

Date: ___/___/___ Facility/P&P District/Law Enforcement _____

SEX OFFENDER REGISTRATION FORM

Name: _____ DOC# _____
Last First Middle

Alias(s): _____

DOB: ___/___/___ DL# _____ State: _____ FBI# _____ OSBI# _____

SSN: ___/___/___ Race/Gender: _____ Blood Type: _____ DNA Collected: _____

Height: ___/___ Weight: _____ Hair: _____ Eyes: _____ Place of Birth: _____

Are you a US Citizen? Yes No

Scars/Marks/Tattoos (Describe in detail)

Scars/Marks/Tattoos (Continued)

Emergency Contact Name	Address (Street, City, State, Zip)	Phone
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Offender (Current) Address	City/State/Zip Code/Phone	How Long?
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Is the current address located on tribal land? Yes No

Offender (Previous) Address	City/State/Zip Code/Phone	How Long?
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Offender (Previous) Address	City/State/Zip Code/Phone	How Long?
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Student?	Educational Institution?	Address of Educational Institution
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Current Employer	Address (City/State/Zip)	Occupation	Date of Employment
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Previous Employer	Address (City/State/Zip)	Occupation	Dates of Employment
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Vehicle Information

Make: _____ Model _____ Color _____ Year _____ Tag# _____

Make: _____ Model _____ Color _____ Year _____ Tag# _____

Make: _____ Model _____ Color _____ Year _____ Tag# _____

Conviction(s) for Sex Crimes

Offense: _____ CF# ___/___

Date Convicted: ___/___/___ Date Sentence Completed: ___/___/___ Age of Victim: ___

City/County/State of Conviction

Name under which convicted

Offense: _____ CF# ___/___

Date Convicted: ___/___/___ Date Sentence Completed: ___/___/___ Age of Victim: ___

City/County/State of Conviction

Name under which convicted

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Date Convicted: ___/___/___ Date Sentence Completed: ___/___/___ Age of Victim: ___

City/County/State of Conviction

Name under which convicted

Incarcerations/Hospitalizations Pertaining to Above Offenses

Name of Institution Location Date(s)

Name of Institution Location Date(s)

Name of Institution Location Date(s)

Internet Identifiers (If more than one, attach or write on back)

Email Address Instant Message Name(s) Other Identifiers

Passport and Immigration Document(s)

Passport# Issued/Expiration Dates

Professional Licensing Information

Type of License/License#

Offender Signature

Date

Reporting Officer

Date