

Kinmen Prison, Agency of Corrections, Ministry of Justice
Application for Home Visiting (Relatives Only)

Number		Name		Unit		Crime		Sentence Period	
Cause					Attach documents				
<input type="checkbox"/> (relative's relationship/name) _____ passed away , and the funeral will be held on ____ y ____ m ____ d.					<input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary or relevant document to prove the date and place of the funeral. <input type="checkbox"/> Relevant document to prove the relationship between the inmate and the deceased.				
<input type="checkbox"/> (relative's relationship/name) _____ suffering from _____, and was notified critically ill and life-threatening by the _____ (medical institution) on ____ y ____ m ____ d.					<input type="checkbox"/> Medical certificate prescribed by the medical institution. <input type="checkbox"/> The critical illness notice prescribed by the medical institution within the last three days or other documents to prove the critical illness. <input type="checkbox"/> Relevant documents to prove the relationship between the inmate and the relatives.				
<input type="checkbox"/> Because (disaster) _____, cause (relative's relationship/name) _____ major harm.					<input type="checkbox"/> Medical certificate prescribed by the medical institution or other documents to prove a major injury. <input type="checkbox"/> Documents to prove the relatives suffered from the disasters listed in Article 2 Paragraph 1 of the Disaster Prevention and Rescue Act <input type="checkbox"/> Relevant documents to prove the relationship between the inmate and the relatives.				
Destination : <input type="checkbox"/> Home <input type="checkbox"/> Other : _____ Address : _____									
Applicant : _____ (signature and stamp) ____ y ____ m ____ d									

Note : The cost of transportation or other derivative during the visit will be borne by the inmate or his family.