Attachment 2

WRITTEN CONSENT FOR MINOR VISITATION

(Parent/Legal Guardian)	give permiss	sion for:	
NAME:		DOB:	
NAME:	AGE:	DOB:	
NAME:	AGE:	DOB:	
NAME:	AGE:	DOB:	
To visit(Inmate Name and CI	at	a California State Prison or	Institution
With(Name of Accompanying Ad	•	r. I understand this Authoriz	zation is to be updated
annually and that the minor Bir Recorders Office is required. Sational and attachment to this authorization	th Certificate, or a Cel isfactory Evidence of Pro	rtified copy of the Birth C	Certificate, from the County
I understand that this authorizatio or until written notice of revocation			
(Signature of Parent/Legal Guard	dian)		(Date)
	gned the document	t, to which this certifi	ies only the identity of icate is attached, and
the individual who sig	gned the document accuracy, or validity	t, to which this certifi	
the individual who signot the truthfulness, a	gned the document accuracy, or validity	t, to which this certifi of that document.	
the individual who signot the truthfulness, a	gned the document accuracy, or validity CERTIFICATE OF AC	t, to which this certifi of that document.	
the individual who signot the truthfulness, a State of California County of On	gned the document accuracy, or validity CERTIFICATE OF AC before me, (N	t, to which this certific of that document. CKNOWLEDGEMENT	personally appeared
State of California County of	gned the document accuracy, or validity CERTIFICATE OF AC before me, (N white dian) e(s) is/are subscribed to the other authorized capacity(in)	t, to which this certific of that document. CKNOWLEDGEMENT ame and Title of the Officer) ho proved to me on the basis of the within instrument and acknowles), and that by his/her/their	personally appeared of satisfactory evidence to wledge to me that he/she/they signature(s) on the instrument
State of California County of (DATE) (Name Parent/Legal Guard be the person(s) whose name executed the same in his/her/the person(s), or the entity upon	gned the document accuracy, or validity CERTIFICATE OF AC before me, (N with the person behalf of which the person contact the person behalf of which the person capacity(in the person capa	t, to which this certific of that document. CKNOWLEDGEMENT ame and Title of the Officer) the proved to me on the basis of the within instrument and acknowles), and that by his/her/their on(s) acted, executed the instruments.	personally appeared of satisfactory evidence to wledge to me that he/she/they signature(s) on the instrument
State of California County of (DATE) (Name Parent/Legal Guard be the person(s) whose name executed the same in his/her/ the person(s), or the entity upo	gned the document accuracy, or validity CERTIFICATE OF ACCURACY before me, (N white dian) e(s) is/are subscribed to the or behalf of which the person person behalf of which the laws of the laws	t, to which this certific of that document. CKNOWLEDGEMENT ame and Title of the Officer) the proved to me on the basis of the within instrument and acknowles), and that by his/her/their on(s) acted, executed the instruments.	personally appeared of satisfactory evidence to wledge to me that he/she/they signature(s) on the instrument