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
Maiden name	Alias	
Date of birth (MM/DD/YY)	Social Security Number	
Street address	Town	State / Zip code

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

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 foregoing signature to be made of his or her own true free act and deed.

_____	_____
Notary public	Correctional Facility Official (give rank and title)
My commission expires on:	Correctional Facility Address and Phone: