VISITING APPLICATION - CHILD SAFETY WAIVER

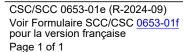
PROTECTED B ONCE COMPLETED

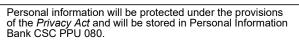
NOTE : Reference document CD 559, CD 710-8

PERSONAL INFORMATION BANK

PUT AWAY ON FILE ► Offender VC File

Family name (name of inmate you wish to visit)		Given Name(s)		
NOTE: Shaded areas are for office use on	ly			
CPIC CHECK COMPLETED Yes	○No			
FPS Number ▶		Date of Birth (YYYY-MM-DD) ▶		
Institution	Region	Completing Operational Unit		
This form is to be filled lin conjunction with form <u>CSC 0653E - Visiting Application</u> , however, this form is to be signed in person at the institution and witnessed by a Correctional Officer.				
PRIVACY ACT STATEMENT				
Personal information about you is collected usuitability for visiting privileges at the CSC. The Correspondence Bank; however, your refusation disclosed to other persons without your constructions of subsection 8(2) of the <i>Privacy Act</i> .	his information is colle I to comply would resu	cted, with no obligation Ilt in the denial of visitin	on your part, and he g privileges. This in	eld in the Visits and formation cannot be
parent or accompanying adult of the following child/				ving child/children,
absolve the Correctional Service of Canada for a visit to the CSC Institution/facility.	rom any responsibility	it may have in allowing	the said child/childr	en to accompany me
For greater certainty, but not so as to restrict its servants for any responsibility resulting fro rights to any claims or actions which I may had admission of the said child/children in a feder at all times while he/she is in the institution.	om an injury sustained ave against the Correc	by the said child/childre tional Service of Canad	en while on federal p da or its servants res	property. I also waive my sulting from the
First and Last name of visiting child/children				Date of Birth
Signature of the above-mentioned parent or accompanying adult	Signature of accompany	f the above-mentioned ing adult	parent or	Date (YYYY-MM-DD)
Name of Witnessing Correctional Officer (prin	t) Signature			Date (YYYY-MM-DD)







Original = Offender VC File Copy = Security Intelligent Officer

