



**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

\* 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