

Prisoner Marriage Application

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 Correctional Facility
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 Division Director.

PRISONER INFORMATION

- 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Institution: \_\_\_\_\_ Prisoner 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: \_\_\_\_\_

PRISONER NAME: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

**INTENDED SPOUSE INFORMATION**

15. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

16. Address: \_\_\_\_\_  
Street City State Zip

**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, \_\_\_\_\_ Number; and answer #20.)

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: \_\_\_\_\_ Prisoner 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 Signature Date

\_\_\_\_\_  
Prisoner Applicant Signature Date

