

**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)