Certificate of Attendance
Spiritual Enrichment/Continuing Education

Name_____**Address**_____
City_____**Zip Code+4**_____
Phone: Day_____**Evening**_____
E–mail_____**Parish/School**_____
Current Ministry_____

Activity	Place/Presenter	Date(s)	Hours

Please return to:

Office for Lay Ministry
715 Nazareth Street
Raleigh NC 27606-2187

January 2002