

Sex Offender Change of Information Form

Information as Currently Registered:

Name: Last _____ First _____ Middle _____ SRN # _____

Update New or Changed Information Below:

Name: Last Name _____ First _____ Middle _____

Address: Street # _____ Street Name _____ Apt. # _____

County _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ (____) _____
Phone Number

Registrant's Signature _____ Date Signed ____/____/20____ Effective Date ____/____/20____

Sheriff's Office Use Only

Date Received: ____/____/20____

Received By: _____

Registration Updated in DCIN: ____/____/20____

Updated By: _____

This form is used for all changes in address, name or driver's license data for all registered sex offenders and maintained in the case file for the registered offender. Updates to the NC SOR file using the Modify transaction must be completed for the changed information.