



REGISTRATION OF RELIGIOUS INSTITUTIONS

Office Use Only

Registration No.	
Date	

Please fill all details clearly

Name of the Institute :			
Permanent Address :		Temporary Address :	
Congregation :			
Tel:	Fax:	Email:	Web:
Province:	District:	Diocese:	Deanery:
Divisional Secretariat:	Pradeshiya sabaha:	Gramaseva Division:	
Main Institute	Name : Address : Head of the Institute : Signature :		
Category	Seminary <input type="checkbox"/> Religious Brothers <input type="checkbox"/> Social Services <input type="checkbox"/> Apostolic <input type="checkbox"/> Convent <input type="checkbox"/> Education <input type="checkbox"/> Creches <input type="checkbox"/> Home for retired Priests <input type="checkbox"/> Orphanages <input type="checkbox"/> Home for Elders <input type="checkbox"/> Home for Handicapped <input type="checkbox"/> Other <input type="checkbox"/>		
Main Task :			
Year of Establishment :			
Other registrations :	Registration No :	Organization :	
No of Branches :			

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

1. Certified Deed
2. Approved Building Plan

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

Institute Head's Name :

Signature & Official Signature :

Date :

I hereby recommend / not recommend above application

Bishop's Name / Congregation Head's Name :

Signature & Official Frank :

Date :