BCI Kairos #25 Closing Application

Please fill in the form below. Enter your name as it appears on your driver's license

Full Name *	
First Name Middle Name	Last Name
Address *	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	Country
Please provide at least 1 phone number	
Home Phone Number	
Area Code Phone Number	
Work Phone Number	
Area Code Phone Number	
Cell Phone Number	
Area Code Phone Number	

E-mail *

Check all that apply

I am on a visitation list for someone at BCI I am an Ex-Offender (fill out info below)

Ex-offender information

Year released/State/Prison

Currently on parole

Yes

No

By submitting this form I certify that the information provided on this Application is complete and true to the best of my knowledge.

You will not be notified when approved & only be notified if there is a problem with your application Note: You MUST be 21 years of age or older to enter this facility. I understand that this application will be checked by the North Carolina Dept. of Corrections for outstanding warrants in N.C. and the U.S. This application is for Closing Service at Bertie Cl.