

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

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### 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