
	<p>Massachusetts Department of Correction Minor Consent Form Attachment 2 <i>in accordance with 103 CMR 483</i> Department of Correction Visiting Policy</p>	
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Institution: _____ Address: _____

Inmate's Name: _____ Inmate's Number: _____

This form must be completed by the parent/legal guardian having physical custody and properly notarized by notary public for minor children (under 18) to visit an inmate when the custodial parent/legal guardian having physical custody is unable, or unwilling to visit and accompany the minor child. The child may visit only with the authorized person named below, who 18 years of age or over and who must also be on the approved visitation list of the inmate they wish to see. Permission is granted for the child to be searched.

(Forward this form and copies of minor(s) birth certificates to the institution superintendent listed above)

Minor(s) Name(s)	Date of Birth	Relationship of child to inmate

Approved Escort / Guardian	Guardian's Address and Date of Birth

Address: _____
Street
City
State
Zip Code

Have any of the minor children listed ever been a victim of this patient / inmate? Yes No

If yes, please explain: (include the child's name and nature of the offense?)

Custodial Parent/Legal Guardian having physical custody: _____ Date: _____
Signature

.....Statement of Notary Public.....

Subscribed to and sworn before me on the: _____ day of _____, _____
Day
Month
Year

My notary public commission expires on: _____
Date

Approved: _____ Date: _____
Notary Public

Approved: _____ Date: _____
Superintendent / designee