

**WRITTEN CONSENT FOR MINOR VISITATION**

**AUTHORIZATION FORM**

I, \_\_\_\_\_ give permission for:  
(Parent/Legal Guardian)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

To visit Inmate \_\_\_\_\_ at a California State Prison or institution  
(Inmate Name and CDCR Number)

with \_\_\_\_\_ for one year. I understand this Authorization is to be updated  
(Name of Accompanying Adult)

annually and that the minor Birth Certificate, or a Certified copy of the Birth Certificate, from the County  
Recorders Office is required. Satisfactory Evidence of Proof of legal guardianship to said minor(s) is  
required as an attachment to this authorization form.

I understand that this authorization can only be revoked IN WRITING, and will remain in effect for one (1)  
year, or until written notice of revocations is issued by the California Department of Corrections and  
Rehabilitation.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

**CERTIFICATE OF ACKNOWLEDGMENT**

State of California  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
(Here Insert Name and Title of the Officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed  
to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their  
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity  
upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph  
is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)