

APPLICATION TO ATTEND CLOSING

**Lebanon Correctional Institution
State Route 63
Lebanon, Ohio 45036**

DATA REQUESTED BY the DEPARTMENT OF REHABILITATION AND CORRECTIONS

NAME _____
Last Name First Name Middle Initial

Address _____

City _____ State _____ Zip _____

Daytime Phone(____)____-____ Evening Phone(____)____-____

U. S. Citizen Yes _____ No _____ Nationality If Not U. S. Citizen _____

State Drivers Number _____ Expiration Date _____

Date of Birth _____ Soc. Sec. Number (required) _____

Sex: Male ___ Female ___ Race Hisp. ___ Black ___ Cauc. ___ Other _____

I attended Cursillo ___ Emmaus ___ Via De Cristo ___ Tres Dias ___

I WILL READ AND FOLLOW ALL REGULATIONS AND RULES FOR BEHAVIOR AS A KAIROS EVENT VISITOR (available at Kairos- Ohio web site). I UNDERSTAND THAT THIS APPLICATION WILL BE CHECKED BY THE OHIO DEPT. OF CRIMINAL JUSTICE FOR OUTSTANDING WARRANTS AGAINST ME IN OHIO AND IN THE U. S.

Signature

Date

**Please give to or mail to:
Paul W Rolich 760 Lebanon St. Monroe, OH 45050-1439
Phil Armstrong P.O. Box 702, Cortland, Ohio 44410**