

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
 REQUEST FOR NEW RELIGION**

Inmates requesting the introduction of a new religion must provide a comprehensive description of the religion using this form. Supplemental material may be attached. Please do not send originals as we will not photo copy and return materials. Because of the necessary level of review, the process may require up to 120 days for completion.

**Name of Religion:** \_\_\_\_\_

1.	Theology and History:
	A. Basic History (When was this religion established? Who established this religion?)
	B. Theology
2.	Religious Practices:
	A. Individual
	B. Congregate
	C. Religious Holy Days (include ceremonial food, rituals, etc.)
3.	Religious Items:
	A. Personal Religious Items
	B. Congregate Religious Items
4.	Prohibitions (Medical, Non-medical):
5.	Dietary Standards:

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6.	Burial Rituals:
7.	Literature:
A.	Sacred Writings
B.	Periodicals
C.	Resource Materials
8.	Organizational Structure:
A.	Location of Headquarters
B.	Minister of Record
C.	Contact Office/Person

Submitted by: \_\_\_\_\_  
Inmate's Name (Printed) Inmate's Signature

\_\_\_\_\_ Correctional Facility  
DIN

Reviewed by Chaplain: \_\_\_\_\_  
Print Name Date

Chaplain's Signature: \_\_\_\_\_

Decision: \_\_\_\_\_  
Director of Ministerial, Family and Volunteer Services Date

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

cc: DSP  
 Chaplain's Office