

CORI Request Form



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____
* Last Name: _____ Suffix (Jr., Sr., etc.): _____
Former Last Name 1: _____
Former Last Name 2: _____
Former Last Name 3: _____
Former Last Name 4: _____
* 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