

Request for Sex Offender Registry Information (SORI) and Criminal Offender Record Information (CORI)

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts

Subject's Name

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Maiden Name or Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_

Address: \_\_\_\_\_

State Drivers License Number: \_\_\_\_\_

Personal identifying characteristics

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Other information

License plate number: \_\_\_\_\_

Parents' name: \_\_\_\_\_