

## Appendix B: Forms

# CATECHIST FORMATION

## *Individual Verification Form*

Please return completed form with Pastor's signature to the Office of Christian Formation & Schools.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

(Cell) (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, hereby verify that the above is a member  
(name of Pastor — please print)

of \_\_\_\_\_ in \_\_\_\_\_ and is a  
(name of parish) (city, state)

practicing Catholic in good standing who is capable of instructing others in our Catholic faith.

Pastor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Certification (please check one):

\_\_\_\_\_ I am working towards Initial Certification.

\_\_\_\_\_ I have completed Initial Certification (requires 24 hours across five core content areas).

\_\_\_\_\_ I hold a certificate from another Catholic diocese.

Parish/School: \_\_\_\_\_

Years of Catechetical Service:

\_\_\_\_\_ years of service in the Diocese of Steubenville. Beginning date: \_\_\_\_\_

\_\_\_\_\_ years of service in another diocese: \_\_\_\_\_ Date of service: \_\_\_\_\_

*Please specify*



**THE DIOCESE OF STEUBENVILLE**

OFFICE OF CHRISTIAN FORMATION & SCHOOLS

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