## **COMMITTEE ON MINISTERIAL PREPARATION**

## The American Baptist Churches of Massachusetts

## **CORI REQUEST FORM**

The American Baptist Churches of Massachusetts (TABCOM) is requesting that all of The available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 Section 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT INFORMATION (PLEASE TYPE/PRINT)

LAST NAME			FIRST NAME		MIDDLE NAME	
FORMER NAME OR ALIAS (IF APPLICABLE)				PLAC	CE OF BIRTH	
DATE OF BIRTH		LAST SIX DIGITS OF YOUR SOCIAL SECURITY NUMBER		ID Theft Index PIN (if applicable)		
MOTHER's MAIDER	N NAME					
CURRENT AND FOR	RMER ADDRESS					
1						
2						
					EYE COLOR	
STATE DRIVER'S LIC	CENSE NUMBER					
		(include state	(include state of issue)			
**PLEASE SUBMIT A P	HOTOCOPY OF YOU	UR DRIVER'S	LICENSE ID (FRONT	AND BA	CK) WITH THIS FORM	
*****	******	Below is for	Office Use Only***	******	******	
*******ABOVE INFO PHOTOGRAPHIC INDEI				OWING F	ORM OF GOVERNMENT ISSUE	
REQUESTED BY						
	SIGNA	TURE OF CO	RI AUTHORIZED EMI	PLOYEE		

\* THE CHBS Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. 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 requested to be submitted to the CHSB via mail or by fax to 617-660-4614

ABCHM 172H FE2540