Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

www.mass.gov/masshealth

Criminal Offender Record Information (CORI) Request Form

MassHealth Customer Service has been certified by the Criminal History Systems Board for access

to conviction and pending criminal case data. As a participating or applying MassHealth provider, I

understand that a criminal record check will be conducted for conviction and pending criminal case

information only and that it will not necessarily disqualify me.

I hereby certify under the pains and penalties of perjury that the information on this form and

any attachments that I have provided, has been reviewed and is true, accurate, and complete,

to the best of my knowledge. I understand that I may be subject to civil penalties or criminal

prosecution for any falsification, omission, or concealment of any material fact contained

herein. (Signature and date stamps, or the signature of anyone other than the provider or

applicant, are not acceptable.)

Signature of provider or applicant

Last name, first name, middle name

(Please print.)

Maiden name or alias

(if applicable)

Place of birth

Date of birth

Social security number

(Required)

Mother’s maiden name

Current address

Former address

Gender: M F

Height

Weight

Eye color

State driver’s license number

Note: Please attach a copy of your driver's licence so that MassHealth can validate

the information you provided above.

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