

**APPLICATION FOR EVANGELIZATION  
CERTIFICATION PROGRAM  
DIOCESE OF ROCKFORD**

**(Please print or type)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

Primary Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Parish \_\_\_\_\_  
(City)

**EDUCATIONAL BACKGROUND:**

High School Graduation \_\_\_\_ Yes \_\_\_\_ No

College Attended \_\_\_\_\_

Major/Minor \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Graduate Study: Institution \_\_\_\_\_

Degree \_\_\_\_\_ Area of Study \_\_\_\_\_ Date Completed \_\_\_\_\_

Ministry Formation Certification \_\_\_\_ Yes \_\_\_\_ No Date Completed \_\_\_\_\_

**EVANGELIZATION EXPERIENCE:**

Please elaborate the nature and extent of your involvement in Evangelization Ministry:

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In the space provided below, briefly state your reasons for applying for this Evangelization Certification Program.

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**ENDORSEMENT OF PASTOR (required):**

I, as Pastor of this parish, endorse and support this applicant's participation in the Evangelization Certification Program for the Diocese of Rockford.

Pastor's Signature \_\_\_\_\_

**Pastor's Comments:**

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All fees must be sent with your Application. Please enclose a check in the amount of \$450.00, which covers the Application fee of \$25.00 and Tuition of \$425.00.

You are responsible for purchasing all of your own books. See the Required Reading for the Evangelization Certification Program on our website.

Return this completed form and check to the office below:

Diocese of Rockford  
Ministry Formation Office  
555 Colman Center Drive - P. O. Box 7044  
Rockford, IL 61125  
Phone: 815/399-4300 – Fax: 815/399-6278  
Website: [www.ceorockford.org](http://www.ceorockford.org)  
Email: [jsartino@rockforddiocese.org](mailto:jsartino@rockforddiocese.org)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_