



CHAPTER 6, §172H CORI REQUEST FORM – TENANT

Catholic Social Services
Diocese of Fall River

Catholic Social Services has been certified by the Criminal History Systems Board pursuant to Chapter 6, §172H, to access all criminal case data including conviction, non-conviction, and pending.

As an applicant for _____ in _____, I understand that a criminal record check will be conducted for conviction, non-conviction, and pending criminal case information only and it will not necessarily disqualify me. The information below is correct to my knowledge.

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)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

Satellite Offices

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

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

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

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

SEX: _____ HEIGHT: _____ ft. in. WEIGHT: _____ EYE COLOR: _____

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

**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

TENANT SIGNATURE: _____

MANAGER SIGNATURE: _____

TOWN: _____

