

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

DCSPR  
172H  
FE622

HUMAN RESOURCES  
TEL. 413-452-0683  
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**CHAPTER 6, §172H CORI REQUEST FORM**  
REVISED 9/2009

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

\_\_\_\_\_  
SOCIAL SECURITY NUMBER (Optional/not 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:**

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**  
Peter D. Schmidt, Director of Human Resources