

POTOMAC CONFERENCE PRISON MINISTRY FAMILY MINISTRY REQUEST FORM

I would like for someone who does not conduct programs or Bible Study classes at this institution to visit my family members (listed below), to determine their need for food, clothing, financial or Spiritual assistance: (I will inform them that I have made this request)

SPOUSE (WIFE /HUSBAND)

NAME (Please Print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number () _____

MINOR CHILDREN (UNDER 18)

Name of child: _____ Age: _____

Address: _____

City: _____

Date of Birth: ___/___/___ Sex _____ Telephone: (____) _____

Caretaker's Name: _____ Relationship to
Child _____

Relationship to Inmate _____

Name of child: _____ Age _____

Address: _____

City: _____

Date of Birth: ___/___/___ Sex _____ Tel: (____) _____

Caretaker's name: _____

Relationship to child _____

Relationship to inmate _____

List additional children on back in same format

Inmate's Signature _____ Date: _____

Print Name _____ Inmate _____

Facility: _____