

**APPLICATION FORM**  
**DIOCESAN CERTIFICATE TO EAGLE SCOUTS**



[PLEASE PRINT LEGIBLE OR TYPE]

Eagle Scout's Troop Number \_\_\_\_\_

Name of Scout's Parish \_\_\_\_\_

Eagle Scout's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State FL Zip + 4 \_\_\_\_\_

Date Passed Eagle Board \_\_\_\_\_

Date of Ceremony \_\_\_\_\_ Time of Ceremony \_\_\_\_\_

Location of Ceremony \_\_\_\_\_

Address at Ceremony Location \_\_\_\_\_

Please check preferred date for certificate:     \_\_\_ Date of Eagle Board

  \_\_\_ Date of Ceremony

---

---

Contact person \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State FL Zip + 4 \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

---

---

**Mail request (at least 30 days in advance) to:**

**DOSP Catholic Committee on Scouting**  
**Attn: Phil Raymond**  
**PO Box 2319**  
**Land O Lakes, FL 34639**