



New Hampshire Department of Corrections
Notarized Permission for Minor Children To Visit an
Individual Under the Care & Custody of the
New Hampshire Department of Corrections



Date: _____

In accordance with the New Hampshire Code of Administrative Rules, COR 305.02 Sections (k) & (l), children under 18 shall not be permitted to visit unless accompanied by an adult who shall be a family member, guardian, or other person who shall demonstrate in writing that the minor has permission to visit from an adult who is responsible for the child.

Please complete the following information and have this form notarized. This form must be mailed back to the facility where the individual under the care and custody of the Department of Corrections is located, and accepted before the child is placed on the Person Under Department Control (PUDC) approved visitors list.

During each visit, child visitors shall establish their identity by presenting a birth certificate issued and authenticated by an appropriate government entity.

I, _____
Print Full Name Relationship to Child Signature

Being the parent, legal guardian, or adult responsible for said minor children (list full name and date of birth of each child):

Do hereby give my permission for said children to visit:

Person under NHDOC care/custody: _____
Name ID #

I hereby authorize the following adult(s) to escort the above stated minor children into any NHDOC facility:

Name Date of Birth

Name Date of Birth

Name Date of Birth

The above stated adults have permission to accompany said minor child/children and be responsible for the child/children during the approved visit(s) with the above-named PUDC. Medical treatment of the above child is granted in the case of an emergency. I also certify that no court order is preventing contact between any minor child/children and the named PUDC.

This permission form is valid for: _____ One day only, date _____
(CHECK ONE ONLY) _____ Inclusive date (one year max.) from _____ to _____

Parent/Legal Guardian's Initials _____ One year from date of notary

I understand that if I have provided any false information to officials at the NH Department of Corrections that I may be subject to suspension of visiting privileges and/or legal recourse. I also understand that it is my responsibility to provide the New Hampshire Department of Corrections with an updated consent form, and/or withdrawal of this authorization in writing if any information provided herein is no longer valid.

State of _____ County of _____

On _____ before me, _____
Date Name, title of Officer / e.g., Jane Doe, Notary

Public
Personally appeared _____ personally known to me [or] _____
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 acknowledged 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.

WITNESS my hand and official seal.

Form will not be accepted without seal