

CRIMINAL REGISTRATION FORM

Criminal Registration Unit/Chicago Police Department

Gun Offender Registration (MCC 8-26)

Sex Offender Registration (730 ILCS 150/1)

Murderer and Violent Offender Against Youth (730 ILCS 154/1)

Arsonist Registration (730 ILCS 148/1)

Name: _____ Sex: _____ Date of Birth: _____ Place of Birth: _____

Alias/other legal names used: _____ Address: _____

Phone Number: _____ IR. No.: _____ IDOC No.: _____ Offense: _____

Employer: _____ Employer Address: _____ Employer Phone No.: _____

School Attended: _____

730 ILCS 150/1 registration requires the following information.

Do you reside with a minor? Yes No If yes, is the minor your child? Yes No

Distinguishing marks (e.g., scars, tattoos, etc.): _____

Email addresses registered/used: _____

Blogs or Internet sites registered/used: _____

URL/IP Addresses registered/used: _____

Social media accounts registered/used: _____

IM/Chatroom Name(s) registered/used: _____

License Plate No.(s) for all registered vehicles: _____

County of conviction: _____ Age at time of conviction: _____ Age of victim at time of offense: _____

730 ILCS 150/1 & 730 ILCS 154/1 - Extension of time period to register. If applicable, provide the reasons for the extension and date notified of the extension:

Reason: _____ Date Notified: _____

CPD Member Name/Star No.: _____ Date/Time: _____

Supervisor's Approval: _____ Date/Time: _____
