



Boyd County Detention Center Funeral Attendance Request Form

Name of Incarcerated individual requested to attend: _____

Date of Birth of Incarcerated individual requested to attend: _____

Name of person making request: _____

Relationship to Incarcerated individual: _____

Phone number: _____ email: _____

Name of deceased: _____

Relationship to Incarcerated individual: _____

Date of Visitation: _____ Time of family visitation: _____

Date of Service: _____ Time of Service: _____

Location of Service (please included name of location and complete address:

I'm requesting the attendance of the following (check all that apply)

Family Visitation Funeral Other (explain): _____

Approval is based on a variety of factors including but not limited to:

* Charges *Disciplinary History *Sentencing Status *Staffing Availability *Event Location

**Understand those incarcerated will be in a standard jail jump suit and will be cuffed and shackled. A deputy jailer(s) will accompany incarcerated at all times.*

**If approved you will be notified by provided contact information. Approval may revoked at any time based on changing information and circumstances.*

email form to info@boydcountyjail.com subject line: funeral request

Approved Denied: _____

by: _____ Date: _____

Notification made by _____ Date: _____ Time: _____