Re	eligious 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: ( )
Boy Scouts: Ad Altare Dei	
	Candidate's Certification
•	and Catholic, I certify that I have faithfully fulfilled all the requirements for the Religious Emblem above.
Scouts signature:	Date:/ Counselor's Certification
I hereby certify that the a	above named Scout has successfully completed the work required for the Religious Emblem above.
•	Date:/
Parish Priest's signature:	Date:/
	Board of Review
	commit certifies that this Scout has presented the proper credentials and records and that he has view of the requirements for this program. We therefore recommend that he be presented with the
The review was given be	efore us on (Date) / at (Location)
Scout Leader signatures:	

Return this application to:

**Catholic Committee on Scouting** Attn: Harvey Carter

Attn: Harvey Carter 9100 Crockett Road Brentwood, TN 37027