

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L.c. 6 § 172.

Please check the appropriate box if this request is for immigration ? or adoption ? purposes.

\_\_\_\_\_

Last name	First name	Middle name
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\_\_\_\_\_

Maiden name	Alias
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\_\_\_\_\_

Date of Birth (MM/DD/YY)	Social Security Number
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\_\_\_\_\_

Street address	Town	State	Zip code
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I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

\_\_\_\_\_

Signature of requestor	Date
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AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

\_\_\_\_\_, SS.

The above-named \_\_\_\_\_, appeared before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_ and acknowledge the forgoing signature to be made of his or her own true free act and deed.

\_\_\_\_\_  
Notary public  
My commission expires on:

\_\_\_\_\_  
Correctional Facility Official (give rank and title)  
Correctional Facility Address and Phone: