ONE (1) FORM PER CHILD

WV Division of Corrections and Rehabilitation
Juvenile Visitation Form

Inmate Full Name: ________________________________ OID# __________________

Facility: ______________________________________________________________________

Relationship To Child: ______________________________________________________________________

Child’s Full Name: ________________________________ Sex: ______________

Age: ________ DOB: ________ Race: ________ Hair Color: ________

Eye Color: ________ Height: ________ Weight: ________

Parent/Legal Guardian: ______________________________________________________________________

Address: ______________________________________________________________________________

Phone Number: ______________________________

The above-named child has my permission to visit inmate ________________________________
at __________________________________________________________________________________.

(Facility name)

__________________________________________
Signature of Parent/Legal Guardian  Signature of Adult Authorized to Accompany Child

 Acknowledged and sworn to before me this ________ day of __________, 20 ________.

__________________________________________
Signature of Notary

My Commission Expires on __________________________