

**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. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, §27A, please see the fee-waiver criteria below or visit our website at: [www.mass.gov/chsb](http://www.mass.gov/chsb). 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	
_____		
Date of birth (MM/DD/YY)	Social Security Number (requested but not required)	
_____		
Mailing 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	Correctional Facility Official (give rank and title)

_____	_____
My commission expires	Correctional Facility Address and Phone