



**ORDER OF MALTA**  
**American Association**

**Order of Malta Prison Ministry Pen Pal Program**  
**PO Box 22263**  
**St Paul, MN 55122**

**Request for Pen Pal**

TODAY'S DATE: \_\_\_\_\_

OID: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

FACILITY NAME & ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MALE: \_\_\_\_\_

FEMALE: \_\_\_\_\_

AGE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

**LIST YOUR INTERESTS TO HELP US FIND A GOOD MATCH FOR YOU**

Football  BasketBall  Hockey  Baseball  Soccer  Other: \_\_\_\_\_

Favorite Teams: \_\_\_\_\_

Hunting  Fishing  Camping  Travel  Cars  racing  Running/fitness  World

events  Nature  Cooking/Baking  Woodworking  Crafts: \_\_\_\_\_

Bible Study  Faith  Books  Meditation  Family  Friendships  Music  Movies

Books  Other: \_\_\_\_\_

I agree to **not**: discuss romance with my pen pal, make requests for money or have them contact anyone on the outside, including my family, friends, attorney, or parole officer.

Signature