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
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

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