



Bereavement Visit Request - Institutions

Complete for all Video Bereavement Visits

Facility: _____ Date: _____

Inmate Name: _____ DOC #: _____

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

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

Date of Proposed Visit: _____ Time of Visit: _____

Family Member Contacted: _____ Relationship to Inmate: _____

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

Name/Title of Staff Member Verifying All Information: _____

Recommendation: _____ Date: _____

Facility Unit Head or Administrative Duty Officer Decision:

Final Approval for Video Visits: Approved Disapproved

Comments: _____

Signature: _____ Date: _____

