



**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:	<input type="checkbox"/> Priest	<input type="checkbox"/> Deacon	<input type="checkbox"/> Senior Deacon	<input type="checkbox"/> Religious Brother	<input type="checkbox"/> Contractor
	<input type="checkbox"/> Seminarian	<input type="checkbox"/> Candidate for Seminary	<input type="checkbox"/> Candidate for the Diaconate	<input type="checkbox"/> Deacon Aspirant	
	<input type="checkbox"/> Parish Volunteer – Ministering Directly to Children or Having Potential for Interaction with Children <i>(Refer to Examples of Volunteer Ministries Required to CORI Their Members Annually)</i>				
	<input type="checkbox"/> Paid Parish Staff	<input type="checkbox"/> Parish Volunteer – Ministering to Elderly			

Position as Employee/Volunteer \_\_\_\_\_

Parish Name ST MONICA Town/City METHUEN

- 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**

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**\*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:** \_\_\_\_\_