



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
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



CRIMINAL OFFENDER RECORD INFORMATION (CORI) PERSONAL REQUEST FORM

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

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

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 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