

**FAIRFAX COUNTY ADULT DETENTION CENTER**  
**RELIGIOUS HEAD COVERING AUTHORIZATION FORM**  
**FOR INDIGENT INMATES**

<b><u>PROPERTY ISSUED</u></b>	<b><u>QUANTITY</u></b>	<b><u>TYPE</u></b>
Religious Head Covering _____		
Name of Inmate: _____		
Inmate Number: _____		

The above listed items were issued to the inmate, on the date below.

I have received the above **Religious Head Covering (RHC)** for which I am responsible. I understand I will be charged if the head coverings are lost, damaged, or stolen. I further understand that I am not eligible for a replacement if my head coverings have been lost or taken away for misuse for the remainder of my incarceration.

I understand the **RHC** is a Holy Item and is to be used for its intended purpose. Misuse of the **RHC** will result in its removal.

Date: \_\_\_\_\_ Inmate signature: \_\_\_\_\_