

# 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

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

Address \_\_\_\_\_

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

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

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

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

**Diocesan Scouting Office  
Attn: Chris Hoelle  
4012 Braesgate Lane  
Tampa, FL 33624-1809**