Kriminalomsorgen
Oslo fengsel

Empty form

APPLICATION FOR A VISIT PERMIT | Department B
To be completed by the applicant

I, the undersigned, hereby apply for permission to visit an inmate at Oslo Prison.

Name of the inmate: _____

Name: _____

Address: _____

Post code: _____

Town / city: _____

Identification number: _____ - _____ (if Norwegian)
Birth of date Five digits

E-mail: _____

Phone work | home | mobile: _____ | _____ | _____

Relation to the inmate: _____

As applicant I am aware that Oslo Prison will check my conduct in police records and that the prison can request a professional assessment of me from my local police office. This will be done before deciding whether to issue a visit permit for the purpose of visiting Oslo Prison.

Visitors under 18 years must attach a letter of written permission from their parent or guardian. The letter must include the visitor's name, address, telephone number and date of birth. The parent or guardian will be contacted during processing of the application.

Date and town/city: _____, _____

Signature: _____
The application may be signed digitally or by printing out the filled form and sign by hand.

The completed application must be either e-mailed or mailed, to:

E-mail: visit@oslofengsel.no
Mail: Oslo fengsel, Dokumentsenteret, Postboks 694, 4305 Sandnes, Norway