**Prisoner Marriage Application:**

**Prisoner Name**: **Offender #**:

**Institution Name**: **Date of Application**:

**The mandatory conditions for a marriage while incarcerated are:**

1. All marriage expenses are the responsibility of the prisoner and intended spouse.
2. The marriage must take place in a DOC Institution.
3. The marriage ceremony arrangements must be specified, including persons who are to attend the ceremony, and must be approved in advance by the Superintendent.
4. If either party has been divorced, a copy of the court’s divorce decree must be submitted with the application.
5. If either party’s previous spouse is deceased, a copy of the death certificate must be submitted with the application.
6. Employees of the Department are prohibited from involvement in the marriage ceremony unless approved in writing by the Commissioner upon the recommendation of the Director of Institutions.

**PRISONER INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name: |  | | | Age: |  | |
| 2. | Institution: | |  | | Offender Number: |  | |
| 3. | Offense: | |  | | Sentence: |  | |
| 4. | Date of Parole Eligibility: | | |  | Projected Release Date: | |  |

**MARITAL HISTORY:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | Previous Marriages: | |  | | (If yes, provide information in #6.) | | | | |
| 6. | Divorced: |  | | | | Date: | | |  |
|  | Previous Spouse Deceased: | | |  | | Date: | | |  |
|  | If divorced, a copy of the court's divorce decree must be attached. If spouse is deceased, a copy of the death certificate must be attached. | | | | | | | | |
| 7. | Dependent children: | |  | | (If yes, answer #8.) | | | | |
| 8. | Child support ordered or paid in dollars per month: | | | | | | |  | |
| 9. | Length of relationship with intended spouse: | | | | | |  | | |

**REQUEST FOR WEDDING ARRANGEMENTS:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10. | Date: |  | | | Time: |  | | |
| 11. | List requested guests, to attend from outside the institution: | | | | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  | | | | |
| 12. | List requested guests, to attend from within the institution: | | | | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  | | | | |
| 13. | Name, address, and organization of clergy member or civil official requested to perform the ceremony: | | | | | | | |
|  |  | |  |  | | | | |
|  |  | |  |  | | | | |
|  | Name | |  | Street | | | | |
|  |  | |  |  | | | | |
|  | Organization | |  | City | | | State | Zip |
|  |  | | | | | | | |
| 14. | Additional wedding arrangement requests: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |

**INTENDED SPOUSE INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 15. | Name: |  | | | Age: |  | | Birth Date: |  | |
| 16. | Address: | |  | | | | | | | |
|  | Street | | | City | | | State | | | Zip |

**SPOUSES MARITAL HISTORY:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 17. | Previous Marriages: | | | | | |  | | | | | (If yes, provide information in #18.) | | | | | | | | | | | | | | | | | | | |
| 18. | Divorced: | |  | | | | | | | | | | | Date: | | | |  | | | | | | | | | | | | | |
|  | Previous Spouse Deceased: | | | | | | | | |  | | | | Date: | | | |  | | | | | | | | | | | | | |
|  | If divorced, a copy of the court's divorce decree must be attached. If spouse is deceased, a copy of the death certificate must be attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | Dependent children: | | | | | |  | | | | | (If answer is yes, enter # of children: | | | | | | | | | | | | | | | | | |  | |
| 20. | Child support ordered or paid in dollars per month: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 21. | Length of relationship with intended spouse: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 22. | Have you ever been convicted of criminal charges? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | (If yes, answer #23.) | | |
| 23. | List convictions: | | | | |  | | | | | | | | | | | | | Date: | | | | | |  | | | | | | |
|  | Location: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. | Are you presently under the supervision of this Department or other Corrections Agency? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | (If yes, answer #25.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. | Type of Supervision: | | | | | | |  | | | Prisoner | | | (If yes, answer #26.) | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | Parole | | | (If yes, answer #27.) | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | Probation | | | (If yes, answer #28.) | | | | | | | | | | | | | | | | | |
| 26. | Institution: | | |  | | | | | | | | | | | | | Offender Number: | | | | | | | | |  | | | | | |
|  | Offense: |  | | | | | | | | | | | | | | | Sentence: | | |  | | | | | | | | | | | |
|  | Date of Parole Eligibility: | | | | | | | |  | | | | | | | | Projected Release Date: | | | | | | | | | |  | | | | |
| 27. | Parole Officer's Name: | | | | | | |  | | | | | | | | | Parole Time Remaining: | | | | | | | | | | |  | | |
|  | Restrictions: | | | |  | | | | | | | | | | | | Office Location: | | | | | | |  | | | | | | | |
| 28. | Probation Officer's Name: | | | | | | | |  | | | | | | | | Probation Time Remaining: | | | | | | | | | | | | |  | |
|  | Restrictions: | | | |  | | | | | | | | | | | | Office Location: | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |
|  | Intended Spouse Printed Name & Signature: | | | | | | | | | | | | | | | | | | | |  | Date: | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |
|  | Prisoner Applicant Printed Name & Signature: | | | | | | | | | | | | | | | | | | | |  | Date: | | | | | | | | | |

**AGENCY REVIEW:**

**IPO – REVIEW AND RECOMMENDATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Summary of review and verification of information provided by prisoner and intended spouse: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| 2. | Recommendation: | Approve: |  | Disapprove: |  |  | | |
|  |  | | | | | | | |
| 3. | Justification: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | |  |  |
|  | IPO Printed Name & Signature: (Certifying verification of application.) | | | | | |  | Date: |

**INSTITUTIONAL CHAPLAIN – REVIEW AND RECOMMENDATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | Recommendation: | Approve: |  | Disapprove: |  |  | | |
|  |  | | | | | | | |
| 5. | Justification: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | |  |  |
|  | Institutional Chaplain Printed Name & Signature: | | | | | |  | Date: |

**SUPERINTENDENT – REVIEW AND RECOMMENDATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Recommendation: | Approve: |  | Disapprove: |  |  | | |
|  |  | | | | | | | |
| 7. | Justification: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | |  |  |
|  | Superintendent Printed Name & Signature: | | | | | |  | Date: |

**STATEWIDE CHAPLAINCY COORDINATOR – REVIEW AND RECOMMENDATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. | Recommendation: | Approve: |  | Disapprove: |  |  | | |
|  |  | | | | | | | |
| 9. | Justification: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | |  |  |
|  | Statewide Chaplaincy Coordinator Printed Name & Signature: | | | | | |  | Date: |

**DIVISION DIRECTOR – REVIEW AND DECISION:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10. | Decision: | | Approve: |  | Disapprove: |  |  | | |
|  |  |  | | | | | | | |
| 11. | Justification: | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | | | | |  |  |
|  | Director Printed Name & Signature: | | | | | | |  | Date: |

cc: Division Director; Statewide Chaplaincy Coordinator; Superintendent; Prisoner ; Prisoner’s Case File.