

**MAINE DEPARTMENT OF CORRECTIONS
RELIGIOUS DIET**

TO: Chaplain, or other designated staff

FROM: _____

DATE: _____

MDOC #: _____

HOUSING UNIT: _____

DESIGNATED RELIGION: _____

I am requesting the following diet for religious reasons:

Pork-Free

Beef-Free

Vegetarian

I am requesting to **discontinue my current religious diet**

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

Resident's Signature: _____

Approve **Deny**

**cc: Resident's Unit File
Facility Food Service Manager**