



Colorado Department of Public Safety
Colorado Bureau of Investigation
Sex Offender Registry
690 Kipling Street
Denver, CO 80215
Phone: (303) 239-4222
Fax: (303) 239-4661

STATE OF COLORADO
SEX OFFENDER REGISTRATION FORM
HOME ADDRESS ADDENDUM

PLEASE CHECK THE BOX(ES) THAT APPLY:
(CRIMINAL JUSTICE USE ONLY)

- Initial Registration** (courts, or local law enforcement if registrant is from out-of-state)
- Registration Confirmation** (local law enforcement agencies, DOC/DHS, City Jails)
- Re-Registration** (local law enforcement agencies only)
- Registration Cancellation** (local law enforcement agencies only)

DEMOGRAPHIC INFORMATION:

NAME (LAST, FIRST, MIDDLE)	
Date of Birth	Social Security Number

HOME ADDRESS INFORMATION:

ADDITIONAL HOME ADDRESS	PROVIDE BOTH IN-STATE, AND OUT-OF-STATE ADDRESSES.				
STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE	
PHONE NUMBER	CELL PHONE/PAGER NUMBER				
ADDITIONAL HOME ADDRESS	PROVIDE BOTH IN-STATE, AND OUT-OF-STATE ADDRESSES.				
STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE	
PHONE NUMBER	CELL PHONE/PAGER NUMBER				
ADDITIONAL HOME ADDRESS	PROVIDE BOTH IN-STATE, AND OUT-OF-STATE ADDRESSES.				
STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE	
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ADDITIONAL HOME ADDRESS	PROVIDE BOTH IN-STATE, AND OUT-OF-STATE ADDRESSES.				
STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE	
PHONE NUMBER	CELL PHONE/PAGER NUMBER				

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act (Title 16, Article 22, Colorado Revised Statutes). Providing false information may constitute a Misdemeanor or Felony criminal offense.

SIGNATURE OF REGISTRANT	PARENT/GUARDIAN SIGNATURE	DATE (MM/DD/YYYY)
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