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 DCJS. 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 DCJS. 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 – Ministering directly to children or having potential for interaction with children
☐ Parish Volunteer – Ministering to elderly

☐ Priest ☐ Deacon ☐ Seminarian ☐ Paid Parish Staff

☐ Educator ☐ School Staff ☐ School Volunteer ☐ Contractor ☐ Pastoral Center

PLEASE CHECK ONE:

☐ Employee - Position/Title: __________________________________________________________

☐ Volunteer - Position/Ministry: ______________________________________________________

PLEASE CHECK ONE:

NEW ☐ a FY22 NEW CORI – (I did not complete a CORI last year.)
RENEWAL ☐ a FY22 RENEWAL CORI – (I did complete a CORI last year.)

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

FY22
SUBJECT INFORMATION
The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJS) 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: _______ _______ _______ _______ ___ □ No 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

FY22