



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: _____

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

This document authorizes that the above name child(ren) is (are) authorized to visit the above named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____

(Relationship) _____.

I am fully aware that the above named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public in and for said County and State personally appeared, _____,

who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 19 ____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date