



Bereavement Visit Request - Institutions

Part I: Complete for all Bereavement Visits (Part II is not required for Video Visits, Facility Unit Head has Final Authority for Approval or Disapproval of Video Visits)

Facility: _____ Date: _____ Private Visitation Deathbed Visit Video Visit

Inmate Name: _____ Number: _____

Offense(s): _____

Total Sentence: _____ PED: _____ MPRD: _____ GTRD: _____

DRC: _____ DRCI: _____ Security Level: _____ Date Assigned Security Level: _____

Date of Birth: _____ Class Level: _____ Medical Class: _____ Mental Health Class: _____

Detainers: _____

Victim Registered (VACORIS Alert): Yes No

Dates of Prior Private Visitation/Deathbed Visits: _____

Name of Deceased/Ill Relative: _____ Relationship to Inmate: _____

Date of Proposed Visit: _____ Time of Visit: _____

Are there any unusual circumstances concerning this private visitation/deathbed visit? Yes No

Explain: _____

Will any other inmates request to attend? Yes No Are they approved? Yes No

Are they disapproved? Yes No

Names of other inmates and facility assignment: _____

Family Member Contacted: _____ Relationship to Inmate: _____

Phone: _____ Will Any Family Members Object? Yes No Explain: _____

Are Funds Available to Cover Expenses? (If applicable) Yes No Who Will Pay Expenses: _____

How Will Payment be Made? _____

Name/Title of Staff Member Verifying All Information: _____

Recommendation: _____ Date: _____

Facility Unit Head or Administrative Duty Officer Decision:

Preliminary Approval for Death Bed/ Private Visitation: Approved Disapproved

Final Approval for Video Visits: Approved Disapproved

Comments: _____

Signature: _____ Date: _____



Facility Unit Head or designee must provide preliminary approval for an in-person visit in Part I before completing Part II:

Part II: Complete for Bereavement Visit Attendance Only

Private Visitation Information: Cause and Date of Death: _____

Location of Private Visitation: _____ Address: _____

City: _____

Name of Funeral Home Handling Arrangements: _____

Contact Person: _____ Phone: _____

Deathbed Information: Nature of Illness or Injury: _____

Physician's Prognosis: _____

Physician's Name: _____ Phone: _____

Location of Proposed Visit: _____

Address: _____

Does Physician or Hospital Authority Have Any Objection to Proposed Visit: Yes No

Hospital Authority Contacted: _____ Phone: _____

Local Law Enforcement Notification:

Individual Notified: _____ Phone _____

Probation/Parole Official Notification:

Individual Notified: _____ Phone: _____

Expenses: \$ _____	Mileage	Est. Mileage: _____	<input checked="" type="checkbox"/> State Mileage Rate	
\$ _____	Salary	Est. Hours: _____	<input checked="" type="checkbox"/> Hourly Rate _____	<input checked="" type="checkbox"/> Number of Officers _____
\$ _____	Other	Specify: _____		
\$ _____	TOTAL EXPENSES			

Facility Unit Head or Administrative Duty Officer Decision :

Final Approval for Death Bed/ Private Visitation: Approved Disapproved

Comments: _____

Signature: _____ Date: _____

Regional Administrator's Decision: Approved Disapproved Date: _____

Comments: _____

Signature: _____