



# Somerset Berkley Softball League

90 Olympic Road  
Somerset, MA 02726  
SBSLSOftball@gmail.com  
www.sbsl-jr.com

## SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (\*) are required fields.

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

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

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: \_\_\_\_\_