



Catholic Diocese of Columbus

Office of Religious Education
and Catechesis
614-221-4633

OFFICE OF RELIGIOUS EDUCATION AND CATECHESIS**REGISTRATION FORM
RELIGIOUS EDUCATION CERTIFICATION**

Last Name		First Name (please use given name)		Middle Initial	
Address			Social Security Number		
City			State	Zip	
Phone (Work)		Phone (Home)			
Parish or School where you serve as teacher/catechist		City			
Parish Catechist?	Yes	No	Catholic School Teacher?	Yes	No
Name of Session					
Location of Session					
Date of Session			Hours of Session		

This form is to be used for parish or school programs for which certification credit is being granted. Please follow the steps listed:

- 1. Duplicate copies of the form as needed.**
- 2. Ask each teacher/catechist who is seeking certification credit to complete the form.**
- 3. Keep an attendance list if the program is longer than one session.**
- 4. Send the registration forms and attendance list, upon completion of the program, to the diocesan religious education consultant.**