

Commonwealth of Massachusetts Sex Offender Registry Board
 Registration and Community Services Unit
 Post Office Box 4547, Salem, MA 01970-0902

REGISTRATION/CHANGE OF ADDRESS/ANNUAL REGISTRATION

Please type or print legibly. Information requested in the shaded areas of this form is provided voluntarily and to assist the registry properly identify individuals subject to the provisions of MGL, c. 6, §§ 178C-Q. **Registration is not valid unless signed and dated.** Use reverse if additional space is required. Returned by mail to the Sex Offender Registry Board, Post Office Box 4547, Salem, MA 01970.

							SON (Agency Use Only)	
Last Name				First Name			Middle Name	
Sex	Race	Hair Color	Eye Color	Height	Weight	Date of Birth	Place of Birth	
Social Security Number			Scars, Marks, and Tattoos			Mother's Maiden Name		
Current Address Where You Live								
Street Number		Street Name					Apartment or Bldg #	
City/Town			County		State	ZIP Code	Telephone Number	
Secondary or Additional Addresses (14 days per year or 4 days per month)								
Street Number		Street Name					Apartment or Bldg #	
City/Town			County		State	ZIP Code	Telephone Number	
Place of Employment or Work Address								
Street Number		Street Name					Bldg# or Section	
City/Town			County		State	ZIP Code	Telephone Number	
Occupation				Name of Company or Firm				
Mailing Address: (If different from live address)								
School, Vocational Training Program, or other Professional Training Program currently attending or enrolled in:								
Full Name of School or Program							Student ID #:	
Street Number		Street Name					Do you live on campus <input type="checkbox"/> YES <input type="checkbox"/> NO	
City/Town			County		State	ZIP Code	Telephone Number	

You are advised that you must notify the Sex Offender Registry Board in writing not less than 10 days prior to making any change in residence, employment, or attendance at any educational institution. 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, education, or vocational training. Failing to do so may subject you to criminal prosecution and potential reclassification.

I certify that I am the above-named person and that the information provided herein is true and accurate.
 Signed this _____ day of _____, 200__ under the pains and penalties of perjury.

 (REGISTRANT'S SIGNATURE)