OFFICE FOR HEALING AND PREVENTION

DIOCESE OF WORCESTER

PLEASE RETURN THIS FORM TO:
YOUR PARISH OR SCHOOL

RCDOW
FE480

CORI REQUEST FORM

The Roman Catholic Diocese of Worcester has been certified by the Criminal History Systems Board for access and expanded access to conviction and pending criminal case data. As an applicant/ employee/ volunteer for the position of _____ I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____
Applicant/Employee/Volunteer Signature

PARISH/SCHOOL: _____

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME	**FIRST NAME**	**MIDDLE NAME**

MAIDEN NAME OR ALIAS (IF APPLICABLE) _____ **PLACE OF BIRTH** _____

DATE OF BIRTH	**SOCIAL SECURITY #** (Requested but not required)	**ID Theft Index Pin (if Applicable)**
	___-___-___	

MOTHER'S MAIDEN NAME _____

MAILING ADDRESS: _____

_____

SEX: _____ ***HEIGHT:*** ___ *ft.* ___ *in.* ***WEIGHT:*** _____ ***EYECOLOR:*** _____

STATE DRIVER'S LICENSE NUMBER: _____

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING AND ATTACHING A COPY OF THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:*** _____

Information verified by: _____

REQUESTED BY: Frances J. Nugent
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

Revised 05/10/2008

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