

**OSWEGO COUNTY CORRECTIONAL FACILITY  
INMATE VISITOR INFORMATION**

INMATE VISITED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
NUMBER STREET NAME \*\*NO POST OFFICE BOXES\*\*  
\_\_\_\_\_  
TOWN OR CITY STATE ZIP CODE

DRIVER LIC.#: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ U.S. CITIZEN: YES / NO

SKIN: L / M / D HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DESCRIBE ANY FACIAL HAIR: \_\_\_\_\_

GLASSES OR CONTACTS: YES / NO

OCCUPATION: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
SIGNATURE OF VISITOR

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

OFFICER VERIFYING IDENTITY: \_\_\_\_\_ BADGE#: \_\_\_\_\_