SAMPLE 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

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
PERSONAL REQUEST FORM **No personal checks!**

Use this form only for requesting your own CORI. A bank check or money order for $25.00 must be submitted with this form. Please note: this is a multi-page request form. Incomplete request forms will not be processed. Requests must be mailed, along with the accompanying payment or indigency waiver, to the address provided above, ATTN: CORI Unit.

Request Type Details

*Are you applying for an indigency waiver? ☐ Yes ☑ No
If you are applying for an indigency waiver, please go to www.mass.gov/courts/formsandguidelines/aff_indigency.pdf to download the waiver form. You must submit the waiver with the completed application.

☑ If you require a certified copy of your CORI, please check this box.

Requestor Details **↓ Fill this section out.**

Please complete this section using your information. A red asterisk (*) denotes a required field.

*First Name ___________________________  *Last Name ___________________________

Middle Initial ☐  Suffix ☐  *Date of Birth ___________________________

*Last 6 digits of Social Security number ___________________________  ☐ I do not have a Social Security number

*Mailing Address

Street 1 ___________________________  Street 2 (Apt, Suite, Bldg) ___________________________

City/Town ___________________________  State ___________________________  Zip ___________________________

Phone ___________________________  Ext. ___________________________  Email ___________________________

Must be in MA; your CORI (background check results) will be sent to the address you provide here.
Personal CORI Request Authorization

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

[Signature] [Date]

Signature of individual named in criminal record Date

Authentication of Signature By Notary Public or Correctional Facility

On this ___ day of __________, 20__, before me, the undersigned notary public, personally appeared __________________ (name of document signer), proved to me through satisfactory evidence of identification, which were __________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_________________________ _____________________________
Notary Public Correctional Facility Official (give rank and title)

_________________________ _____________________________
My Commission Expires Correctional Facility Address and Phone

Before mailing in this form, you must have this section completed by a notary public.