

Minor Consent Form

To the parent(s) or guardian of minor:

Please complete the questions below and have this application notarized. (You must sign in the presence of the Notary Public). Completed applications and copies of the birth certificate must be forwarded to the Superintendent of

(Insert the name and address of the institution here)

- 1. Name of inmate to be visited:_____
- 2. Name of minor(s):_____
- 3. Date of birth of minor(s):_____
- 4. Relationship of minor(s) to inmate:_____
- 5. Any restrictions to be placed on "visit by minor" (i.e., only a specific day, to be escorted by a particular individual, etc.):

6. Please designate the individual(s) you are authorizing to escort the minor(s) to this facility:_____

Name and address of parent or guardian:_____

Daytime phone number of parent or guardian:_____

The escorting person is required to have a copy of the minor's birth certificate and original Minor Consent Form during each visit. By signing below I am authorizing the above mentioned minor to visit your facility accompanied by the individual(s) designated for the purpose of visiting the inmate listed above.

Signature of parent or guardian Date

Notary Seal

Signature of Notary Public Date Expiration

Do not write below this line

To: _____
Upon reviewing your request for, I have decided to:

() Approve () Deny your request Effective: _____

Superintendent