



PATRICK W. McDERMOTT
SHERIFF

The Commonwealth of Massachusetts
County of Norfolk

OFFICE OF THE
SHERIFF



P.O. BOX 149
200 WEST STREET
DEDHAM, MA 02027
(781) 329 – 3705
FAX (781) 326 – 1079
www.norfolksheriff.com

MINOR VISIT CONSENT FORM
ATTACHMENT A

This form may only be completed by the **PARENT** or **LEGAL GUARDIAN** of a minor child.
An **ORIGINAL** birth certificate must accompany this form. In the case of a **LEGAL GUARDIAN**, the Probate Court documentation shall be submitted to verify custody of minor.

1. Name of Offender to be Visited: _____
Offender ID # (if Known): _____
2. Name of Minor: _____
3. Date of Birth of Minor: _____ Social Security #: _____
4. Relationship of Minor to Offender (if any): _____
5. Name of person allowed to escort minor: **(MUST BE APPROVED VISITOR)**

6. Any restrictions to be placed on minor: _____
7. Name of Parent or Guardian: _____
MUST SIGN AND PRINT NAME
8. Address of Parent or Guardian: _____

City State Zip Code
9. Home telephone (no cell phones please) area code: () -- _____
10. A/S of Security's or ADS of Security Operations' decision: **Approved or Denied**
11. Reason for Denial: _____

THIS FORM MUST BE NOTARIZED WITH THE SEAL AND STAMP OF NOTARY PUBLIC
ANY ERASURE OR OMISSION OF INFORMATION VOIDS THIS FORM

CSD 483

February 2021