

CORI REQUEST FORM

		Applicant/Employee Signature (Unless otherwise preempted by law)	
LAST NAME	FIRST NAME	MIDDLE NAME	
MAIDEN NAME OR AL	IAS (IF APPLICABLE)	PLACE OF BIRTH	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested but not required)	ID Theft Index PIN (If Applicable)	
MOTHER'S MAIDEN NA	AME:		
CURRENT AND FORM	ER ADDRESSES:		
SEX: HEIGHT:	ftin. WEIGHT:E	EYE COLOR:	
STATE DRIVER'S LICEN	ISE NUMBER:(include State of Issue)		
*THE ABOVE INFORMA		OLLOWING FORM OF GOVERNMEN	

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614 CORI 3/17