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**Catholic Diocese of Columbus**

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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
Maiden Name		Preferred Name		
Address			Last four digits of Social Security Number 000/00/	
City	State	Zip	Email	
Phone (Work)	Phone (Home) – Preferred Y N		Phone (Cell) - Preferred Y N	
Parish or School where you serve as teacher/catechist			City	
Parish Catechist	or	Catholic School Teacher	Teaching Religion?	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.