



STATE OF MAINE  
 "SEX OFFENDER REGISTRATION AND NOTIFICATION ACT OF 1999,"  
 AS AMENDED ("SORNA"), 34-A M.R.S. §§11201-11256

NOTICE OF CHANGE OF INFORMATION REPORT  
 FOR INDIVIDUALS CONVICTED  
WITH A DATE OF OFFENSE PRIOR TO JANUARY 1, 2013

TO: State Bureau of Identification, Sex Offender Registry, 42 State House Station, Augusta, ME 04333-0042

NAME (Last, First, Middle): \_\_\_\_\_

DATE OF BIRTH (Year, Month, Day): \_\_\_\_\_

GENDER: (M) (F) Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

*ONE OR MORE OF THE FOLLOWING HAS CHANGED. CHECK OFF ALL THAT APPLY.*

NAME CHANGE: \_\_\_\_\_

PROBATION OFFICER'S NAME: \_\_\_\_\_

DOMICILE (HOME)  MAILING  RESIDENCE  SCHOOL OR COLLEGE  PLACE OF EMPLOYMENT  
(Primary address) (Secondary address)

**YOU MUST COMPLETE INFORMATION FOR EACH BOX YOU CHECKED OFF ABOVE**

NEW DOMICILE ADDRESS (Primary Physical Location): \_\_\_\_\_

NEW TELEPHONE NUMBER (NOT MANDATORY): \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

RESIDENCE ADDRESSES (other than Domicile): \_\_\_\_\_

NEW PLACE OF EMPLOYMENT (NAME AND PHYSICAL LOCATION): \_\_\_\_\_

NEW PLACE OF SCHOOL OR COLLEGE (NAME AND PHYSICAL LOCATION): \_\_\_\_\_

**I UNDERSTAND THAT MAKING A FALSE STATEMENT THAT I DO NOT BELIEVE TO BE TRUE ON THIS FORM CONSTITUTES A CRIMINAL OFFENSE, AND MAY BE PROSECUTED AS UNSWORN FALSIFICATION PURSUANT TO 17-A M.R.S. §453 (CLASS D).**

**I UNDERSTAND THAT CHANGES IN INFORMATION MUST BE REPORTED IN WRITING TO THE MAINE STATE POLICE, MAINE STATE BUREAU OF IDENTIFICATION, WITHIN 5 DAYS. I MUST ALSO NOTIFY THE LAW ENFORCEMENT AGENCY HAVING JURISDICTION WITHIN 24 HOURS. I UNDERSTAND IF I MOVE TO ANOTHER STATE, I MUST REGISTER THE NEW ADDRESS WITH THE MAINE STATE BUREAU OF IDENTIFICATION. IF THE NEW STATE HAS A REGISTRATION REQUIREMENT, I MUST REGISTER WITH THE DESIGNATED LAW ENFORCEMENT AGENCY IN THE NEW STATE NOT LATER THAN 5 DAYS AFTER ESTABLISHING RESIDENCE IN THAT STATE OR AS REQUIRED BY THAT STATE'S LAW.**

REGISTRANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_