



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

To: All Pastors, Administrators, and Priest in Residence

From: Lisa Cutulle, Director
Office of Background Screening

Subject: Annual CORI

Date: March 17, 2023

It is that time of year again for Priest to complete the annual CORI.

As you know completion of an annual (CORI) screening for all priest serving in the Archdiocese of Boston applies to all active priest defined by the USCCB as “any religious order or diocesan priest active or supply ministry (including “retired” priests who continue to celebrate the occasional Mass, wedding, baptisms, etc.)”. **All priest in residence of a Parish must submit to the annual CORI screening.**

The CORI Request Form must be verified prior to submission by another CORI cleared individual **OR** signed in the presence of a notary. A valid government issued identification will be required for verification.

We ask that you please submit your completed form by **March 31, 2023** to:

Archdiocese of Boston
Office of Background Screening
66 Brooks Drive
Braintree, MA 02184

If you have any questions regarding the CORI or need further assistance, you may contact Lisa Cutulle, Director of the Office of Background Screening at 617-746-5840 or by email at Lisa_Cutulle@rcab.org.

Thank you!!

Lisa Cutulle, Director
Office of Background Screening



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes 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 for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE _____

DATE _____

Please Check One:

- Priest of the Archdiocese of Boston
- Senior Priest of the Archdiocese of Boston
- Out of Diocese Priest Assigned
- Religious Order Priest Assigned
- Out of Diocese Priest Unassigned

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

* Maiden Name (if applicable): _____

* Former Last Name 2: (if applicable): _____

* Former Last Name 3: (if applicable): _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

* Driver's License or ID Number: _____ * State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

* Street Address: _____

* Apt. # or Suite: _____ * City: _____ * State: _____ * Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified By:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

VERIFICATION BY NOTARY:

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 in my presence.

(seal)

Notary Public Signature