

Faith Fellowship Ministries World Outreach Center  
**Prison Correspondence Application**

Date: \_\_\_\_\_

Name of Inmate: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Name of Prison: \_\_\_\_\_

Address of Prison: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Please give your name: \_\_\_\_\_

What is your relationship to the inmate: \_\_\_\_\_

Your Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Your Work phone number: (\_\_\_\_\_) \_\_\_\_\_

Is the Inmate (check one):  Saved  Unsaved  Not Sure

Is there anything we need to know about this person to help us minister better to him / her?

**Please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send this application to:

**Prison Correspondence**  
**c/o Faith Fellowship Ministries**  
2707 Main Street  
Sayreville, NJ 08872

Also please send a "Growth Manual" so they can know more about Jesus:

Yes  No