



**OSWEGO COUNTY CORRECTIONAL FACILITY
JUVENILE PERMISSION TO VISIT**

Child's name: _____ Age: _____ Date of Birth: _____

Inmate's Name to be visited: _____

My child has permission to visit the inmate listed above.

Parent/Guardian Name: _____ Phone # _____
(please print or type)

Address: _____

A birth certificate or guardianship paperwork designating you as the child's legal guardian must be presented prior to the initiation of visitation.

If the parent **IS** present at the Correctional Facility, please complete this section

I know that a false statement herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Affirmed under penalty of perjury this,

_____ day of _____ 20 _____

Signature of Parent or Guardian

Signature of Witness (Corrections Staff Member)

If the parent is **NOT** present at the Correctional Facility, then this section must be completed before a Notary Public.

Sworn to before me this

_____ day of _____ 20 _____

Signature of Parent/Guardian

Notary Public

Once this form is completed, all regular visiting rules apply. Visitors, ages 16 and 17, must provide an adequate picture I.D. each time they visit, such as a school I.D.