



RELIGIOUS SERVICES DEPARTMENT

CERTIFIED RELIGIOUS VISITOR REGISTRATION FORM

Facility Name: _____

Facility Address: _____

Please Print

Request for Clergy Member Become Certified Religious Visitor

Inmate's Name: _____ CL/DOC#: _____

Inmate's Signature _____ Date: _____

Clergy Member's Information

Clergy Member's Name: _____

Clergy Member's Title: _____
(Bishop, Deacon, Elder, Evangelist, Father, Imam, Pastor, Rabbi, Reverend, Etc.)

Home Address: _____

Phone #: _____

Work Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Social Security #: _____

Type of Religious Credentials:

Name of Issuing Organization: _____

Organization Address: _____

Organization Phone #: _____

Clergy's Supervising Official: _____

Title: _____

Email address: _____

Additional Information: _____