



DOUGLAS COUNTY SHERIFF'S DEPARTMENT
Douglas County, Nevada

**Convicted Person
Change of Information**

Case # _____

Please Print all Information

NAME (last) (first) (middle)			DATE		
IS THE ABOVE NAME DIFFERENT THAN LISTED ON THE ORIGINAL REGISTRATION <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, LIST PREVIOUS NAME		
DATE OF BIRTH		SOCIAL SECURITY NUMBER			
CHANGE OF ADDRESS					
PERMANENT PHYSICAL ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
TEMPORARY PHYSICAL ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP	
CHANGE OF EMPLOYMENT					
YOUR OCCUPATION		LENGTH OF TIME EMPLOYED	EMPLOYER NAME		TYPE OF BUSINESS
EMPLOYER ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
CHANGE OF VEHICLE					
VEHICLE MAKE (DESCRIBE TYPE OF VEHICLE YOU DRIVE)					
VEHICLE YEAR	VEHICLE COLOR	MODEL	VEHICLE LICENSE PLATE NUMBER	STATE OF LICENSE PLATE	
CHANGE OF SCHOOL					
DO YOU ATTEND SCHOOL WITHIN DOUGLAS COUNTY <input type="checkbox"/> Yes <input type="checkbox"/> No			IF SO, WHAT IS THE NAME OF THE SCHOOL		
WHAT TYPE OF SCHOOL (i.e.: community college)			SCHOOL ADDRESS		
OTHER CHANGES					
LIST OTHER CHANGES OF INFORMATION					

Applicants Signature

Office Use Only	
Processed by _____	
<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Wallet card issued
<input type="checkbox"/> Faxed to Sex Offender Registry	<input type="checkbox"/> Photo
<input type="checkbox"/> Copy to Investigations (w photo)	