

WASHINGTON STATE PATROL IDENTIFICATION SECTION
REGISTERED SEX/KIDNAPPING OFFENDER

For WSP Use Only

SID# WA25768289

DOA _____

For Address/Level Classification/Fail to Verify Address

Reason for Change:

LEVEL _____
 MOVED _____
 MOVED OUT OF STATE _____
 HOMELESS _____

*FAILED TO REGISTER UPON RELEASE _____
 INCARCERATED - COUNTY _____
 INCARCERATED - DOC/JRA _____
 *FAILED TO VERIFY ADDRESS _____

Full name of registrant:							
Last	Suffix		First	Middle			
SID Number			Social Security Number				
DOB	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
Convicted of:					Date/Place of conviction:		
Aliases used:							
New address:		Phone #					
Street:							
City:		State:		Zip:			
Last Registered address:					Mailing address:		
Street:		Apt. #:					
City:		State:		Zip:			
Employer or School Name/Address:							
Signature of Offender 2 copies printed-one to offender <input type="checkbox"/>					Date		
Print or type name of Registering Officer					Agency Name		
					Island County WA Sheriff's Office		
(Area Code) Telephone Number (360)678-4422			(Area Code) FAX Number (360)679-7314				

*Fill in shaded areas for *Failed to Verify Address* and *Failed to Register Upon Release* only, otherwise fill out entire form.

DO NOT USE THIS FORM FOR A NEW REGISTRATION OR WHEN A REGISTRANT MOVES OUT OF THE COUNTY.