I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606, TCA 36-3-104, and TCA 39-15-301.

II. **PURPOSE:** To establish guidelines for inmate marriages.

III. **APPLICATION:** All institutional employees and inmates [excluding offenders assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program] and all privately managed institutions.

IV. **DEFINITIONS:** None.

V. **POLICY:** An inmate in a correctional facility may be permitted to marry unless such marriage is found to be unlawful or presents a serious threat to the security of the institution.

VI. **PROCEDURES:** Marriages involving an inmate may be approved by the Warden pursuant to the following procedures:

   A. The inmate and intended spouse must each submit a letter to the institutional chaplain notifying him/her of their intent to marry. The chaplain shall complete the Marriage Application, CR-1922. The inmate’s intended spouse must mail the letter directly. The spouse may not send the letter through the inmate to give to the institutional chaplain. The names and information of guests, if not on the inmate’s visitation list, shall be provided to the institutional chaplain no later than 14 days prior to the scheduled wedding. This includes information of an outside clergy officiate.

   B. The letters must be received by the chaplain at least 120 days in advance of the requested wedding date to allow for verification of the information and to make appropriate arrangements. Even though 120 days reflects the minimum waiting period, inmates and intended spouses are encouraged to wait a longer period of time.

   C. The chaplain shall arrange at least four counseling sessions prior to the marriage. Institutional chaplains may conduct the counseling sessions; however, it is permissible for outside ministers/counselors to conduct the sessions upon inmate request or decision of the Chaplain.

   D. The institutional chaplain shall use offender management system (OMS) Contact Notes (LCDG) to document counseling sessions conducted by the Chaplain or outside ministers/counselors. Contact type PMCC (Pre-Marriage Counseling) shall be used. In facilities where only volunteer chaplains are available, comments may be given to counseling staff for entry on Contact Notes (LCDG).

   E. The intended spouse must be on the inmate’s approved visitor list. The intended spouse cannot be a current TDOC employee, contractor, intern, or volunteer. Inmates who are married to each other shall not be housed in the same institution under any circumstances.
F. Inmates shall not marry while on furlough without prior approval by the Warden. Such approval shall be obtained through the procedures outlined above and documented on Contact Notes (LCDG).

G. Prior to the wedding:

1. The chaplain/counselor will:
   a. Provide the Tennessee criminal history of the inmate to the intended spouse and discuss sentencing and release with both parties
   b. Review institutional guidelines for the marriage services

2. The inmate shall prepare and have notarized a statement containing his/her name, age, current address, and the name and address of his/her next of kin or legal guardian. The inmate's intended spouse will need to take this notarized statement to the appropriate court clerk when applying for the marriage license.

H. If the inmate is transferred during the waiting period, the previously approved date of the marriage shall remain in effect.

I. The Warden shall develop procedures covering marriage ceremonies consistent with the security needs of the institution. At a minimum, these procedures shall be available to the inmate population and include provisions concerning:

1. Permissible locations within the institution for the ceremony
2. Application procedures for ceremony
3. A brief special visit not to exceed one hour following the ceremony. The visit will be closely supervised by a staff member(s) in the same manner as routine visitation.

J. Wedding Ceremony

1. The wedding ceremony shall consist of the inmate and intended spouse only. The warden may approve a maximum of four guests from outside of the institution; however, they must be immediate family of either party.

2. The inmate is required to wear the standard prison issue uniform.

K. There shall be no provision for items to be brought to the facility for the ceremony, i.e. cake, drinks, non-alcoholic or alcoholic, camera, bouquet, etc. and there will be no reception permitted.

L. It shall be the sole responsibility of the inmate’s intended spouse to arrange and pay for all marriage counseling fees, wedding ceremony officiate fees, and licenses. There shall be no fees paid to the institutional chaplain and/or institution for services rendered. No free-world money may be brought into the institution during the pre-marital sessions or wedding.

VII. ACA STANDARDS: 4-4428 and 4-4435.

VIII. EXPIRATION DATE: September 1, 2020.
TENNESSEE DEPARTMENT OF CORRECTION
MARRIAGE APPLICATION

INMATE NAME: __________________________ TDOC NUMBER: __________________________

INSTITUTION: __________________________ DATE OF REQUEST: __________________________

NAME OF INTENDED SPOUSE: __________________________

ADDRESS: __________________________________________________________

Number __________________________ Street or Route __________________________

________________________________________________________

City __________________________ State __________________________ Zip Code __________________________

Is either party pregnant? ☐ Yes ☐ No

Due Date: __________________________

Have the engaged parties already had a mutual child born? ☐ Yes ☐ No

Proposed wedding date and arrangements: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Individuals have or have not met policy requirements. (Please circle one).

________________________________________ Date ________________ Warden __________________________ Date ________________

Chaplain __________________________

Please explain if policy requirements have not been met:

________________________________________________________________________________________

________________________________________________________________________________________

Summary of Counseling Sessions: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature of Minister/Counselor: __________________________

Counseling Sessions: (Circle all that apply).

1st  2nd  3rd  4th