

C/O INITIALS _____

TIME _____

INMATE LOCATION _____

BOOTH # _____

ALLEGAN COUNTY JAIL VISITATION RECORD

PLEASE PRINT CLEARLY

INMATE NAME _____

VISITOR NAME _____
LAST FIRST MIDDLE

RELATIONSHIP TO INMATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH ___/___/___ SOCIAL SECURITY # ___/___/___

DRIVERS LICENSE/STATE ID # ___/___/___/___/___ STATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO

IF YES, WHAT: _____

WHEN: _____ WHERE: _____

MINOR CHILD INFORMATION (IF VISITING)

NAME _____ RELATIONSHIP _____
LAST FIRST MIDDLE

DATE OF BIRTH ___/___/___ SOCIAL SECURITY # ___/___/___

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IF THIS FORM IS FILLED OUT INCORRECTLY, OR THE INFORMATION IS FOUND TO BE FALSIFIED, VISITATION PRIVILEGE WILL BE TERMINATED. I UNDERSTAND THAT MY SIGNATURE BELOW GIVES THE ALLEGAN COUNTY JAIL AUTHORIZATION TO STRIP SEARCH ME; IF PROBABLE CAUSE IS FOUND THAT I MAY HAVE EITHER ATTEMPTED TO, OR DID, BRING CONTRABAND INTO THIS FACILITY.

VISITOR SIGNATURE _____ DATE _____