt. Bldg. Lot, Etc</small>		<small>City/Town</small>		<small>County</small>		<small>State</small> <small>ZIP</small>	
SECTION G – Campus Activity Student Employee Volunteer Start Date Stop Date							
University/College/School Name:				Campus:			
Employer:		Contact Person:		Contact Phone:			
Address		/		/		/	
<small>Post Office Box or Number/Street/Apt. Bldg. Lot, Etc</small>		<small>City/Town</small>		<small>County</small>		<small>State</small> <small>ZIP</small>	
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, 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			