

INSTRUCTIONS FOR COMPLETING SOR FORM 1-R

ATTENTION: Pursuant to MGL c. 6 §§ 178-C-P, you are required to provide certain information to the Sex Offender Registry Board at least once annually. The Board also requests other information from you that will assist the Board ensure that persons with similar names, dates of birth and other identifying data are properly identified during the classification process or in the event of being placed in violation. Telephone numbers are requested for the purpose of expeditiously contacting you in the event of issues with your registration. Those optional items are identified in these instructions with the words “(NOT REQUIRED/OPTIONAL ONLY)” in italics. If you have any questions regarding the proper completion of this form please call the SOR Registration and Community Services Unit at 978-740-6400 extension 3.

FIRST SECTION (IDENTIFICATION DATA)

1. SON: (COMPLETED BY SORB STAFF) This is your Sex Offender Number. It is used to identify the offender to the SOR.
2. LAST NAME, FIRST NAME, MIDDLE NAME – use your legal name only. If you have any aliases or are known by any other names, please list them on the reverse side of the form.
3. SEX (NOT REQUIRED/OPTIONAL ONLY): “M” for male or “F” for female.
4. RACE (NOT REQUIRED/OPTIONAL ONLY):
 - a. “A” for Asian
 - b. “B” for Black/Afro-American
 - c. “C” for Caucasian/White
 - d. “H” for Hispanic
 - e. “NA” for Native American
 - f. “O” for Other
5. HAIR COLOR (NOT REQUIRED/OPTIONAL ONLY): self-explanatory. (Note: Use bald or shaved if applicable)
6. EYE COLOR (NOT REQUIRED/OPTIONAL ONLY): self-explanatory.
7. HEIGHT (NOT REQUIRED/OPTIONAL ONLY): list in feet and inches. (Example: 6’4”)
8. WEIGHT (NOT REQUIRED/OPTIONAL ONLY): list in pounds.
9. DATE OF BIRTH: list as month/day/year. (Example: 4/7/1980 for April 7, 1980)
10. PLACE OF BIRTH (NOT REQUIRED/OPTIONAL ONLY): list the city and state where born.
11. SOCIAL SECURITY NUMBER OR ALIEN ID (NOT REQUIRED/OPTIONAL ONLY): list your 9-digits social security number or, if you do not have a social security number, your INS Alien ID number.
12. SCARS, MARKS, AND TATTOOS (NOT REQUIRED/OPTIONAL ONLY): list and describe all scars, marks and tattoos on your body. Also list any missing external body parts (toes, fingers, feet, hands, legs, arms, ears, etc). Use “S” for scars, “M” for marks, and “T” for tattoos. Use the reverse if necessary. (Examples: S-2” r-arm, M-birthmark on l-thigh, T-rose and dragon on l-shoulder).
13. MOTHER’S MAIDEN NAME (NOT REQUIRED/OPTIONAL ONLY): list your birth mother’s maiden name, if known.

ADDRESS WHERE YOU LIVE

If you plan to leave Massachusetts and reside elsewhere, you must provide the SOR with an address, if known, in the state or country in which you will be residing. If you do not have an address, provide the City, State, or Country you will be residing in. If you are homeless, but living in a shelter, provide the name and address of the shelter. If you are homeless and not living in a shelter, identify the name of the city or town in which you are staying. Also try to provide an approximate location within that city or town. Remember, if you are homeless, you must register every 30 days.

1. STREET NUMBER: self-explanatory.
2. STREET NAME: self-explanatory.
3. APARTMENT OR BUILDING NUMBER: self-explanatory.
4. CITY/TOWN: self-explanatory.
5. COUNTY: list the county in which the city or town is located.
6. STATE: self-explanatory.
7. ZIP CODE: self-explanatory.
8. TELEPHONE NUMBER (NOT REQUIRED/OPTIONAL ONLY): self-explanatory (include the area code)

OTHER ADDRESSES WHERE YOU LIVE OR RECEIVE MAIL

Use this section and the reverse of the form to provide additional addresses where you may stay more than one night per month. This would include friends, relatives, permanent vacation or second homes, etc. If you do not receive your mail at the residence you provided, please list the address or post office box where you do receive your mail. If this changes, you must immediately inform the SORB. Receiving mail from the SOR is your responsibility. Mailings will be made to the address you provide. First class mail is legally considered delivered.

1. STREET NUMBER: self-explanatory.
2. STREET NAME: self-explanatory.
3. POST OFFICE BOX: self-explanatory.
4. APARTMENT OR BUILDING NUMBER: self-explanatory.
5. CITY/TOWN: self-explanatory.
6. COUNTY: list the county in which the city or town is located.
7. STATE: self-explanatory.
8. ZIP CODE: self-explanatory.
9. TELEPHONE NUMBER (NOT REQUIRED/OPTIONAL ONLY): self-explanatory (include area code).
10. MAIL ONLY: If this address is where you will receive your mail, but not reside, write in the word "YES".

PLACE OF EMPLOYMENT OR WORK ADDRESS

This is the address of the company or firm for whom you are employed. If you are working out of your home, list your home address here.

1. STREET NUMBER: self-explanatory.
2. STREET NAME: self-explanatory.
3. SUITE, SECTION, OR BUILDING NUMBER: self-explanatory.
4. CITY/TOWN: self-explanatory.
5. COUNTY: list the county in which the city or town is located.
6. STATE: self-explanatory.
7. ZIP CODE: self-explanatory.
8. TELEPHONE NUMBER (NOT REQUIRED/OPTIONAL ONLY): self-explanatory (include area code).
9. OCCUPATION (NOT REQUIRED/OPTIONAL ONLY): list what you do for a living (Examples: handyman, teacher, truck driver, fireman, traveling salesman, etc.)
10. NAME OF COMPANY OR FIRM (NOT REQUIRED/OPTIONAL ONLY): self-explanatory.

SCHOOL, VOCATIONAL TRAINING PROGRAM, OR OTHER PROFESSIONAL TRAIN PROGRAM CURRENTLY ENROLLED IN.

You must complete this section if you are enrolled in an institution of higher learning (post secondary).

1. NAME OF SCHOOL OR PROGRAM: self-explanatory
2. STREET NUMBER: self-explanatory.
3. STREET NAME: self-explanatory.
4. DO YOU LIVE ON CAMPUS: check the appropriate box.
5. CITY/TOWN: self-explanatory.
6. COUNTY: list the county in which the city or town is located.
7. STATE: self-explanatory.
8. ZIP CODE: self-explanatory.
9. TELEPHONE NUMBER (NOT REQUIRED/OPTIONAL ONLY): self-explanatory (include the area code)

You are now ready to complete the form. Read the certification and fill in the today's date. SIGN THE FORM.

Once dated and signed, you must mail this form to the **Sex Offender Registry Board, Registration and Community Services Unit, Post Office Box 4547, Salem, MA 01970-0902**. A confirmation notice will be mailed to the address you provide. The confirmation notice will serve as your proof of registration with the SOR. If you do not receive this notice within 7 days, contact the SOR at 978-740-6400 immediately to avoid being placed in violation. If any SOR mailing sent to the residence or mailing address you have provide is returned by postal authorities, you may be placed in violation and local and state police notified.