



**SUBJECT INFORMATION**

The fields marked with an asterisk (\*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

\* 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: \_\_\_\_ -- \_\_\_\_

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