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

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