

Office of Lay Ecclesial Ministries
Master Catechist Certification Inquiry Form

Date _____

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

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

Are you a DRE/CRE: _____yes _____no

Do you currently teach religious education in your parish? _____yes _____no

If you answered yes, what grade(s) do you teach: _____

Year Completed Basic Ecclesial Ministry Certification: _____

Third Year Tracks Completed (Please list name and year of completion: _____

Send completed registration form to:

Office of Lay Ecclesial Ministries
Diocese of Altoona-Johnstown
625 Park Avenue
Johnstown, PA 15902

For further information regarding the program, please contact:

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Email- mheinze@dioceseaj.org