

**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 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.**

_____		_____		_____	
Last name	First name	Middle name			
_____		_____		_____	
Maiden name	Alias	<b>ID Index Number (if applicable, not required)</b>			
_____		_____			
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		Correctional Facility Official (give rank and title)	
_____		_____	
My commission expires		Correctional Facility Address and Phone	