
INMATE MARRIAGE REQUEST TRACKING AND APPROVAL

This form will be attached to Inmate Marriage Request forms (OP-090128 Attachment A) received by the Agency Chaplain. The Agency Chaplain will review the request forms and forward them to the appropriate facility.

INMATE MARRIAGE REQUEST INFORMATION

Inmate's Last Name: _____ DOC Number: _____
Fiancé(e)'s Last Name: _____ Month of Marriage Ceremony: _____
Date Received: _____ Facility: _____

AGENCY CHAPLAIN REVIEW

Reviewed by the Oklahoma Department of Corrections Agency Chaplain:
Agency Chaplain Signature: _____ Date: _____

FOR FACILITY CHAPLAIN/FACILITY COORDINATOR USE

Marriage Ceremony Date: _____ Date Marriage License Obtained: _____
Clergy Information Verified by County Records: Verification Method (e.g. Online/Phone/Mail/Email) _____
Chaplain/Facility Coordinator Signature: _____ Date: _____

ADMINISTRATIVE REVIEW

Approval

Deputy Warden/ADS Review: Yes No Signature: _____ Date: _____
Facility/District Head Review: Yes No Signature: _____ Date: _____