

**NORTH CAROLINA KAIROS
APPLICATION FOR CLOSING**

"I was...in prison and you visited me." (Matthew 25:36)

FACILITY: NCCIW #31, RALEIGH, NC

DATE: Sunday, October 25, 2009

Name: _____

(Full name - exactly as it appears on your driver's license)

Address: _____ **City** _____ **State:** _____

Zip: _____ **Phone:** (A/C & #) (wk) _____ (hm) _____

State DL No. _____ **Expiration Date** _____

Date of Birth: ____/____/____ **Social Security #:** _____-_____-_____

Sex (circle): M F **Race (circle):** W B H Other _____

I attended (circle): Cursillo / Emmaus / Via de Cristo / Tres Dias No. _____

When? _____ **Where?** _____

I will read and follow the "guidelines for prisons" That will be sent to me with my letter of acceptance. I understand that this application will be checked by the North Carolina Department of Corrections for outstanding warrants in North Carolina and the U.S.

Your signature: _____

This application is for closing at the North Carolina Correctional Institution for Women.

Mail To:
Patti Owen
5205 Shagbark Drive
Durham, NC 27703

APPLICATION MUST BE RECEIVED NO LATER THAN September 28, 2009.

NOTE: YOU MUST BE 18 YEARS OF AGE TO BE ADMITTED AS A GUEST AT NCCIW