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

_____
Offender (Current) Address City/State/Zip Code/Phone How Long?

_____
Offender (Previous) Address City/State/Zip Code/Phone How Long?

_____
Offender (Previous) Address City/State/Zip Code/Phone How Long?

_____
Student? Educational Institution? Address of Educational Institution

_____
Current Employer Address (City/State/Zip) Occupation Date of Employment

_____
Previous Employer Address (City/State/Zip) Occupation Dates of Employment

Vehicle Information

Make:_____ Model_____ Color_____ Year_____ Tag#_____

Make:_____Model_____Color_____ Year_____ Tag#_____

Make:_____Model_____ Color_____ Year_____ Tag#_____

Conviction(s) for Violent 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

Offense:_____ CF#____/____

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)**

_____ _____

Offender Signature **Date**