



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
**OFFICIAL VISITOR REGISTRATION**

**PLEASE PRINT - ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 15 BUSINESS DAYS FOR PROCESSING.**  
For Implementation of COR 305 and COR 306 of the NH Code of Administrative Rules.

**REQUIRED PERSONAL INFORMATION**  
STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER  <input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> _____	LEGAL NAME: First Name MI Last Name Suffix  Entity that Registrant represents: House of Worship or Faith Community, Law Office, Social Services or Government Agency - include Name, Office Address, Phone Number:	Title
<b>NOTICE:</b> All Persons Must Surrender a valid government-issued <b>Photographic ID</b> when entering any state correctional facility. Indicate the expected document you will surrender.		<input type="checkbox"/> Driver License <input type="checkbox"/> Agency-issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Specify Other: _____	Photo ID Identifier Number
		ID Issuing Authority or Jurisdiction	

<b>Emergency Contact Information:</b> Name	Relationship	Contact Phone
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\*\* ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER BELOW; USE ADDITIONAL PAGES AS NEEDED \*\*

EVER CONVICTED OF <u>ANY</u> CRIME?	[ ] NO, [ ] YES
ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY?	[ ] NO, [ ] YES
BEEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS?	[ ] NO, [ ] YES
ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	[ ] NO, [ ] YES
ANY FAMILY MEMBER AN INMATE WITH THE NH DOC?	[ ] NO, [ ] YES, WHO
ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC?	[ ] NO, [ ] YES, WHO
DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST?	[ ] NO, [ ] YES, WHO
CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?	[ ] NO, [ ] YES, WHO

Any Person intending to be on any property of or in contact with an Offender under the supervision of the NH DOC is subject to Criminal History Records Review

To verify your identity, maintain criminal offender management standards and assure public safety, furnish all information requested below:

Are You a US Citizen? ____ Yes ____ No If Yes, provide Social Security # _____ If No, provide Alien Registration # _____ Provide Passport # _____	Driver License # _____  State of Issue _____ Date of Birth _____
Place of Birth _____	Any Other Name(s) Ever Known by: _____
List any other Address used in past 5 years: _____	

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

I do hereby certify that all information I have provided the department is accurate and complete. I agree to abide by all applicable New Hampshire laws, and New Hampshire Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the New Hampshire Department of Corrections, whether said records are of a public, private or confidential nature. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. I understand such review is required before I am allowed to enter NH DOC facilities and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of official visitor status. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy or facsimile of this release form will be valid as an original, even though said copy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. I will inform the NH DOC of any changes to the information furnished on this form, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. **This form is signed under penalty of unsworn falsification pursuant to NH RSA 641:3.**

<b>PERSONAL SIGNATURE</b>	DATE: _____
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Subscribed and sworn to before me, in my presence, this _____ day of _____, 20_____.  My commission expires _____, _____.  <div style="text-align: right;">           _____            (Signature) <b>Notary Public</b> </div>
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<b>Print</b> Your Name														
<b>PURPOSE &amp; DATES OF NH DOC CONTACT</b>	<b>WHAT NH DOC FACILITIES</b>													
	<table border="1"> <thead> <tr> <th align="center">State Prisons &amp; Institutions</th> <th align="center">Transitional Housing/Work Centers &amp; Field Services</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NH State Prison for Men (Concord)</td> <td><input type="checkbox"/> Calumet House (Manchester)</td> </tr> <tr> <td><input type="checkbox"/> NH State Prison for Women (Goffstown)</td> <td><input type="checkbox"/> North End House (Concord)</td> </tr> <tr> <td><input type="checkbox"/> Lakes Region Facility (Laconia)</td> <td><input type="checkbox"/> Transitional Work Center (Concord)</td> </tr> <tr> <td><input type="checkbox"/> Northern NH Correctional Facility (Berlin)</td> <td><input type="checkbox"/> Shea Farm (Concord)</td> </tr> <tr> <td><input type="checkbox"/> Residential Treatment/Secure Psych. Unit (Concord)</td> <td><input type="checkbox"/> Probation-Parole District Office:</td> </tr> <tr> <td><input type="checkbox"/> Central Office/HQ (Concord)</td> <td>Office Locations:</td> </tr> </tbody> </table>	State Prisons & Institutions	Transitional Housing/Work Centers & Field Services	<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet House (Manchester)	<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End House (Concord)	<input type="checkbox"/> Lakes Region Facility (Laconia)	<input type="checkbox"/> Transitional Work Center (Concord)	<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Shea Farm (Concord)	<input type="checkbox"/> Residential Treatment/Secure Psych. Unit (Concord)	<input type="checkbox"/> Probation-Parole District Office:	<input type="checkbox"/> Central Office/HQ (Concord)
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<i>OPTIONAL Personal Contact Information</i>			
Mailing Address	Town	State	Zip Code+4
Telephone Home #	Work #	Work Ext. #	Cell or mobile #
Email address			

***Complete Page 1 & above. Only complete the following section related to your Official Visitation purpose***

<input type="checkbox"/> <b>ATTORNEY AT LAW</b>	
Please verify current membership the New Hampshire Bar Association	
Certification as Legal Representative for following Inmate (s) print Name(s), ID #, Housing	
Expected duration of legal representation	Affirmation

<input type="checkbox"/> <b>CLERGY OR OFFICIAL RELIGIOUS DELEGATE</b>
The <b>PRIVILEGE</b> of <b>SPIRITUAL CARE VISITATION</b> is limited to the VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Clergy Applicant, or designated representative of a faith community, must <u>attach a letter from affiliated ecclesiastic authority</u> specifying an endorsement of religious qualification, preparation, experience and competence for spiritual care and pastoral counseling of criminal offender(s) incarcerated within the NH state prison system. <b>DO NOT</b> complete this form if you intend a <u>voluntary ministry to multiple criminal offenders</u> through group religious study, corporate worship, or other temporal activity with offenders. Obtain and submit a <b>CITIZEN INVOLVEMENT APPLICATION</b> and attend an orientation for approval as an authorized Volunteer. A person may not be designated as both an official visitor and an authorized volunteer by the New Hampshire Department of Corrections.

<input type="checkbox"/> <b>GOVERNMENT INTER-AGENCY OFFICIAL</b>	
An employee, or elected or appointed official, of the Federal, State of New Hampshire, or a local government unit, acting in their official capacity	
Jurisdiction or Agency Represented	
Administrator or Supervisor	Phone
Function or Purpose of Inmate Visitation	

<input type="checkbox"/> <b>SOCIAL SERVICE ORGANIZATION REPRESENTATIVE</b>	
Any employee or agent of a non-government community organization acting in their official capacity	
Name of Non-Profit Agency or Social Services Organization	
Head Administrator & Office Address	Office Phone
Agency Mission or Purpose	
Anticipated Benefit to Criminal Offenders	

The New Hampshire Department of Corrections shall grant **OFFICIAL VISITOR** authorization for a term not exceeding three (3) years. This authorization may be renewed upon satisfactory renewal registration and credentialing.