



SEX OFFENDER REGISTRATION FORM

Unclassified & Level 1...Mail to: SORB PO Box 4547, Salem MA 01970
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 4547, Salem, MA, 01970.

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 County

State ZIP Home Phone

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

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

City/Town County

State ZIP Home Phone

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

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

City/Town County

State ZIP Home Phone

Homeless (Must register every 30 days)

Location and/or Address _____
NOTE: PO Box is not acceptable Number/Street/Apt, Bldg, Lot, Etc

City/Town County

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 County

State ZIP Home Phone

SECTION F – Employment: Employed Self-Employed Unemployed Volunteer

Employer: _____ Occupation: _____ Telephone Number: _____

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

Employer: _____ Occupation: _____ Telephone Number: _____

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

SECTION G – Institution of Higher Learning Start Date _____ Ending Date _____

Name: _____ Campus: _____

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 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 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 institution 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.

DAY MONTH YR

Signature of Registrant _____

Signature of Witness _____

Acknowledgement Form of Duties to Register Under Sex Offender Registry Laws of Massachusetts

I, _____, DOB _____ / _____ / _____, with a

SSN _____ - _____ - _____, am registering today at the Holyoke Police Department. I understand that it is my responsibility to report EVERY address where I live, work or go to school.

INITIALS

I understand that I am required to do the following:

- **I must register every year during the month of my birthday:**

Since my birthday is _____, I must register every year during the month of _____. I understand that I have to do this every year even if I still live at the same address.

INITIALS

- **I must supply two types of unaltered original documents bearing my name at my present address:**

The following are (5) types of accepted documents: (1) Rent or mortgage receipt (2) utility bill (3) bank or credit card statement (4) passport, drivers' license or official photo ID issued by the Registry of Motor Vehicles (5) any other current written document that SORB deems sufficient.

All documents must be dated within 45 days of presentation to the Holyoke Police Department.

*****You registration is not complete without these documents*****

INITIALS

- **I must register every time I change my address:**

I must register every address where I live permanently, temporarily, and part-time. This includes any secondary address where I live at least 14 days in a calendar year. This also includes any out-of-state address. If possible, I should register this change 10 days before hand.

INITIALS

- **I must register time I get a new part-time, full-time job or volunteer.**

If possible, I should register this change 10 days before hand.

INITIALS

- **I must register every time I attend a new institute of higher learning:**

(i.e. College or University) If possible, I should register this change 10 days before hand.

INITIALS

- **I must register if I move out-of-state:**

If I move out-of-state, I have to follow that State's Sex Offender Registry Laws.

I must register if I move back to Massachusetts from another state.

INITIALS

- **If I become Homeless, I am required to register every 30 days. If I live in a temporary housing or a shelter I am required to register every 30 days.**

INITIALS

- **If I am incarcerated, I must register within 48 hours after I am released.**

INITIALS

I understand if I register any false information and/or fail to fulfill these requirements that I acknowledged above, and I Will be in violation of the Sex Offender Registry Laws and I can be prosecuted.

I do hereby attest that I have read this entire form and understand my responsibilities as a registrant. Signed this _____ day of _____, _____ under the pains and penalties of perjury.

PRINTED NAME OF REGISTRANT

PRINTED NAME OF WITNESS

SIGNATURE OF REGISTRANT

SIGNATURE OF WITNESS

I acknowledge that a copy of this signed form was given to me.

INITIALS