Religious Emblem of Faith Application

(Please Print) Scout Unit #: _____ Parish: _____

Candidate's Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Email: _____

Home Phone: ( ) _____ - _____ Work Phone: ( ) _____ - _____

School Name: _____ Grade: _____ Age: _____

(Please Print) **Scout Leader Information**

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Email: _____

Home Phone: ( ) _____ - _____ Work Phone: ( ) _____ - _____

Program Completed

Cub Scouts: __ Light of Christ __ Parvuli Dei Place an "X" next to the emblem just completed.

Candidate's Certification

On my honor as a Scout and Catholic, I certify that I have faithfully fulfilled all the requirements for the Religious Emblem above.

Scouts s ignature: _____ Date: ___ / ___ / ___

Parent's Certification

I hereby certify that the above named Scout has successfully completed the work required for the Religious Emblem above.

Parent's signature: _____ Date: ___ / ___ / ___

Parish Recommendation

I certify that this scout has appeared before me with his Activity Book. I therefore recommend him for the emblem identified above.

Parish Priest's signature: _____ Date: ___ / ___ / ___

Return this application to:

Catholic Committee on Scouting
Attn: Katie Kendall
P.O. Box 132
Pegram, TN 37143-0132