# 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 self-addressed stamped envelope, to this agency. 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.

Please check the appropriate box if this request is for immigration ☐ or adoption ☐ purposes.

Last name First name Middle name

Maiden name Alias

Date of birth (MM/DD/YY) Social Security Number

Street 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
My commission expires on:

Correctional Facility Official (give rank and title)
Correctional Facility Address and Phone: