

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 _____