ARCHDIOCESE OF BOSTON

66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE_____ **DATE**_____

PLEASE CHECK ONE:

☐ Parish Volunteer

☐ Parish Volunteer – Ministering to elderly

☐ Priest ☐ Deacon ☐ Seminarian ☐ Paid Parish Staff ☐ Contractor

☐ Educator ☐ School Staff ☐ School Volunteer ☐ Contractor

PLEASE CHECK ONE:

☐ Employee - Position/Title:_____

☐ Volunteer - Position/Ministry:_____

PLEASE CHECK ONE:

NEW ☐ a FY27 NEW CORI – (I did not complete a CORI last year.)

RENEWAL ☐ a FY27 RENEWAL CORI – (I did complete a CORI last year.)

NAME OF AGENCY/PARISH/SCHOOL SUBMITTING CORI CITY/TOWN

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

* First Name: _____ Middle Initial:_____

* Last Name:_____ Suffix (Jr., Sr.,etc.):_____

* Maiden Name (if applicable):_____

* Former Last Name 2: (if applicable):_____

* Former Last Name 3: (if applicable):_____

* Date of Birth (MM/DD/YYYY): _____Place of Birth:_____

* Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____Race:_____

Driver's License or ID Number: _____ State of Issue:_____

Father's Full Name:_____

Mother's Full Name:_____

CURRENT ADDRESS

* Street Address:_____

* Apt. # or Suite: _____ *City: _____ *State: _____ *Zip:_____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

Verified By:

_____ _____

Print Name of Verifying Employee Signature of Verifying Employee Date

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____(name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

_____

Notary Public Signature