

NORTH CAROLINA KAIROS PCI APPLICATION

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

Location: Pasquotank Correctional Institution, 527 Commerce Drive, Elizabeth City, NC

For admission to a monthly reunion

Name: _____
(Your full name exactly as printed on your driver's license)

Address: _____

City _____ State _____ Zip: _____

Phone: [home] _____ [work] _____

Cell Phone: _____ Other Phone: _____

Date of Birth: ____ / ____ / ____ . Gender? Male Female

Are you a previously released felon? Yes No If yes:

When were you released: ____ / ____ / ____ Location: _____

Note: You **MUST** be **21** years of age or older to enter this facility. I understand that this application may be checked by the North Carolina Dept. of Corrections for outstanding warrants in N.C. and the U.S.

Your signature: _____

Email address: _____

This application is for Monthly reunion attendance at Pasquotank CI

Attended Kairos Introduction:

Date: ____ / ____ / ____ Location _____