

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 check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A** and 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 Department of Criminal Justice Information Services, 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.

_____	_____	_____	_____
Last name	First name	Middle name	
_____	_____	_____	_____
Maiden name	Alias	ID Index Number (if applicable, not required)	
_____	_____	_____	_____
Date of birth (MM/DD/YY)		Social Security Number (requested but not required)	
_____	_____	_____	_____
Mailing address	Town	State	Zip code

I hereby swear, under the 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 _____, 200__ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public

My commission expires

Correctional Facility Official (give rank and title)

Correctional Facility Address and Phone