



The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
Criminal Justice Information System
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150
(617) 66-4600

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. Nor 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

County

Then appeared before me the above-named _____ and
Swore the statements made herein to be true.

DATED: _____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____