

Bristol County Sheriff's Department

Minor Request to Visit Form

TO THE PARENTS OR LEAGL GAURDIANS OF MINOR:

Please complete and return the enclosed application for permission to bring a minor into the Bristol County House of Correction & Jail for visits. This form must be notarized and signed in the presence of a notary. Once the facility has received your completed and notarized request we will consider your request and notify the inmate whether or not this request has been approved or denied. The inmate will mail the Approved original Minor Request to Visit Form to you.

NOTE: Approved minor visitors will be required to have a birth certificate as identification

At the time of each visit, along with the original approved Minor Request to Visit Form.

Mail completed forms to: BCSO

**Attention: Communications Division
400 Faunce Corner Road
North Dartmouth, MA 02747**

For Communications Purpose Only.	
_____ Date	
_____ Disp.Initials	
<input type="checkbox"/> BOP	
<input type="checkbox"/> Warrant	
<input type="checkbox"/> No Disposition	
<input type="checkbox"/> Other _____	

Date: _____

1.Name Of Minor: Please Print _____
Last First Middle

2. Date of Birth of Minor: _____ 3. Relationship of Minor to Inmate: _____

4. Name of Inmate to be visited: _____
Print name of inmate ID #

5. Any restrictions to be placed on visit by Minor (i.e. can be only be escorted by named individual **note:** (any individual listed here also needs to be approved as visitor.) _____

6. Address of Parent or Guardian: _____ Phone # _____
City/ State/Zip: _____

PLEASE MAKE SURE THIS APPLICATION IS NOTARIZED!

Signature of parent or Legal Guardian Printed Name of Parent or Legal Guardian
Commonwealth OF MASSACHUSETTS
Bristol, SS. _____, 20 _____

On this _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public (official signature and seal of notary)
My commission expires: _____

To be completed by BCSO personnel

Make a copy of this document for the 6-part file and provide the original document to the inmate to send to visitor.

To: _____ Inmate Name ID #
Name of Minor visitor: _____
After reviewing this visit request and all relevant information, I have decided to () Approve this request () Deny this request
REASON FOR DENIAL: _____