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## INMATE MARRIAGE REQUEST TRACKING AND APPROVAL

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**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.**

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### INMATE MARRIAGE REQUEST INFORMATION

Inmate's Last Name: \_\_\_\_\_ ODOC Number: \_\_\_\_\_  
Fiancée's Last Name: \_\_\_\_\_ Month of Marriage Ceremony: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Facility: \_\_\_\_\_

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### AGENCY CHAPLAIN REVIEW

Reviewed by the Oklahoma Department of Corrections agency chaplain to ensure the nature of the marriage does not violate the restrictions placed on the facility chaplain by their ordaining/endorsing religious organization, and if so to work with the facility administration to ensure such requests are processed appropriately through other staff:

Agency Chaplain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR FACILITY CHAPLAIN/FACILITY COORDINATOR USE

Scheduled Marriage Ceremony Date: \_\_\_\_\_  
Scheduled Date to Obtain Marriage License: \_\_\_\_\_  
Clergy Information Verified by County Records: Verification Method (e.g. Online/Phone/ Email) \_\_\_\_\_  
Date Verified: \_\_\_\_\_  
Chaplain/Facility Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ADMINISTRATIVE REVIEW

Deputy Warden/Assistant Regional Supervisor (ARS) Review:

Approval:      Yes      No      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Head/Administrator of Institutions/Community Corrections Review:

Approval:      Yes      No      Signature: \_\_\_\_\_ Date: \_\_\_\_\_