

Diocese of Stockton - School of Ministry Registration Form

Name of Course _____ Location _____ Date _____

Name _____ (First) _____ (Middle) _____ (Last) Date of Birth _____

Address _____ City _____ Zip _____

Telephone _____ / _____ / _____
(Home) (Work) (e-mail)

Male Female Marital Status: Single/widowed Church Marriage Other

If other, please explain: _____

Ethnic Background: European American African American Hispanic/Latino

Asian/Pacific Islander Native American Other (specify) _____

Religious Denomination: Catholic Other (please specify) _____

Parish _____ City _____

Educational Background

Have you ever participated in the School of Ministry? Yes No

Please include certification you have received for a specific ministry.

School/Institute	Location	Dates Attended	Degree/Certificate Earned

Ministry

Please list the ministry(ies) in which you are involved:	Number of years served:
_____	_____
_____	_____
_____	_____

Note: Participants who register for and successfully complete all the School of Ministry requirements for a training will receive a certificate of completion. This certificate in no way entitles the recipient to exercise the particular ministry. Ministers serve solely at the discretion of the pastor or his representatives.