

Fill out the form below completely.

Be sure to include the inmate's name, birthday, and name of prison facility where currently incarcerated.

Please Note:

We can not provide gifts for grandchildren of inmates.

We are not able to provide delivery outside of the state of Virginia.

**Deadline for submissions is December 5, 2023.**

**KINGSWAY PRISON & FAMILY OUTREACH  
PO BOX 2335 HARRISONBURG, VA 22801**

**Kingsway Apple Tree Application**

**ARE YOU ALLOWED CONTACT WITH THIS CHILD/CHILDREN? \_\_\_ YES \_\_\_ NO**

Fill out a form for each of your children under age eighteen, who are still in school. If you have more than two children, ask for another form.

**Child's Name** \_\_\_\_\_  
Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ May we contact Guardian: Yes \_\_\_ No \_\_\_

**Guardian's Street Address** \_\_\_\_\_  
Above must be Street name & Number we do NOT ship to P O Box

Guardian's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's phone# ( ) \_\_\_\_\_ or Contact phone # ( ) \_\_\_\_\_

Guardian is (Circle one) Your Spouse - Child's grandparent - Foster parent  
Other \_\_\_\_\_ Explain \_\_\_\_\_

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**PLEASE NOTE**

**Each child will receive 3 items: Age-Appropriate Bible or Christian Book  
Plus an Age-Appropriate Board Game and One Gift.**

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**ARE YOU ALLOWED CONTACT WITH THIS CHILD/CHILDREN? \_\_\_ YES \_\_\_ NO**

**Child's Name** \_\_\_\_\_  
Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ May we contact Guardian: Yes \_\_\_ No \_\_\_

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Guardian's phone# ( ) \_\_\_\_\_ or Contact phone # ( ) \_\_\_\_\_

Guardian is (Circle one) Your Spouse - Child's grandparent - Foster parent  
Other \_\_\_\_\_ Explain \_\_\_\_\_

<b>Inmate Name</b> _____	<b>State Inmate ID#</b> _____	<b>Date</b> _____
<b>Inmate Birthdate</b> _____	<b>Institution</b> _____	
<b>Date</b> _____	<i>Form AT2023</i>	Chaplain: Please Use This Form to Make Copies