

METHAMPHETAMINE OFFENDER REGISTRATION

County:	Case Number:
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DEFENDANT INFORMATION (Please Print)

Last Name:	First Name:	Middle Name:
Date of Birth:	Phone#(H):	Phone#(C):
Current Physical Address:		
City:	State:	Zip:
D.L.#:	ST.ID. #:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

CONVICTION AND/OR PLEA

Offense:	
Date of Conviction/Plea:	Judge:
Offense:	
Date of Conviction/Plea:	Judge:

I have read or this information was read to me and I attest that the above information is true and accurate. I do understand that the statute requires a current residence address and will notify the Methamphetamine Registry in writing with any change in residence. (63 O.S. § 2-701)

Registrant Signature:
District Attorney Signature:
Defense Attorney Signature:
Pardon/Parole Officer Signature:

OKLAHOMA BUREAU OF NARCOTICS AND DANGEROUS DRUGS

Phone Number: 877-627-7624 Fax: 405-524-7619

Fax or Mail form to: Meth Registration, 440 NE 39th Street, Oklahoma City, OK 73105