Mail to:

Christlife Ministries – COS
1602 South Wahsatch Avenue
Colorado Springs, Colorado 80905

Christlife Ministries – Pueblo
2415 Lake Avenue
Pueblo, Colorado 81003

CHRISTLIFE MINISTRIES INQUIRY FORM

Date: _____

_____ _____ _____
First Name **MI** **Last Name**

_____
Facility Name and Address

_____ _____ _____
City **State** **Zip Code**

DOC/Fed ID # or Other: _____ **Date of Birth: _____/_____/_____** **Age: _____**

Facility Case Manager/Pre-Release Teacher: _____

Write a short narrative about yourself. (What are your goals and how can we help you accomplish them?):