



# AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (R / 7-18)  
DEPARTMENT OF CORRECTION

TO: WARDEN

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 (*month, day, year*)

\_\_\_\_\_  
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 \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County of residence

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
Commission expiration date (*month, day, year*)