



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

MSARG
 G

CORI REQUEST FORM

Mass Dept. of Public Health-MA Responds has been certified by the Department of Criminal Justice Information Services (formerly the Criminal History Systems Board) for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

 Applicant/Employee Signature

 APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ MAIDEN NAME OR ALIAS (IF APPLICABLE)	_____ PLACE OF BIRTH	
_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER (Requested, not required)	_____ ID Theft Index PIN* (if applicable)

 MOTHER'S MAIDEN NAME

 CURRENT AND FORMER ADDRESSES:

 SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

 STATE DRIVER'S LICENSE NUMBER: _____
 (include state of issue)

 ***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

 REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The DCJIS Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the DCJIS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCJIS via mail or by fax to 617-660-4614.