DIOCESE OF FALL RIVER
Office of Safe Environment

450 Highland Avenue, Fall River, Massachusetts 02720
TEL. (508) 675-1311 ~ FAX (888) 505-1605 ~ EMAIL: osechancery@dioc-fr.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

The Diocese of Fall River is registered under the provisions of M.G.L., Ch. 6, Sec. 172 to receive CORI for the purpose 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 with my personal information to the DCJIS. I hereby acknowledge and provide permission to the Diocese of Fall River to submit a CORI check with my information to the Department of Criminal Justice Information Services. This authorization is valid for (1) one year from the date of my signature. I may withdraw this authorization at any time by providing the Diocese of Fall River with written notice to the above address of my intent to withdraw consent to a CORI check. By signing this form, I provide my consent to a CORI check and affirm that the information provided in this form is true and accurate.

Applicant Signature: _____ Date: _____

Paid Employee (describe position): _____

Sub-Contractor (describe position): _____

Volunteer (describe position): _____

SITE: _____ CITY/TOWN: _____
(Indicate name of Parish, School or Place of Ministry)

PLEASE PRINT NEATLY AND COMPLETE ALL

_____, _____, _____ _____
*LAST NAME * FIRST NAME MI MAIDEN NAME

_____ _____ _____ _____
*MOTHER'S MAIDEN NAME *LAST **SIX** DIGITS **ONLY** OF SOCIAL SECURITY # * ALIAS/FORMER NAME

_____ _____
*DATE OF BIRTH (MM/DD/YYYY) * PLACE OF BIRTH (CITY/TOWN & STATE)

You must provide address information for the past ten (10) years.
If needed, please use a separate sheet of paper and attach it to this form.

CURRENT STREET ADDRESS: _____

CITY/TOWN: _____, STATE: _____, ZIP CODE: _____, YEARS LIVED: _____

FORMER ADDRESS: _____, STATE: _____, ZIP CODE: _____, YEARS LIVED: _____

EMAIL: _____ TELEPHONE: _____

***THIS FORM MUST BE ACCOMPANIED BY A VALID DRIVER'S LICENSE OR VALID GOVERNMENT PHOTO ID (REQUIRED BY LAW)**

This section to be completed by the **DIOCESAN REPRESENTATIVE** verifying identification of the applicant.

_____ _____ _____
FORM OF ID PRESENTED/ ISSUING AUTHORITY (**i.e. State**) IDENTIFICATION # ID EXPIRATION DATE

_____ _____ ____/____/_____
Printed Name & Position of Verifying Diocesan Employee Signature of Verifying Diocesan Employee Date

* REQUIRED FIELDS BY DCJIS; REMAINING FIELDS ARE REQUIRED BY THE DIOCESE OF FALL RIVER