



**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
Maiden Name		Preferred Name		
Address			Birth Date (Mo/Day/Yr)	
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
Pre-School Teacher	or	Administrator/DRE		
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.**