

**Diocese of Springfield**  
65 Elliot Street - P.O. Box 1730  
**Springfield, Massachusetts 01102**

**CORI REQUEST FORM**  
**CHAPTER 6, §172H**

**OFFICE OF SAFE ENVIRONMENT AND VICTIM ASSISTANCE**

TEL. 413-452-0662  
FAX 413-452-0678

DIOMA12-00206  
REVISED 6/2020

Diocese of Springfield is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts **VOLUNTEERS**, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

Organization \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_  
(Indicate name of Parish, School or Organization)

Volunteer Activity \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**VOLUNTEER INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME FIRST NAME: MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS DATE OF BIRTH PLACE OF BIRTH

\_\_\_\_\_  
LAST 6 DIGITS OF SOCIAL SECURITY # (REQUIRED) MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT ADDRESS (Cannot be a Post Office Box)

\_\_\_\_\_  
EMAIL AND PHONE NUMBER

**This form must be accompanied by a U.S. Government / State license or photo I.D.**  
**(STATE REQUIREMENT)**

**To be completed by Organizational Representative Verifying Identification of Volunteer**

DOCUMENT TITLE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_  
(Must be a U.S. Government State -issued photographic form of identification)

Expiration Date: \_\_\_\_\_ ID # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ SEX: M F

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee

\_\_\_\_\_  
Signature and Printed Name of Church/Organizational Representative Date

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

Jeffrey Trant, Director of Safe Environment or Catherine Farr, Director of Human Resources