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__.

________________________________________  County of residence
Signature of Notary Public

Printed name of Notary Public  Commission expiration date