



Master Catechist Certification Vita Form

Name _____ Address _____
City _____ Zip + 4 _____
Day Phone (____) _____ E-mail _____
Parish/School _____
Deanery _____
Current Position _____
Date _____ Requirement Option _____

Educational Background _____

Experience in Catechesis and Facilitating Adult Learning/Formation

Please return to:
*Office for Lay Ministry
715 Nazareth Street
Raleigh NC 27606-2187*