

The Office of Lay Ecclesial Ministries

Registration for Hospital Ministry

Instructor : Sr. Marilyn Welch, CCW

Last Name: _____ First Name: _____ Prefix: _____
Ms. Mrs. Mr.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

CCW Incarnation Center**
394 Bem Road
Gallitzin, PA 16641

Wednesdays: 6:30-9:00 PM

September 7, 14 (no class September 21, 28)
October 5, 12, 19, 26
November 2, 9

Credit Hours: 20

Registration and Material Fee: \$75

Year Basic Certification Completed _____
(Requirement Needed - Basic Lay Ecclesial Ministry Certification)

Payment Enclosed: \$ _____

Please make checks payable to *Diocese of Altoona-Johnstown*

Send completed registration form and payment to:

The Office of Lay Ecclesial Ministries
St. Patrick School Building
625 Park Avenue
Johnstown, PA 15902

-Thank You-