

**APPLICATION FOR CATECHETICAL LEADER
CERTIFICATION PROCESS
DIOCESE OF ROCKFORD**

(Please print or type)

Name _____ Date of Birth _____

Address _____
(Street) (City) (Zip)

Name and City of Parish _____
(City)

Primary Phone _____ Alternate Phone _____
(Area Code + Number) (Area Code + Number)

E-mail Address _____

EDUCATIONAL BACKGROUND:

High School Graduation ___ Yes ___ No

College Attended _____ Major/Minor _____

Date of Graduation _____

Graduate Study: Institution _____ Degree _____

Area of Study _____ Date Completed _____

Catechist Certification: Level I ___ Yes ___ No Level II ___ Yes ___ No

Ministry Formation Certification ___ Yes ___ No Date Completed _____

CATECHETICAL EXPERIENCE:

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

In the space provided below, briefly state your reasons for applying for the Catechetical Leader Certification Process.

ENDORSEMENT OF PASTOR (required):

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

Pastor's Signature _____

Pastor's Comments:

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

You are responsible for purchasing all of your own books. See Required Reading for Catechetical Leader Certification Process.

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
Email: jsartino@rockforddiocese.org**

Applicant's Signature _____ **Date** _____