

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

VIOLENT 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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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# _____

