Visitor Information Update Form

You can send your completed form to the following visitation department addresses:

**Montana State Prison Montana Women’s Prison Pine Hills Correctional Facility**

Visitation Department MWP Visiting Department Visitor Approval Staff

400 Conley Lake Road 701 South 27th Street 4 North Haynes Ave.

Deer Lodge, MT 59722 Billings, MT 59101 Miles City, MT 59301

*(Please send updates for Dawson County, Crossroads and Riverside to Montana State Prison)*

Name of inmate that you are updating your information for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inmate Name**  **Inmate DOC Number**

**Visitor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are changing your name, please give a copy of your ID with new name on it.

**Visitor’s Updated Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in marital status: **Yes  No**

If you are updating for marriage, please attach a copy of your marriage certificate.

If minor children are associated to this visitor and the change should be applied to them, please list the children on the following lines:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Visitor Signature** **Date**