

*Diocese of Green Bay*  
**Foundational Catechetical Certification**  
*Department of Education*



**Component/Ongoing Formation Completion Record**

Name: \_\_\_\_\_

Last, First

Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Registered Parish: \_\_\_\_\_ Location : \_\_\_\_\_

I am currently a:

- |   |   |
|---|---|
| <input type="checkbox"/> RE Administrator @ _____     | <input type="checkbox"/> Catechist @ _____      |
| <input type="checkbox"/> School Administrator @ _____ | <input type="checkbox"/> School teacher @ _____ |
| <input type="checkbox"/> Other _____ @ _____          |   |

This record pertains to: \_\_\_\_ **Component Completion** (Check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Creed                 | <input type="checkbox"/> Bible                        |
| <input type="checkbox"/> Sacraments            | Methods:  |
| <input type="checkbox"/> Morality              | <input type="checkbox"/> Catechists                   |
| <input type="checkbox"/> Prayer & Spirituality | <input type="checkbox"/> Teachers (Faith Integration) |

\_\_\_\_ **Ongoing Formation** Name of Course: \_\_\_\_\_

(Coursework for Ongoing Formation must have pre-approval from the Dept. of Education).

**Attendance:**

Component Session	Date	Location	Instructor	Instructor, please initial here:
/Session 1				
/Session 2				
/Session 3				
/Session 4				
/Session 5				

I have attended all five sessions as listed above and have completed all assignments.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please send this record to--

Catechetical Certification  
 Department of Education  
 P. O. Box 23825  
 Green Bay, WI 54305-3825

*For Office Use Only:* Dept. of Education Approval

Approved by: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_