

**Idaho Department Of Correction
Application to Visit
Minor Child Supplement**

Offender's Name: _____ IDOC Number: _____ Unit: _____

Child's name: _____ Date of birth: _____

Relationship to the offender: _____

In the legal and physical custody of: Both natural parents: ___ Mother: ___ Father: _____

Child's name: _____ Date of birth: _____

Relationship to the offender: _____

In the legal and physical custody of: Both natural parents: ___ Mother: ___ Father: _____

Child's name: _____ Date of birth: _____

Relationship to the offender: _____

In the legal and physical custody of: Both natural parents: ___ Mother: ___ Father: _____

Child's name: _____ Date of birth: _____

Relationship to the offender: _____

In the legal and physical custody of: Both natural parents: ___ Mother: ___ Father: _____

Mother's name (or legal guardian): _____

Address: _____

Father's name (or legal guardian): _____

Address: _____

I, (parent signature) _____, and (parent signature) _____
_____ give my consent for the above named minor children to visit,
_____, an offender sentenced to the Idaho Department of Correction.

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State of _____

County of _____

On this _____ day of _____, 20____, personally appeared before me _____
_____, known to me to be the person whose name is subscribed
to the foregoing instrument, and swore and acknowledged to me that he executed the same for
the purpose and in the capacity therein expressed, and that the statements contained therein
are true and correct.

Notary Public for Idaho
Residing at _____, Idaho
Commission expires: _____