NEW OR UNFAMILIAR RELIGIOUS COMPONENTS QUESTIONNAIRE

Inmates requesting the introduction of a new component to the Religious Service program (schedule, meeting time and space, religious items and attire) must provide the chaplain a comprehensive description of the religion or component using this form. The information provided will be considered at the institutional, regional and national levels.

Because of the necessary review at these levels, the process may require up to 120 days for completion. The committee's recommendation will be forwarded to the Warden with a copy to the Regional Director. The Warden's decision will be communicated by the institution chaplain.

The RIC request must be submitted on this form. Supplemental material may be attached, but consideration will primarily be given to the material submitted on the completed form.

1.	**Theology and History**
	A. Basic History.
	B. Theology.
2.	**Requirements for Membership**
	A. Requirements.
	B. Total Membership.
3.	**Religious Practices**
	A. Required Daily Observances.
	B. Required Weekly Observances.
	C. Required Occasional Observances.
	D. Religious Holy Days.
4.	**Religious Items**
	A. Personal Religious Items.

	B. Congregate Religious Items.
5.	Medical Prohibitions
6.	Dietary Standards
7.	Burial Rituals
8.	Literature
	A. Sacred Writings.
	B. Periodicals.
	C. Resource Material.
9.	Organizational Structure
	A. Location of Headquarters.
	B. Minister of Record.
	C. Contact Office/Person
10	Equity Question
	The Code of Federal Regulations Rule §548.15, states, "no one may disparage the religious beliefs of an inmate, nor coerce or harass an inmate to change religious affiliation. Attendance at all religious activities is voluntary and unless otherwise specifically determined by the warden, open to all." Does your religion endorse, practice or use language that will support violence, terrorism, discriminate against other inmates or exclude other inmates from religious services based on race, color, religion, gender, or national origin? _____ Yes _____ No

Submitted By: _____

Inmate's Name (Printed) Inmate's Signature

Register Number: _____

Institution: _____

Reviewed By: _____ _____ _____

Chaplain Warden Date

Reviewed By: _____ _____ _____

Regional Chaplain Regional Director Date

(This form may be replicated via WP)