

VERIFICATION FORM



1. Your Information

*First Name _____

*Last Name _____

Last 4 digits of Social Security Number _____ *Leave blank if no SS# or if unknown*

*Date of Birth ____/____/____ (Month/Date/Year)

Street Address _____

City _____

*ZIP or Postal Code _____ State _____

*Phone Number (____) _____ - _____
(provide at least one #) (____) _____ - _____
(____) _____ - _____

Email _____

**Items marked with an asterisk are required. Filling in additional information helps speed up the verification process of your application.*

Instructions

Before you can **deposit funds, receive calls** from inmates, and **leave voicemails**, the facility needs to know who you are. The Telmate Verified program helps speed up this identification process.

1. Enter your information.
2. Enter inmate information.
3. Attach a copy of your identification.
4. Submit the document using one of the following methods:

Email: verify@telmate.com

Mail: Telmate Verify
PO Box 1137
Fruitland, ID 83619

2. Inmate Information

Inmate Name _____

Facility Name _____

Note: Only one inmate name is required.

Once approved, you will not need to resubmit this form for additional inmates.

3. Attach Copy of Identification

Attach or include a clear, legible copy of your identification.

Identification must:

- be **valid**
- have a **picture**
- have been issued from a **local, state, or government agency** (i.e. drivers license, state ID card, military ID, US or foreign passport)

*Identification Type _____
(eg. Drivers License, or Passport)

Identification Number _____
(from your ID)



You can make a copy of your ID at any print shop, FedEx/Kinkos, UPS Store, and most public libraries.