

**MAINE DEPARTMENT OF CORRECTIONS**

**RELIGIOUS DIET**

To: Chaplain, or other designated staff

From: \_\_\_\_\_ Date: \_\_\_\_\_

MDOC #: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Designated Religion (if requesting a diet for religious reasons): \_\_\_\_\_

I am requesting the following diet for religious reasons:

- Pork Free
- Red Meat Free (Beef Free)
- Pork Free and Red Meat Free (Beef Free)
- Vegetarian
- Vegetarian Friday

I am requesting the following diet for non-religious reasons:

- Vegetarian

I am requesting to discontinue my previously requested diet.

**I understand that a new religious diet form cannot be submitted until at least ninety (90) days after submission of this form.**

\_\_\_\_\_  
Resident Signature \_\_\_\_\_  
Date

Approve  Deny

\_\_\_\_\_  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date