



Sex Offender Change of Address Form

Today's Date _____

☐ Initial Registration

☐ Information Update

Sex / Kidnapping Offender

Full Name _____ Date of Birth _____
SSN _____ Height _____ Weight _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____
Emergency Contact Name _____ Phone _____ Relationship _____
Emergency Contact Address _____

Address Information

Date of Address Change _____
Old Address _____
City _____ State _____ Zip _____
New Address _____
City _____ State _____ Zip _____
Mailing Address _____

☐ Transient or Homeless. I am changing to Transient Status.

As a transient, you must report to the Sheriff's office in person to fill out a transient log every WEDNESDAY, to be completed between the hours of 8:30 and 4:30 pm. Except for county observed holidays when you report the next business day.

Other Information – If needed, use back of page for more information

Vehicle Info _____
(Make) (Model) (Color) (Year) (License Plate #)
Conviction _____
(Crime) (County) (State) (Date)
Employer _____
(Business Name) (Address) (Supervisor) (Phone)
DOC Officer _____
(DOC Officer's Name)
School _____
(Name) (City) (Date Started)

I swear under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____ Date _____