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: ___________________________________________________________________________

TENTATIVE CEREMONY DETAILS

Ceremony date: ___________  Time: _______  Name of officiant: ______________________________

Name of witnesses (marriages only): ___________________________ __________________________

APPROVAL RECOMMENDATIONS

☐ Approve  ☐ Deny

Case manager ___________________________________________________________ Signature ______________________ Date ______________
Comments: _________________________________________________________________________

☐ Approve  ☐ Deny

Correctional Unit Supervisor _________________________________________________________ Signature ______________________ Date ______________
Comments: _________________________________________________________________________

☐ Approve  ☐ Deny

Correctional Program Manager _________________________________________________________ Signature ______________________ Date ______________
Comments: _________________________________________________________________________

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Scan Code: Packet (SD50), Individual (SD02) Scan & Toss
□ Approve  □ Deny

Associate Superintendent
Comments:  

Signature  Date


FINAL DECISION

□ Approve  □ Deny

Superintendent
Comments:  

Signature  Date


AUTHORIZED MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP REPORT

□ Were married on: ___________________ by: ___________________
In the presence of witnesses: ___________________ ___________________

□ Entered into a state registered domestic partnership on: ___________________
In a ceremony presided over by: ___________________

Religious Coordinator/Chaplain  Signature  Date

Superintendent/designee  Signature  Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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