

For the use of visit the inmate's family member due to his/her terminally illness

Application Form

The inmate, _____ (name and number of the inmate), is serving his or her sentence in prison. Because his or her _____ (relationship with the inmate and the name) has been confirmed as terminally ill notified by the hospital on _____ (DD /MM /YY). Therefore, I, on behalf of the inmate, apply for his or her temporary absence to visit the family member. Please kindly approve my application.

Name of the Applicant: _____ (Signature and Seal)

(Please attach photocopies of the ID card's both sides)

ID Card No. of the Applicant:

Telephone No. of the Applicant:

The Relationship with the Inmate:

Residence of the Applicant:

Address of the Proposed Visit Place:

The Willingness to Pay Transportation for the Inmate: Yes or No

Documents required for the application include:

- Diagnosis Certificate
- Notice of Terminally Illness received from the hospital within the latest previous 3 days
- Documents which can prove the relationship between the inmate and the patient