

KAIROS APPLICATION FOR CLOSING

DATA REQUESTED BY THE DEPARTMENT OF CORRECTIONS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

State Drivers Lic. #: _____ Expiration Date: _____

Date Of Birth: _____ Social Sec. No.: _____

Sex: Circle M F Race: Circle W B H OTHER:

I ATTENDED: CURSILLO/DISCIPLESHIP/EMMAUS/VIA CRISTO NO. ____ AT: _____

DATE: _____

I WILL READ AND FOLLOW THE "GUIDELINES FOR PRISONS" THAT WILL BE SENT TO ME WITH MY LETTER OF ACCEPTANCE. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE LOUISIANA DEPARTMENT OF CRIMINAL JUSTICE FOR OUTSTANDING WARRANTS IN LOUISIANA AND THE U.S.

Signature:

THIS APPLICATION IS FOR CLOSING: _____

Date: _____

NOTE: Fax or mail this application to the Rector for this Kairos Event. See website for Rector contact information at:

<http://www.kairos-louisiana.org>