

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
 Family of God I Live My Faith Marian Medal A Spirit Alive [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 signature: _____ Date: ___ / ___ / ___

Parent's Certification
I hereby certify that the above named Scout has successfully completed the work required for the Religious Medal identified above.
Parent's signature: _____ Date: ___ / ___ / ___

Adult Advisor Recommendation
I certify that this scout has appeared before me with her Activity Book. I have reviewed its contents and I therefore recommend her for the Religious Medal identified above.
Adult Advisor's signature: _____ Date: ___ / ___ / ___
Parish Priest's signature: _____ Date: ___ / ___ / ___

Return this application along with the application fee payable to KDCCS to:

Religious Awards
Attn: George C. LeCrone, Sr.
10700 Leeward Lane
Knoxville, Tn. 37934-3012

