

**KAIROS CLOSING APPLICATION
LUTHER #15**

October 26, 2025

Name: _____

(as it appears on your driver's license)

Drivers License: _____ Date of Birth: _____

(last 4 digits only)

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Email Address: _____

If possible, Name of Kairos Volunteer who gave you this application: _____

Are you over the age of 18? Y _____ N _____

Are you an ex-offender of TDCJ? Y _____

N _____ If yes, provide TDCJ# if known: _____

Are you on the visitation list of any inmates at this prison unit? Y _____ N _____

If yes, what is their relationship with you? _____

Applicants must be at least 18 years of Age. All information in this application will be kept strictly confidential. Your name must match exactly what is on your driver's license or ID card.

Guidelines For Prisons will be sent to you with further instructions for the closing service.

Please plan to be at the Luther Unit front gate no later than 1:30 p.m Oct 26th 2025. The closing service is from 2:30 to 4 PM.

I WILL READ AND FOLLOW THE "GUIDELINES FOR PRISONS" THAT WILL BE SENT TO ME WITH MY NOTICE OF ACCEPTANCE. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE DEPARTMENT OF CRIMINAL JUSTICE FOR OUTSTANDING WARRANTS.

Your Signature: _____

Date: _____

Mail this application to: Lutherkairos15@gmail.com

State Prison is located at 1800 Luther Dr., Navasota, TX 77868

Application should be received no later than Sept 15th, 2025