831-373-1335 FAX 831-373-3351

Department of Catechetical Ministries

## **APPLICATION** *Please Specify*:

New Applicant Renewal					
Catechist Certificate Master Catechist Certificate Non-Catholic Formation Certificate					
First Name:		Last Nar	Last Name:		
Address:		City:		Zip Code:	
Telephone:	Primary:	Secondary	/:	Work:	
E-Mail:					
□ Parish			City:		
Position / Ministry:					
□ Catholic School City:					
Position: Principal Teacher Grade Level Other / Title					
O ther					
EDUCATIONAL BACKGROUND					
High School					
College			Degree(s):		
University			Degree(s):		
			Degree(s):		
SIGNATURES:					
Date:					
Applicant					
Date:					
School Principal or Director of Religious Education					
FOR DIOCESAN OFFICE ONLY Certification Approval				ave your DRE or l Principal submit your:	
□California C	atechist	□Renewal	• Application		
□Master		□Renewal	<ul><li>Application</li><li>Summary of O</li></ul>	Course Work	
□Non-Catholic Formation			<ul><li>Summary of Classroom O</li></ul>		
				or renewal or	
Director of Ca	techetical Ministry	Date	non-Catholic		