

INMATE MARRIAGE REQUEST

The inmate must complete the first section of the form and send it to their fiancé(e). After completing the fiancé(e) 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
2901 N. Classen Blvd. Suite 200
Oklahoma City, OK 73106
Office Phone: 405-962-6111 / Fax: 405-962-6102 / email: leo.brown@doc.ok.gov

To be completed by the inmate submitting this request:

Last Name: _____ First Name: _____ MI: _____

DOC #: _____ Facility: _____ Housing Unit: _____

I wish to marry the person listed below:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City/State/Zip: _____

Phone Number: (_____) _____ Date of Birth: _____ Gender: Male or Female
(Circle One)

Inmate Signature: _____ Date: _____

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To be completed by the inmate's fiancé(e):

We met on (month/day/year) _____ at (location) _____

The number of visitors allowed for the marriage ceremony and the rules for visitors will be in accordance with the facility's visitation rules. I request the following people be approved as visitors at my wedding:

Month Marriage Ceremony Scheduled by the Facility: (month/year) _____

The clergy performing the marriage ceremony will be: Name: _____

Telephone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____

County License Filed In: _____ License # Book: _____ Page: _____

I understand that my fiancé (e) is serving a total sentence of _____ years for the crime(s) of _____

I understand that my fiancé(e) is incarcerated at _____. I know that he/she may be transferred to another facility at any time. I further understand that no special consideration will be given to my fiancé(e) upon our marriage. I declare that I am of legal age and am legally eligible to be married.

I have read OP-090128 entitled "Inmate Marriages", and realize that all aspects of the marriage process and the wedding ceremony will be conducted according to this procedure.

Fiancé(e) Signature: _____ Date: _____