

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

**DIOMA12-00206**

HUMAN RESOURCES  
TEL. 413-452-0683  
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**CHAPTER 6, §172H CORI REQUEST FORM**  
REVISED 05/2017

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)**

**This form must be accompanied by a license or photo I.D. (STATE REQUIREMENT)**

**To be completed by Organizational Representative verifying Identification of Volunteer/Employee**

**DOCUMENT TITLE:** \_\_\_\_\_ **ISSUING AUTHORITY:** \_\_\_\_\_  
(Must be a government-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**  
Catherine Farr