



CATHOLIC DIOCESE OF ARLINGTON

OFFICE OF FAITH FORMATION

Catechist Certification/Renewal Application Form

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Email: _____

Telephone (preferred): _____

Parish: _____

DRE/Pastor: _____

Signature of DRE/Pastor: _____

- I am applying for CATECHIST CERTIFICATION (50 hours).
- I am renewing CATECHIST CERTIFICATION (10 hours).

Please indicate the coursework you have taken from each apostolate:

10 Hours of each:	Ministry	Creed	Sacraments	Morality	Prayer
Catholic Distance University					
Catholic Education Center					
Institute of Catholic Culture					
Franciscan University of Steubenville Catechetical Institute					

- Yes, I have attached transcripts/certificates for coursework.
- Yes, I have attached a signed Catechist Oath of Fidelity.

Signature of Applicant: _____

Send to: Special Consultant for Catechetics, 200 N. Glebe Rd, Ste 265, Arlington VA 22203

Office of Faith Formation use only:

Authorized by: _____

Date Issued: _____ Expires: _____