

Sex Offender Registration

75 West Cedar Avenue; Coldspring, Texas 77331-8047

**TEXAS DEPARTMENT OF PUBLIC SAFETY
SEX OFFENDER UPDATE FORM****Registration Type**☐ 30 Day☐ 90 Day☐ Annual

SID NUMBER

RISK LEVEL

☐ High☐ Moderate☐ Low☐ Civil

COUNTY OF OFFENSE

Offender Identifiers

NAME (LAST, FIRST, MIDDLE)

D.O.B

RACE

SEX

SSN:

☐ M / ☐ F

PHYSICAL ADDRESS

CITY

STATE

ZIP

COUNTY

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE NUMBER(S)

HOME

WORK

CELL

OTHER

ID / DRIVER'S LICENSE NUMBER

STATE

NUMBER

Digital Content InformationEMAIL ADDRESSES: ☐ NO EMAIL ACCOUNT

1)

2)

3)

4)

INTERNET IDENTIFIERS / SOCIAL MEDIA / ONLINE ACCOUNTS: ☐ NO SOCIAL MEDIA / ONLINE IDENTIFIERS

PLATFORM

USER NAME

1)

2)

Vehicle Information

VEHICLE 1:

(CHECK APPLICABLE:

☐ PRIMARY☐ SUPPLEMENTAL☐ NEW☐ REMOVE)

YEAR

MAKE

MODEL

COLOR

LICENSE PLATE #

STATE

EXP. DATE

VIN #

Vehicle 2:

(CHECK APPLICABLE:

☐ PRIMARY☐ SUPPLEMENTAL☐ NEW☐ REMOVE)

YEAR

MAKE

MODEL

COLOR

LICENSE PLATE #

STATE

EXP. DATE

VIN #

Employment Information

EMPLOYMENT STATUS	☐ EMPLOYED	☐ SELF-EMPLOYED	☐ UNEMPLOYED	☐ RETIRED / DISABLED
EMPLOYER		ADDRESS		PHONE NUMBER
OCCUPATION		OCCUPATIONAL LICENSING AUTHORITY		OCC. LICENSE NUMBER

Name and Address of Educational Facility

SCHOOL NAME		STUDENT		WORKER
		☐		☐
PHYSICAL ADDRESS	CITY	STATE	ZIP	COUNTY
TELEPHONE NUMBER(S)				
BUSINESS	CELL	WORK		OTHER

Name and Address of Registrant's Nearest Relative

NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP		
PHYSICAL ADDRESS	CITY	STATE	ZIP	COUNTY
TELEPHONE NUMBER(S)				
HOME	WORK	CELL		OTHER

Signature of Registrant: X Date: _____Verification Agency ORI/Name: **SAN JACINTO CO SO TX2040000**Telephone No.: (936) 653-4367 Prompt 3SOR email: SOR@sjcso.us

Right Thumb Print

Printed Name of Verification Official:_____
Signature_____
Date**PRINT****RESET Form**