PERSONAL CRIMINAL RECORD REQUEST FORM

If you want a copy of your own record, use this form and return it to the address above with a self-addressed, stamped envelope. You will receive a response by mail. YOU MUST HAVE YOUR SIGNATURE NOTARIZED BY A NOTARY PUBLIC BEFORE YOUR REQUEST CAN BE PROCESSED. IF YOU ARE INCARCERATED AND A NOTARY PUBLIC IS NOT AVAILABLE, PLEASE HAVE AN OFFICIAL OF THE CORRECTIONAL FACILITY SIGN THE NOTARY SECTION IN HIS OR HER OFFICIAL CAPACITY. No walk-in service is available. (PLEASE PRINT)

** Please check here if you need this for immigration/adoption purposes _____

NAME: _____ _____ _____
LAST FIRST MIDDLE

MAIDEN NAME / ALIAS: _____

DATE OF BIRTH: _____(MM/DD/YY)

SOCIAL SECURITY NUMBER: _____/_____/_____

ADDRESS: _____
TOWN STATE ZIP CODE

MOTHER'S MAIDEN NAME: _____

I swear that I am the above-named person under the pains and penalties of perjury, and further acknowledge that I am aware that Massachusetts law prohibits a person from requesting or requiring me to produce a copy of my own record, unless so authorized by the Criminal History Systems Board.

SIGNATURE OF APPLICANT: _____ DATE: _____

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC/CORRECTIONAL FACILITY

_____.ss.
COUNTY
Then Appeared before me the above-named, _____ and swore the statements made herein to be true

DATED: _____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

CORRECTIONAL FACILITY OFFICIAL: _____

RANK/TITLE & PHONE NUMBER AT FACILITY: _____