INMATE MARRIAGE REQUEST

The inmate must complete the first section of the form and send it to their fiancé(e). After completing the fiancée section, the fiancé(e) must submit this form to the Oklahoma Department of Corrections agency Chaplain. The form can be submitted by mail, fax or email to:

ODOC Agency Chaplain 3300 N. Martin Luther King Ave. Oklahoma City, OK 73111

Office Phone: 405-425-7312 / email: leo.brown@doc.ok.gov

To be completed by the inmate submitting this request:

Last Name:		_ First Name:			MI:	
ODOC #: Facility: _		Housing Unit:		ousing Unit:		
	I wish to	marry the person	listed below:			
Last Name:		First Name:	First Name:		MI:	
Fiancés/Fiancée's	Gender (Circle One): Male	– Female	9			
Street Address:		City/State/Zip:				
Phone Number: ()		Date of B	Date of Birth:			
Inmate Signature:			Date:			
	by the inmate's fiancé(e):	• • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • •	
We met on (month/day/year)		at (locatio	at (location)			
030118 entitled "Visto the facility.	tors allowed for the marriage sitation." Any request for sor	meone to attend w	ho is not on the ir	nmate's visiting l	list must be made	
Month Marriage Ce	remony Scheduled by the Fa	acility: (month/yea	r)			
	ing the marriage ceremony v					
			Street Address:			
City:	State: Zip):	_ Email Address:			
County License Filed In:		License	# Book:	Pag	je:	
I understand that m	y fiancé(e) is serving a total	sentence of	years for the	e crime(s) of		
transferred to anot	my fiancé(e) is incarcerate her facility at any time. I fu marriage. I declare that I am	irther understand	that no special c	consideration wil	·	
	0128 entitled "Inmate Marria will be conducted according	-	•	of the marriage	process and the	
Fiancé(e) Signature:		I	Email Address:			
Date:	Best Contact Phone Number: ()					