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: Li	ght of Christ Parvuli Dei Place an "X" next to the emblem just completed.
	Candidate's Certification
On my honor as a Sco	ut 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	e above named Scout has successfully completed the work required for the Religious Emblem above.
Parent's signature:	Date:/
	Parish Recommendation
I certify that this scou above.	has appeared before me with his Activity Book. I therefore recommend him for the emblem identified
Parish Priest's signatu	re: Date:/

Return this application to:

Catholic Committee on Scouting

Attn: Harvey Carter 9100 Crockett Road Brentwood, TN 37027