



**DIOCESE OF FALL RIVER - Office of Safe Environment**

450 Highland Avenue, Fall River, Massachusetts 02720

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

The Diocese of Fall River (DIOCFR) is registered under the provisions of M.G.L., Ch. 6, Sec. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, or volunteers. As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted with my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to DIOCFR to submit a CORI check with my information to DCJIS. This authorization is valid for (1) one year from the date of my signature. I may withdraw this authorization at any time by providing the DIOCFR with written notice to the above address of my intent to withdraw consent to a CORI check. By signing this form, I provide my consent to a CORI check and affirm that the information provided in this Acknowledgement form is true and accurate.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE TYPE/PRINT NEATLY. ALL FIELDS MARKED WITH AN (\*) ARE REQUIRED FIELDS BY DCJIS, ALL OTHERS ARE REQUIRED BY THE DIOCFR. PLEASE USE YOUR FULL LEGAL NAME WHEN COMPLETING THIS FORM.**

\_\_\_\_\_  
\*LAST NAME                                      \*FIRST NAME                                      MI                                      MAIDEN NAME

\_\_\_\_\_  
ALIAS/FORMER NAME                      \* LAST SIX DIGITS ONLY OF SOCIAL SECURITY #                      MOTHER'S MAIDEN NAME

\_\_\_\_\_  
\*DATE OF BIRTH (MM/DD/YYYY)                      PERSONAL EMAIL: \_\_\_\_\_

PREFERRED TELEPHONE: \_\_\_\_\_ PLACE OF BIRTH (CITY/TOWN & STATE) \_\_\_\_\_

***You must provide address information for the past ten (10) years.***

\***CURRENT** STREET ADDRESS: \_\_\_\_\_

\*CITY/TOWN: \_\_\_\_\_, \*STATE: \_\_\_\_\_, \*ZIP CODE: \_\_\_\_\_, \*YEARS LIVED: \_\_\_\_\_

\***FORMER** ADDRESS: \_\_\_\_\_

\*CITY/TOWN: \_\_\_\_\_, \*STATE: \_\_\_\_\_, \*ZIP CODE: \_\_\_\_\_, \*YEARS LIVED: \_\_\_\_\_

\***FORMER** ADDRESS: \_\_\_\_\_

\*CITY/TOWN: \_\_\_\_\_, \*STATE: \_\_\_\_\_, \*ZIP CODE: \_\_\_\_\_, \*YEARS LIVED: \_\_\_\_\_

\***FORMER** ADDRESS: \_\_\_\_\_

\*CITY/TOWN: \_\_\_\_\_, \*STATE: \_\_\_\_\_, \*ZIP CODE: \_\_\_\_\_, \*YEARS LIVED: \_\_\_\_\_

\***FORMER** ADDRESS: \_\_\_\_\_

\*CITY/TOWN: \_\_\_\_\_, \*STATE: \_\_\_\_\_, \*ZIP CODE: \_\_\_\_\_, \*YEARS LIVED: \_\_\_\_\_

**\*\*\*THIS FORM MUST BE ACCOMPANIED BY AN UNEXPIRED GOVERNMENT- ISSUED PHOTO ID (REQUIRED BY LAW)**

**TO BE COMPLETED BY A DIOCESAN REPRESENTATIVE- PLEASE TYPE/PRINT**

**APPLICANT NAME** (As it appears on Identification): \_\_\_\_\_

SITE: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

**NEW**

**RENEWAL**

Paid Employee (describe position): \_\_\_\_\_

Sub-Contractor (describe position): \_\_\_\_\_

Volunteer (describe position): \_\_\_\_\_

**UNEXPIRED GOVERNMENT- ISSUED PHOTO ID PROVIDED:**

\_\_\_\_\_  
Printed Name of Verifying Diocesan Employee

\_\_\_\_\_  
Signature of Verifying Diocesan Employee

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

\_\_\_\_\_  
ONCE FORM IS VALIDATED, EMAILTO : [OSEChancery@dioc-fr.org](mailto:OSEChancery@dioc-fr.org)