



**Connecticut Department of Correction
Religious Services Unit
Rev. Dr. Charles F. Williams, Director
24 Wolcott Hill Road, Wethersfield, CT 06109**



RELIGIOUS ENDORSEMENT VERIFICATION

The purpose of this form is to verify your relationship with a DOC recognized religious organization. Per Administrative Directive 10.4, Attachment A, all Religious V.I.P.s with the Connecticut Department of Correction are required to produce an ecclesiastical endorsement letter upon request.

DATE:	DATE OF BIRTH:		
FIRST NAME:	LAST NAME:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

RELIGIOUS AFFILIATION	FACILITY <i>(Please check all that apply)</i>	
<input type="checkbox"/> Protestant Christian	<input type="checkbox"/> Bridgeport CC	<input type="checkbox"/> New Haven CC
<input type="checkbox"/> Roman Catholic Christian	<input type="checkbox"/> Brooklyn CI	<input type="checkbox"/> Osborn CI
<input type="checkbox"/> Islamic	<input type="checkbox"/> Cheshire CI	<input type="checkbox"/> Robinson CI
<input type="checkbox"/> Jewish	<input type="checkbox"/> Corrigan-Radgowski CC	<input type="checkbox"/> Willard-Cybulski CI
<input type="checkbox"/> Native American	<input type="checkbox"/> Garner CI	<input type="checkbox"/> York CI
<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Hartford CC	<input type="checkbox"/> Northern CI
<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> MacDougall-Walker CI	<input type="checkbox"/> Manson YI

ENDORSEMENT QUERY: *(Please answer each question)*

- Please send a letter of endorsement or recommendation from your religious organization to Religious Services (address above).
- What programs or services do you conduct? _____
- What is the name of the religious organization you are affiliated to? _____
 Address _____
 Phone _____
- What is the contact information for your ministry supervisor/ ecclesiastical endorser?
 Name _____ Phone _____

The information provided in this document is truthful and accurate to the best of my knowledge.

Signature _____ **DATE:** _____