



**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

- ☐ Level 1
☐ Level 2
☐ Level 3
☐ SVP

- ☐ Initial Registration
☐ Annual/Change Reg

SECTION B – Contributing Agency Information

Agency Name: _____ Reporting Officer: _____

Agency Address: _____
STREET ADDRESS CITY COUNTY STATE ZIP

Phone Number: _____ FAX Number: _____

SECTION C – Registrant Information

Name: _____, _____, _____ SSN: _____ - _____ - _____ SON: _____
LAST FIRST MIDDLE

Driver's License or ID: _____ DOB: _____ / _____ / _____ POB: _____, _____
DD MM YYYY CITY ST

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, which 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*)

Street Address

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

City/Town County

State ZIP Home Phone

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

Street Address

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

City/Town County

State ZIP Home Phone

Mailing Address:

(MUST accompany a permanent or temporary address)

Address

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

City/Town County

State ZIP Home Phone

Closest Living Relative

Name: _____ Relationship: _____

Address

Number/Street/Apt, Bldg, Lot, Etc

City/Town County

State ZIP Home Phone

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

VIN: _____

License Tag #: _____ State: _____

Description (make/model/color scheme): _____

Vessel, Live-Aboard Vessel, or Houseboat

Hull ID#: _____ Name of Vessel: _____

Manufacturer's Serial #: _____

Description (make/model/color scheme): _____

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

Employer: _____ Contact Person: _____ Contact Phone: _____

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

SECTION G – Campus Activity ☐ Student ☐ Employee ☐ Volunteer

Start Date _____ Stop Date _____

University/College/School Name: _____ Campus: _____

Employer: _____ Contact Person: _____ Contact Phone: _____

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

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, employment, 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 of _____, _____, under the pains and penalties of perjury.

Signature of Registrant

Signature of Witness

Instructions for Completing the Sex Offender Registration Form (SOR Form 2)

USE: This form is to be used by the Sex Offender Registry and all police agencies responsible for registering sexual offenders who have been classified by the Sex Offender Registry Board at Level 1, Level 2, Level 3, or if determined to be a Sexually Violent Predator, as determined by a court of law.

SECTION A: This section is used to record the type and status of this registration. Check the appropriate box indicating the level the offender has been or is classified at. This is verified by the SX database on CJIS. Next identify whether this registration is an initial registration or an annual update/change of information by checking the appropriate box.

SECTION B: This section is used to record the name, address, and contact numbers of the agency responsible for completing and submitting the registration form and identifying the person representing that agency who took the registration.

SECTION C: The section is used to record administrative, physical, and legal information about the registrant.

1. Name – record the last, first and middle name of the registrant
2. SSN – record the 9-digit social security number of the registrant. If the registrant does not have a SSN, write in “See Reverse” and record the registrant’s INS alien number or passport number and country of issue on the back side of the form.
3. SON – record the registrant’s assigned Sex Offender Number, as listed in the SX database on CJIS.
4. Driver’s License or ID: record if different from the registrant’s SSN. Identify the state of issues if not MA.
5. DOB – record the registrant’s date of birth numerically by day, month, and 4-digit year.
6. POB – record the registrant’s place of birth by city and state.
7. Scars/Marks/Tattoos – record any scars, marks, or tattoos (including piercings) on the registrant’s body. Use the reverse side of the form if needed. Please record the information in NCIC format.
8. Occupation – record what type of work the registrant normally does (i.e. landscaper, teacher, bus driver, framer, etc.)
9. Currently on Parole/Probation – check the appropriate box, identify whether the supervision is state or federal and check the appropriate box (es) (it can be both). Identify the state the probation is out of.
10. Probation Officer’s Name and Telephone Contact Number – Self-explanatory
11. Registered as a Sex Offender in another State – check the appropriate box. If yes, record the state and the risk level, if known.
Note: the III will also have information related to the registrant is registered as a sex offender in other states.

SECTION D: This section is used to record all addresses where the offender may live or receive mail. Also provides a name and address for their nearest relative. Use the reverse side of the form or additional pages to record additional addresses.

1. Permanent Address – record the street number and name, apartment/lot/building number, city, county, state, and zip for the location where the registrant lives. **THIS CANNOT BE A POST OFFICE BOX.** If homeless, the registrant must provide the city and approximate location within that city. This is the address that will be coded as “L” in the SX database.
2. Secondary or Out of State Address - record the street number and name, apartment/lot/building number, city, county, state, and zip for the location where the registrant lives on a temporary basis, to include vacations. **THIS CANNOT BE A POST OFFICE BOX.** If homeless, the registrant must provide the city and approximate location within that city. This is the address that will be coded in the SX database as “O” if a Secondary or part-time address, “V” if a vacation address, and “M” if moved out of state.
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, county, state, and zip for the location where the registrant receives mail if other than his live address. To have a mailing address, the registrant must have a permanent or temporary address.
4. Closest Living Relative – record the name, relationship, and address of the registrant’s closest living relative for notification in case of emergency.

SECTION E: This section is used 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.

SECTION F: This section is used to record where the registrant works. Include the name and address of his employer and a point of contact with telephone number.

SECTION G: This section is used to record where the registrant attends university or college. Include the name and address of the school and campus and a point of contact with telephone number. Have the registrant check the appropriate box as to his/her purpose for being on campus and the start and stop dates for being there.

SECTION H: This section is used to advise the registrant of his legal obligations to notify the SORB or the police department of any changes in his registration status. Have the registrant check that he understands his duties and then have him/her date and sign the form. 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.**