Paulist Prison Ministries

PO Box 29121 ● Washington, DC 20017

Phone 202-832-5022 ● Fax 202-269-0209

Visit us on the web: [www.pemdc.org](http://www.pemdc.org)

Please help us to keep our database accurate. Notify us of any changes as soon as possible. Thank you.

PLEASE PRINT. If you serve more than one institution, please make copies of this form and complete one for each institution.

# 1. Information Relative to the Correctional Institution

#### ID Number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Title (Check one) \_\_ Rev. \_\_ Sister \_\_Deacon \_\_Mr. \_\_Mrs. \_\_Ms. \_\_ Mr. & Mrs. \_ \_\_ Other \_\_\_\_\_\_\_\_

Chaplain/Volunteer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Correctional Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you (check one) \_\_\_\_Paid Staff Chaplain \_\_\_\_\_Part time \_\_\_\_Full time \_\_\_\_Volunteer

Type of Institution (check one) \_\_ Federal \_\_ State \_\_City \_\_ County \_\_ Private \_\_ Other\_\_\_\_\_\_\_\_\_\_

Can you make your own copies of newsletters? \_\_yes \_\_\_no If so, how many?\_\_\_\_\_

**TYPE “A” Address of Institution**

Address 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_

#### Institution Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which Arch/Diocese is the Institution? Please fill in only if you are absolutely sure.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. Information Relative to the Chaplains/Volunteers

## TYPE “B” Home Address

## Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# 3. Preference

Note: Our preference is to send material to the prison address rather than to the home address. However, we willingly accommodate.

## Send Mail to: (Check One) \_\_\_\_\_\_\_ “A” / Institution \_\_\_\_\_\_\_\_ “B” / Home

Which phone Contact do you wish us to use? \_\_\_\_\_Institution \_\_\_\_\_Home \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Thank you!