



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.

The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Archdiocese of Boston, Office of Background Screening must first provide me with written notice of this check.

 SIGNATURE

 DATE

- PLEASE check one:** Priest Deacon Senior Deacon Religious Brother Contractor
- Seminarian Candidate for Seminary Candidate for the Diaconate Deacon Aspirant
- Parish Volunteer – Ministering Directly to Children or Having Potential for Interaction with Children
(Refer to Examples of Volunteer Ministries Required to CORI Their Members Annually)
- Paid Parish Staff Parish Volunteer – Ministering to Elderly

Position as Employee/Volunteer _____

Parish Name _____ Town/City _____

- New - FY2016 a FY2016 New CORI (I did not complete a CORI last year)
- Renewal – FY2016 a FY2016 Renewal CORI (I completed a CORI last year)

Subject Information - (An Asterisk (*) denotes a required field) Please Print

*Last Name *First Name Middle Name Suffix

*Maiden Name (if applicable)

*Date of Birth Place of Birth

*Social Security Number – Last Six Digits Only (**REQUIRED**) _____ - _____

Sex: _____ Height: _____ ft _____ in Eye Color: _____ Race: _____

*Drivers License or ID Number: _____ *State of Issue: _____

Mother's Full Maiden Name Father's Full Name

*Current and Former Addresses:

*Street Number & Name City/Town State Zip

*Street Number & Name City/Town State Zip

CORI VERIFICATION

The above information was verified by reviewing the following form(s) of Government Issued Identification:

Verified By: _____
(Name of Verifying Employee) – Please Print

Signature of Verifying Employee: _____