



(Office Use Only)

Reg.No	
Date	

Church Shrine

CHURCH REGISTRATION FORM

(Please fill in the all Details in BLOCK CAPITAL Letters)

Full Name & Address of Church :	
Full Name & Address of Parish :	
Telephone :	Fax :
Email :	
Diocese :	Province :
District :	Divisional Secretariat :
Gramasewa Division :	Pradeshhiya Sabha :

Please attached the Certified Copies of the below documents, with the bishop's certification as a true copy)

1. Certified Deed 2. Approved Building Plan

I hereby apply to register above mentioned church under the Department of Christian Religious Affairs

Parish Priest Name :

Signature & Official Stamp :

Date :

I hereby recommend / not recommend above application

Bishop's Name :

Signature & Official Stamp :

Date :