



Request for Recognition of a Religion

Name: _____ DOC Number: _____

Facility: _____ Religion Requested: _____

What are the tenets of this Religion? _____

Are you requesting Holydays (Provide name of observance, date of observance, work proscription, special diets, or other requested accommodations and attach any supporting documents)? _____

Are you requesting religious item(s)? No, yes (If yes, attach *Request for Approval of Religious Item* 841_F1)

Recognition of a Religion Routing Slip

Facility Unit Head Recommendation: Approve Disapprove

Comments: _____

_____ **Facility Unit Head Signature**

Faith Review Committee Recommendation:

Approve Disapprove

Faith Review Committee Chair Signature

Deputy Director for Institutions/Community Corrections Decision:

Approve Disapprove

Deputy Director Signature

Summary of DOC Approvals and Disapprovals

Recognition of Religion: Comment: _____

Approved

Disapproved

Holiday and Religious Items Decision Summary

