



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 Signature :

Date :