



(Office Use Only)

Reg.No	
Date	

Church Shrine

CATHOLIC CHURCH REGISTRATION FORM (Existing / New)

(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 :	Pradeshiya 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
3. Copy of the new building approval (**Only If new construction**)

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 :

I hereby recommend / not recommend above application

Grama Niladhari Name :

GN Division :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

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I hereby recommend / not recommend above application

(If divisional secretary is not recommended, refer to District Secretary)

Divisional Secretary

Name :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

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I hereby recommend / not recommend above application

District Secretary

Name :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

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I hereby recommend / not recommend above application

Head of the Department,

Department of Christian Religious Affairs :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

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I hereby approve / do not approve the above application

Secretary, :

Buddhasasana, Religious and Cultural Affairs, National Integration, Social Security and Mass Media

Signature & Official Stamp : Date :

If not approved, Please provide reasons.

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