

Form 23: CORI Request Form

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a check or money order made payment to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c. 6 § 172A and self-addressed stamped envelope to this agency. *[If you cannot afford the fee, you must file an **Affidavit of Indigency**.]* Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c. 6, §172.

Last name	First name	Middle name	

Maiden name	Alias	ID Theft Index PIN Number (if applicable, not required)	

Date of birth (MM/DD/YY)		Social Security Number (requested but not required)	

Mailing address	Town	State	Zip code

I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

Signature of requester

Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above-named _____, appeared before me, the undersigned authority, this _____ day of _____, 200____, and acknowledges the foregoing signature to be made of his or her own true free act and deed.

Notary public

Correctional Facility Official (give rank and title)

My commission expires on: _____

Correctional Facility Address and Phone:

This is the same form that is available from the Criminal History System Board. It is also available in Spanish.