

APPLICATION FOR CLOSING
DATA REQUESTED BY THE DEPARTMENT OF CORRECTIONS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

State DL No. _____ Expiration Date _____

Date of Birth _____ Soc. Sec. No. _____

Sex: circle M F Race: circle W B H OTHER _____

I ATTENDED CURSILLO / EMMAUS / VIA DE 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 **GEORGIA** DEPARTMENT OF CORRECTIONS FOR OUTSTANDING WARRANTS IN **GEORGIA** AND THE U.S.

SIGNATURE

THIS APPLICATION IS FOR CLOSING: _____
(Institution)

(Date)