



# Town of WESTFORD PARKS, RECREATION & CEMETERY DEPARTMENT

P.O. BOX 2444 • 35 TOWN FARM ROAD  
WESTFORD, MASSACHUSETTS 01886

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172H  
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## CHAPTER 6, § 172H CORI REQUEST FORM

Westford Parks & Recreation Department is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

\_\_\_\_\_  
VOLUNTEER INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If applicable)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number  
(Requested, not required)

\_\_\_\_\_  
\* ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
Mother's Maiden Name

Current & Former Addresses:  
\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT  
ISSUED PHOTOGRAPHIC IDENTIFICATION:

\_\_\_\_\_  
Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**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**