

Jefferson County Correctional Facility  
753 Waterman Drive  
Watertown, NY 13601

Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

State that I am the legal guardian of the following minor children:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

And I give my permission to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

To bring such child/children into the Jefferson County Correctional Facility to visit the following inmate:

Name: \_\_\_\_\_

I realize that other inmates will be in the visitation room during the same time my child/children are.

You **MUST** have this form filled out completely and notarized before the entry of any minor (under age 18) children into this facility. The minor child/children must have an **original or certified copy** of their birth certificate to verify their identity, **no exceptions**.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Guardian's signature)

\_\_\_\_\_  
(Notary Public)