PERSONAL MASSACHUSETTS 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 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.

Please check the appropriate box if this request is for immigration ☐ or adoption ☐ purposes.

_____	_____	_____
Last name	First name	Middle name

_____	_____
Maiden name	Alias

_____	_____
Date of birth (MM/DD/YY)	Social Security Number

_____	_____	_____	_____
Street Address	Town	State	Zip Code

I hereby swear, under the pains and 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 on:

Correctional Facility Official (give rank and title)
Correctional Facility Address and Phone: