

## LONG SENTENCE PRISONER'S RECORD

## PRISION FORM 3

**General Register No:** CENC0000118/18

**Serial No:** 118

**Name :** sdfsd sdfsd sdfs

**Age on conviction** 18

**Place of birth :** sfs

**Married or Single** {marital\_status}

**Occupation when free :** {occupation\_when\_free}

**Number of Children (if any):** 0

**Employed or not :**

**Address at time of arrest :** CHIEF

VILLAGE

GOMBOLOLA

AREA

DISTRICT

**Name and Address of next of kin :**

**Relationship :**

**Crime of which convicted :**

**Place crime**

**Date:**

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**committed :**

**Court :**

**Sentence :**

**Standard of  
Education :**

**Religion :**

**MEDICAL EXAMINATION ON RECEIPTION**

**Date :**

**Medical Officer :**

**COLOUR OF HAIR**

**NATIONALITY**

**PLACE OF BIRTH**

**OCCUPATION :**      **TRADE**

**EMPLOYED AT TIME  
OF CONVICTION?**

**IN OWN  
EMPLOYMENT?**

**UNEMPLOYED?**

**DESCRIPTION  
MARKINGS ON**

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**BODY****STATEMENT SHOWING TRADE FOLLOWING AT EACH PRISON**

Prisons	To	Trade of Occupation	Supt's Initials
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RECORD OF PREVIOUS CONVICTIONS	C.R.O No					
	Station	Court	Place	Date	Crime	Name

**DESCRIPTION OF PRISONER**

Date when description	Build	Weight	Height	Complexion	Hair	Eye	Skin
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taken							
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DISTINCTIVE MARKS OF PRISONER

HEAD  
RIGHT SIDE  
LEFT SIDE

PHOTOGRAPH

ON R ECEPTION	ON DISCHARGE (If sentence over 7 years)
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SPECIAL REMARKS

The following are subject to

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which special  
attention  
should be  
called for the  
information of  
the  
Authorities of  
prisons, viz, a  
administratio  
ns or denials  
of previous  
convictions,  
escapes or  
attempts to  
escape  
specious  
circumstance  
s connected  
with visits, co  
rrespondence  
, corporal  
punishment,  
violent  
conducts, any  
peculiar  
mental or  
bodily  
condition  
requiring  
special  
treatment.  
Attempts to  
commit  
suicide or

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bodily  
injuries,  
whether  
convicted at  
the same  
time and  
place jointly  
with other  
prisoners,  
giving the  
General  
Register  
Number and  
names of the  
latter with  
their  
relationship, if  
any. Every  
entry to be  
concise and  
in order of  
date.  
Escapes,  
attempts to  
escape and  
any peculiar  
mental or  
bodily  
condition  
requiring  
special  
treatment  
should be  
entered in red

ink.

Date	Prison	Subject of Remarks	Supt's Initial
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**RECORD OF SCHOOL AND CLASSES**

Date	Prison	Subject of Remarks	Supt's Initial
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**MEDICAL HISTORY SHEET**

**Vaccinated**

**Re-vaccinated**

**Has had smallpox**

**State of health, special  
remarks**

**Fit to work as**

**Medical officer**

**Date**

**(To be completed in case of  
Light Labour only)**

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**RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS**

**Record of admissions to hospital, accidents, special examinations - Continued**

**Examined prior to discharge – Remarks:**



**Date :**

**Medical Officer :**

**A/C No**

**PROPERTY BOOK  
No**

**RECORD OF SUPPLEMENTARY CASH, ETC**

Date	Amount	IN or OUT	Supplementary property Book Folio No.	Initials of Officer in Charge

**No:**

**Name:**

**Sentence:**

**years:**

**Period In days:**

**Date of commencement:**

**Date due for periodical review:**

**Date of expiration:**

Treated as appellant:	
Earliest possible date for release:	
Examined:	
Date:	

FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
Actual date of release			
Examined prior to release			

PROGRESS IN STAGE		
Stage	Date	Remarks
		TOTAL DAYS FORFEITED

PROGRESS IN STAGE			

Date	Offence	Punishment Awarded	Supt's Initials

**NEWSPAPER REPORT OF TRIAL AND APPEAL (IF ANY)**

(To be pasted below) The title of the date of the newspaper, and name of the Judge of Magistrate of the court by whom the prisoner was trial to be inserted above the report. The name of the Judge of Magistrate should be stated whether a report is available or not


**RECORD OF VISITS AND LETTERS**

Date Due	Date Paid	Prices	Name and Relationship of Visitor

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## WELFARE DETAILS AT RECEPTION BOARD

**Name :**

**Number :**

**Seen by Reception  
Board on :**

**at :**

**Sex :**

**Age :**

**Married (or) Single :**

**Literate :**

**Degree of education (school attended – standard  
reached) :**

**Religion :**

**Physical and Mental state (to be filed by Prisons  
Medical Officer before the prisoner is seen by  
Reception Board) :**

**History since last imprisonment (if any) previous  
action taken by prison authorities i.e. After care :**

**Note from previous records (if any re disciplinary  
offences, medical history special occurrences :**

**Recommendation regarding classification :**

**Instructions reposition with any special  
recommendations from the Board :**

**Number of children, sex, ages :**

**Who are dependent members of prisoner's family  
and where are they living :**

**What income is there :**

**Do dependents of prisoner own land or property :**

**Does the Board consider an investigation by Welfare Officer necessary :**

**Has prisoner any salary or debts owing to him or property with police :**

**Does prisoner, or his family own money as the result of his imprisonment :**

**Any further details :**

**Date :**

**Officer in charge :**

### DISCHARGE BOARD SUMMARY

*To be completed three months before the month of discharge*

**Prison :**

**Name (In full) :**

**Superintendent :**

**Former employment :**

**Address on discharge if none fixed, state town to which proceeding :**

**What he wishes to do :**

**Any offer of help or employment :**

<b>Vocational and spare time training :</b>	
<b>Amount of previous cash :</b>	
<b>Earliest date of discharge :</b>	
<b>Licence expires (If has any) :</b>	
<b>Date :</b>	<b>Officer in charge :</b>
<b>Superintendent's opinion and recommendation :</b>	


<b>Date :</b>	<b>Superintendent :</b>
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<b>Disposal on Release</b>
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Date	Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of Sentence or Death, etc.	Licence Number	Date of Expired on Licence or Supervision	Destination

