



**Department of Public Safety & Correctional Services  
Maryland Online Sex Offender Registration**

CJIS USE ONLY

SID#   
FBI#

**DEMOGRAPHIC**

First Name		Middle Name		Last Name		Suffix	Maiden Name
DOB:	Soc Sec #:	Sex:	Race:	Eye Color:			
Hair Color:	Skin Tone:	Height:	FT	IN	Weight:		
Birth Country:	Birth City/State/Province:			Citizenship:			
Telephone Number:	DL State:	Driver's License #:	DL Exp. Year:				
Scars, Marks, Tattoos:							
Alias Names, DOB, SS#:							
Misc. Information:							

**OFFENSE**

Conviction Jurisdiction:	Conviction County:	Sex Offense:
Offense Date:	Conviction Date:	Miscellaneous (weapon type, crime description, etc):
Victim Age at Date of Offense:	Was the Conviction a PBJ? <input type="checkbox"/> Y <input type="checkbox"/> N	If PBJ, did the Court order registration? <input type="checkbox"/> Y <input type="checkbox"/> N

**REGISTRATION**

<input type="checkbox"/> Initial Regis	<input type="checkbox"/> Re-Regis.	<input type="checkbox"/> Life	<input type="checkbox"/> 25 Year	<input type="checkbox"/> 15 Year	Offense Category:	<input type="checkbox"/> Tier I	<input type="checkbox"/> Tier II	<input type="checkbox"/> Tier III
Current Reg. Date:	Current Reg. Exp. Date:	Initial Reg. Date:	Release Date:					
Court Designated Sexually Violent Predator? <input type="checkbox"/> Y <input type="checkbox"/> N		Homeless? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Weekly Registration Required				
Resident Status: <input type="checkbox"/> MD Resident		<input type="checkbox"/> Non-Resident Employed in MD		<input type="checkbox"/> Non-resident Student		<input type="checkbox"/> Visitor to MD		
This offender was subject to registration under MD Law on Sept. 30, 2010 based on: <input type="text"/> Choose One								
This offender is subject to SORNA retroactive registration and a retroactive term based on which of the following? Choose One								

**ADDRESS (PRIMARY)**

State:	County:	City:	Zip Code:	
Street Number:	Dir:	Street Name:	Suffix:	Apt/Unit #:
Miscellaneous:	Current Address? <input type="checkbox"/> Y <input type="checkbox"/> N	Primary Address? <input type="checkbox"/> Y <input type="checkbox"/> N		
If registrant is homeless give description of physical location(s):				

**EMPLOYMENT/SCHOOL**

Organization Name:					
State:	County:	City:	Zip Code:		
Street Number:	Dir:	Street Name:	Suffix:	Apt/Unit #:	
Employment Status: <input type="checkbox"/> Employed	<input type="checkbox"/> Employed at a School	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	Current? <input type="checkbox"/> Y <input type="checkbox"/> N	Primary? <input type="checkbox"/> Y <input type="checkbox"/> N

**VEHICLE**

Tag	Registration State	VIN#	Make	Model	Color	Year
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I certify that I have been advised of: (1) my responsibilities under the State law concerning the registration of sex offenders (MD Code Ann., Criminal Proc. Art 11-701 through 11-722; and the (2) penalties for violations of that law.

Registrant's Signature Date

- ATTACH PHOTOGRAPH
- ATTACH STATE FINGERPRINT CARD (CJIS 006)

Printed Name of Agency Official	ID#	Agency Name	Date
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Maryland Online Sex Offender Registration**

CJIS USE ONLY	
SID#:	<input type="text"/>
FBI#:	<input type="text"/>

**REGISTRANT'S NAME:** ,

**ADDITIONAL DEMOGRAPHICS**

Scars, Marks, Tattoos:

Alias Names, DOB, SS#:

**ADDITIONAL OFFENSES**

**ADDITIONAL OFFENSE - SECONDARY**

Conviction Jurisdiction:  Conviction County:  Sex Offense:

Offense Date:  Conviction Date:  Miscellaneous (weapon type, crime description, etc):

Victim Age at Date of Offense:  Was the Conviction a PBJ?  Y  N If PBJ, did the Court order registration?  Y  N

**ADDITIONAL OFFENSE - TERTIARY**

Conviction Jurisdiction:  Conviction County:  Sex Offense:

Offense Date:  Conviction Date:  Miscellaneous (weapon type, crime description, etc):

Victim Age at Date of Offense:  Was the Conviction a PBJ?  Y  N If PBJ, did the Court order registration?  Y  N

**ADDITIONAL ADDRESS (Secondary or Temporary)**

State:  County:  City:  Zip Code:

Street Number:  Dir:  Street Name:  Suffix:  Apt/Unit #:

Miscellaneous:  Current Address?  Y  N Primary Address?  Y  N

If registrant is homeless give a description of physical location(s):

**ADDITIONAL EMPLOYMENT/SCHOOL**

Organization Name:

State:  County:  City:  Zip Code:

Street Number:  Dir:  Street Name:  Suffix:  Apt/Unit #:

Employment Status: Employed  Employed at a School  Student  Volunteer  Current?  Y  N Primary?  Y  N

**ADDITIONAL VEHICLES**

Tag	Registration State	VIN#	Make	Model	Color	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INTERNET IDENTIFIERS**

Identifier	<input type="checkbox"/> Email <input type="checkbox"/> Screen Name <input type="checkbox"/> Log On ID	Web Service Provider (e.g. AOL, MySpace, World of Warcraft)	Current	Primary
<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Screen Name <input type="checkbox"/> Log On ID	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Screen Name <input type="checkbox"/> Log On ID	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Screen Name <input type="checkbox"/> Log On ID	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROFESSIONAL LICENSES**

Type	Expiration Date	State in Which Registrant is Licensed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

Registrant's Initials:  Date:

Registration Official's Initials:  Date:

Clear Form