

**SORNA COMPLIANCE FORM**

**Pursuant to the Sex Offender Registry Notification Act (SORNA),  
Please provide the following information**

**TRAVEL DOCUMENTS**

**Section 1- PLEASE PRINT CLEARLY**

Please provide the following personal identifying information;

**Name:** \_\_\_\_\_ , \_\_\_\_\_  
*(Last) (First)*

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Day Year*

**Sex Offender Number:** \_\_\_\_\_

**Section 2- PLEASE PRINT CLEARLY**

Please provide the following information if applicable;

**Passport Number:** \_\_\_\_\_\*  I do not have a passport

**Immigration Number:** \_\_\_\_\_  I do not have an immigration number

**Travel Itineraries:** Please attach any international travel information including departure and return dates, destination and addresses that you will be staying at, and flight, train or bus tickets.

\*In addition please include a photocopy of your passport.

**OTHER IDENTIFICATION**

**Section 3- PLEASE PRINT CLEARLY**

Please provide the following internet identifying information if applicable;

**Email Addresses:** \_\_\_\_\_

**Social Media Usernames (Facebook Twitter or other networking profile):** \_\_\_\_\_

**THIS IS NOT YOUR REGISTRATION FORM-** This information is used in order to comply with the Sex Offender Registry Notification Act of the Adam Walsh Act.

Pursuant to the federal Sex Offender Registration Notification Act, you must provide the Sex Offender Registry Board with travel document information including passport, immigration visa numbers, and if and when you travel out of state or country, for work or vacation, you must update the Sex Offender Registry Board with a travel itinerary.

You are further advised that, in accordance with federal law, you must report any international travel to your registration official not less than 21 days prior to departure. Failure to do so may result in federal prosecution. Reporting travel does not authorize entry into your destination country; contact the local embassy of your destination country prior to your departure to determine whether entry will be authorized upon your arrival.

Please sign on the line below:

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please return to: The Sex Offender Registry Board, ATTN: Registration, P.O. Box 392, Billerica, MA 01862.**