



SEX OFFENDER REGISTRATION FORM

Unclassified & Level 1...Mail to: SORB PO Box 392, N. Billerica, MA 01862
Level 2 & Level 3...Register at Police Department in City/Town of Residence

PD INSTRUCTIONS – Have registrant complete the form & sign. Attach photograph and fingerprint card. Submit to: SORB PO Box 392, N. Billerica, MA 01862.

SECTION A – Type/Status

- ☐ Unclassified (Mail to SORB)
☐ Level 1 (Mail to SORB)
☐ Level 2 (At PD)
☐ Level 3 (At PD)
☐ SVP (At PD) **SON:**

SECTION B – Contributing Police Department/Agency Information

PD or Agency Name:

Reporting Officer/Person:

Tel# _____

SECTION C – Registrant Information (Please print legibly or type)

Name: _____ **SSN:** _____ **Alien #** _____
LAST FIRST MIDDLE

Other Name(s) Used: _____ **DOB:** _____ / _____ / _____ **POB:** _____, _____
Month Day Year CITY STATE

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

Scars/Marks/Tattoos: _____ **Driver's License or ID#:** _____

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

SECTION D Current Residence Address (Confirmed with 2 forms of verification*)

Street Address _____

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

City/Town State ZIP Code

Secondary OR Out of State Address (If different than Residence)

Street Address _____

Number/Street/Apt, Bldg, Lot, Etc

City/Town State Zip Code

Home Phone Cell Phone

EMAIL ADDRESSES :

Mailing Address:

(If different from residence, temporary address, or homeless location)

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

City/Town

State ZIP

SOCIAL MEDIA IDENTIFIERS/PLATFORMS:

☐ Homeless (Must register every 30 days)

Location and/or Address _____

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

City/Town State

Shelter Name (If applicable) _____

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

Description (Year/make/model/color scheme): _____

License Plate #: _____ **State:** _____

Expiration Year: _____ **VIN#:** _____

Closest Living Relative:

Name: _____ **Relationship:** _____

Address _____
Number/Street/Apt, Bldg, Lot, Etc

City/Town

State ZIP Code Phone

SECTION F – Employment: ☐ Employed ☐ Self-Employed ☐ Unemployed ☐ Volunteer

Employer: _____ **Occupation:** _____ **Telephone Number:** _____

Address _____
Number/Street/Apt, Bldg, Lot, Etc City/Town State ZIP Code

SECTION G - School Address:

Start Date _____ **Ending Date** _____

Name: _____ **Campus:** _____

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

SECTION H - Please Read Carefully Before Signing – You are advised that you must notify, in writing, the Sex Offender Registry Board and/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 institution of higher learning. 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 institution of higher learning.

In accordance with federal law, you must report any international travel to your registering authority no less than 21 days prior to travel.

Failing to do any of the above may subject you to state or federal 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 date _____, under the pains and penalties of perjury.

DATE

Signature of Registrant

Signature of Witness

Instructions for Completing the Sex Offender Registration Form

USE: This form is to be used by the Sex Offender, Sex Offender Registry, and all agencies responsible for registering sexual offenders who are unclassified or have been classified by the Sex Offender Registry Board as Level 1, Level 2, Level 3, or if determined to be a Sexually Violent Predator. *If necessary, use a separate piece of paper for additional information.*

SECTION A: Use this section to record the SON & classification status. Check the appropriate box indicating the level the offender has been classified. Note to Police: This is verified by SORIS.

SECTION B: Use this section to record the name and contact number of the agency responsible for completing and submitting the registration form and identifying the person representing that agency who took the registration.

SECTION C: Use this section to record administrative, physical, and legal information about the registrant.

1. Name – The last, first and middle name of the registrant
 2. SSN – The 9-digit social security number of the registrant, ICE alien number, or passport number and country of issue
 3. Other Name(s) Used - Legal name changes, nicknames, or other names commonly used.
 4. DOB – record the registrant's date of birth numerically by month, day, and 4-digit year.
 5. POB – record the registrant's place of birth by city and state, or country if outside of the United States.
 6. Demographics- race, sex, hair color, eye color, height, and weight
 7. Scars/Marks/Tattoos – record any scars, marks, or tattoos (including piercings) on the registrant's body.
 8. Driver's License or ID: record if different from the registrant's SSN. Identify the state of issue if not MA.
 9. Registered as a Sex Offender in another State – check the appropriate box. If yes, record the state and the risk level, if known.
- Note to Police: The III/NCIC may also have information related to the registrant's out of state registration and convictions.

SECTION D: Use this section to record all addresses where the offender may live, be homeless, or receive mail. Use the reverse side of the form or additional pages to record additional addresses.

1. Current Residence Address – record the street number and name, apartment/lot/building number, city/town, county, state, and zip code for the location where the registrant lives. **THIS CANNOT BE A POST OFFICE BOX.**
2. Secondary or Out of State Address - record the street number and name, apartment/lot/building number, city/town, county, state, and zip code for the location where the registrant lives on a temporary basis, to include vacations. **THIS CANNOT BE A POST OFFICE BOX.** Secondary address is defined as *"the addresses of all places where a sex offender lives, abides, lodges, or resides for a period of 14 or more days in the aggregate during any calendar year and which is not a sex offender's primary address; or a place where a sex offender routinely lives, abides, lodges, or resides for a period of 4 or more consecutive or nonconsecutive days in any month and which is not a sex offender's permanent address, including any out-of-state address."*
3. Mailing Address – record the post office or other mailbox number, the street number and name, apartment/lot/building number, city/town, county, state, and zip code for the location where the registrant receives mail if other than their live address.
4. HOMELESS - the registrant must provide the city, approximate locations within that city/town, and the street number and name, apartment/lot/building number, city/town, county, state, and zip code where the registrant may reside while homeless. Provide Shelter name & address, if applicable. A mailing address is strongly suggested in the event SORB must communicate with the offender. Note to Police: This address should NOT be listed as "LIVE" in SORIS.

SECTION E: Use this section to record the identification of any vehicle, mobile home, trailer, manufactured home, vessel, or houseboat owned or operated by the registrant. Use the reverse side of the form for additional items.

1. Closest Living Relative – Record the name, relationship, address and phone number of the registrant's closest living relative for notification in case of emergency.

SECTION F: Use this section to record where the registrant works. Include the employer name, employer address, and telephone number. Occupation – record what type of work the registrant normally does (i.e. landscaper, roofer, mason, etc.)

SECTION G: Use this section to record where a Massachusetts resident attends an institution of higher learning, and where a non-Massachusetts resident required to register in their resident state attends a secondary or post-secondary institute of higher learning in Massachusetts.

SECTION H: This section advises the registrant of their legal obligations to notify the SORB or the police department of any changes in their registration status ten calendar days prior to any address change, and to provide a travel itinerary to SORB 21 days prior to any international travel. The registrant must check that they understand their duties and sign the form. If registering at a law enforcement office, the officer witnessing the individual sign the form should sign in the space provided.

*** Acceptable forms of identification are: rent or mortgage receipt, utility bill, bank or credit card statement, passport, drivers' license or official photo identification issued by the registry of motor vehicles.**

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