



Angel Tree® Information Update Form

I hereby affirm that I am the parent of the child/children identified on this application form (my children) and that these children are not older than 18. I also affirm that I have the full legal right and authority to provide the information and to grant the authorization granted on this form, and that I am not subject to any court order, federal or state law or regulation, other legal requirement, or any administrative rule: (1) preventing my contact with any child listed on this form; or (2) prohibiting my contact with any person who currently has legal responsibility for and/or custody of any child listed on this form. By disclosing the information on this form, I hereby authorize Prison Fellowship to use this information in connection with its Angel Tree® ministry and programs and to disclose any such information (in whatever way[s] and format Prison Fellowship chooses) to any others, such as churches, other ministries, and individual volunteers, who may be participating in or assisting any Angel Tree programs. Please sign in this box to provide approval and agreement that you meet requirements to participate in Angel Tree.

Only complete this form if you have an address or phone number change for your children and have already submitted a completed Angel Tree® Participation Form. **Please do not submit a new application form.**

SIGN HERE

>>>>>>>>>>>>



YOU MUST SIGN HERE!

SIGN HERE

<<<<<<<<<<<<

Date

M	M
<input type="text"/>	<input type="text"/>

 /

D	D
<input type="text"/>	<input type="text"/>

 /

Y	Y
<input type="text"/>	<input type="text"/>

Your First Name

Your Last Name

Your Prisoner ID Number

Name of Prison

Prison Inside Address (Unit, Section, Block, Cell, Bunk, etc.)

Street Where Your Children Lived (From Original Enrollment Form)

OLD ADDRESS

City State ZIP

Primary Phone - Area Code First - Secondary Phone - Area Code First - Other Phone - Area Code First -

Caregiver Name

Caregiver Email Address

Street Where Your Children Live Now

NEW ADDRESS

City State ZIP

Primary Phone - Area Code First - Secondary Phone - Area Code First - Other Phone - Area Code First -

Caregiver Name

Caregiver Email Address

Mail to:
PRISON FELLOWSHIP
 Attn: Angel Tree
 44180 Riverside Parkway,
 Lansdowne, VA 20176

