Form 4202C (10-15)
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NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CHANGE OF RELIGIOUS DESIGNATION FORM

_____ Correctional Facility

Inmate's Name: _____ DIN: _____ Location: _____

Date of Last Change (Check with IRC or Guidance): _____ _____ _____
Month Day Year

I profess to be of the _____ faith and not of the _____ faith as previously listed. (Inmates can not self designate to be Native American. Established policy requires inmates to provide verification of ancestry to the facility Chaplain who will forward to the Director of Ministerial, Family and Volunteer Services for review/approval.) I understand that subsequent changes of religion will only be permitted at twelve (12)-month intervals.

_____ _____
SIGNATURE OF INMATE DATE SIGNED

_____
SIGNATURE, CHAPLAIN OF FORMER RELIGION

Approves Based On:

☐ Self-Declaration

or ☐ Documentation of Existing Status by an appropriate religious body

or ☐ Conversion

_____ _____
SIGNATURE, CHAPLAIN OF NEW RELIGION DATE SIGNED

_____ _____
SIGNATURE, COORDINATING CHAPLAIN DATE SIGNED

Staff signature is required solely for administrative purposes. It signifies approval of the inmate request and in no way certifies an inmate's religious beliefs.

DISTRIBUTION:

COORDINATING CHAPLAIN (FILE)
GUIDANCE (INMATE FOLDER)
INMATE RECORDS COORDINATOR (INMATE FOLDER)
INMATE