

IONIA COUNTY SHERIFF DEPARTMENT



Application to Visit an Inmate

The inmate named below has requested that you be added to his/her visiting list. If you want to visit this inmate, please complete the Visitor Information Section. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH PROPOSED VISITOR 17 YEARS OF AGE OR OLDER. A maximum limit of five pre-approved visitors will be allowed for each inmate. A maximum of two adults and two children will be allowed to visit at one time.

Inmate Name: (Last, First)

Visitor Information Section

Visitor Name (Last, First M.I.)				
Residential Address (Street)		City	State	Zip Code
Telephone Number ()		Date of Birth	Drivers License Number or other Photo ID Number	
Height	Eye Color	Gender (M/F)	Social Security No. or Second I.D. No.	*Disclosure of your Social Security Number is voluntary and will be used to verify identity.*
What is <u>your</u> relationship with the inmate? (Check one)				
<input type="checkbox"/> Husband	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle	<input type="checkbox"/> Grandfather	
<input type="checkbox"/> Wife	<input type="checkbox"/> Sister	<input type="checkbox"/> Aunt	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Acquaintance
<input type="checkbox"/> Father	<input type="checkbox"/> Son	<input type="checkbox"/> Nephew	<input type="checkbox"/> Other Relative	
<input type="checkbox"/> Mother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Niece	<input type="checkbox"/> Friend	

I hereby attest that all information given is true and correct. I agree to abide by all visitation rules of the Ionia County Sheriff Department.

Applicant or Minor's Parent or Legal Guardian Signature	Date
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