



CATHOLIC SOCIAL SERVICES  
172H  
NO FEE CODE

CHAPTER 6, §172H CORI REQUEST FORM – **EMPLOYEE**

Catholic Social Services  
*Diocese of Fall River*

*Catholic Social Services* 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 staff and volunteers

**Central Office**

Fall River  
PO Box M/ South Station  
1600 Bay Street  
Fall River, MA 02724  
Ph: 508-674 - 4681

APPLICANT INFORMATION

_____	_____	_____
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)

**Satellite Offices**

Cape Cod  
261 South Street  
Hyannis, MA 02601  
Ph: 508 - 771 - 6771

\_\_\_\_\_

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Bedford  
238 Bonney Street  
New Bedford, MA 02780  
Ph: 508 - 997 - 7337


SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

Taunton  
78 Broadway  
Taunton, MA 02780  
Ph: 508 - 824 - 3264

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(Include state of issue)

Rhode Island  
*Reaching Out*  
311 Hooper Street  
Tiverton, RI 02878  
Ph: 401 - 624 - 9270

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

REQUESTED BY:   
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

Arlene A McNamee  
*Executive Director*

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

SCHOOL/PARISH/OTHER: \_\_\_\_\_

TOWN: \_\_\_\_\_



**PLEASE TURN OVER →**