

MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPROVAL ROUTING

The incarcerated individual and intended spouse/state registered domestic partner have applied for and initially met legal and Department policy requirements to marry or enter into a state domestic partnership at this facility. Attached are the applications and the release of information (DOC 20-213, DOC 20-214, DOC 20-215), birth certificates, and divorce/dissolution decrees, as applicable.

Last name	First name	DOC number
Last name of intended spouse/state registered domestic partner	First name	
Correctional Unit Supervisor	Facility	 Date
Comments:		
TEN	TATIVE CEREMONY DET	TAILS
Ceremony date: Tim		
Name of witnesses (marriages only):		
APP	ROVAL RECOMMENDAT	IONS
☐ Approve ☐ Deny		
Case manager Comments:	Signature	Date
Approve Deny		
Correctional Unit Supervisor Comments:	Signature	Date
Approve Deny		
Correctional Program Manager Comments:	Signature	Date

☐ Approve ☐ Deny		
Associate Superintendent Comments:	Signature	Date
	FINAL DECISION	
Approve Deny		
Superintendent Comments:	Signature	 Date
AUTHORIZED MARRIAGE/ST	ATE REGISTERED DOMESTIC	PARTNERSHIP REPORT
Incarcerated individual	and Spouse/state re	egistered domestic partner
☐ Were married on:		
In the presence of witnesses:		
☐ Entered into a state registered do In a ceremony presided over by:		
Religious Coordinator/Chaplain	Signature	Date
Superintendent/designee	Signature	Date
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