

Written Consent for Minor Visitation

I, (Parent/Legal Guardian) give permission for:

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

To visit (Inmate Name and CDCR Number) _____ at a California State Prison or Institution.

With (Name of Accompanying Adult) _____ for one year. I understand this Authorization is to be updated annually and that the minor Birth Certificate, or a Certified Copy of the Birth Certificate, from the County Recorder's Office is required. Satisfactory Evidence of Proof of legal guardianship to said minor(s) is required as an attachment to this authorization form.

I understand that this authorization can only be revoked IN WRITING, and will remain in effect for one year, or until written notice of revocations is issued by the California Department of Corrections and Rehabilitation.

(Signature of Parent/Legal Guardian)

(Date)

Certificate of Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of _____ On, (Date) _____

before me, (Name and Title of Officer) _____ personally appeared.

(Name Parent/Legal Guardian) _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Place Notary Seal/Stamp in the area above)