

**INDIVIDUAL CATECHIST CERTIFICATION REQUEST FORM**

*(To be filled out by the person requesting credit)*

**Archdiocese of Louisville  
Office of Lifelong Formation and Education**

*(To request credit for catechist certification, this form must be completed and returned before the program is offered.)*

Date of request \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_

Address \_\_\_\_\_  
(city) (state) (zip)

Email \_\_\_\_\_

Parish \_\_\_\_\_

Title and Description of Program *(Please attach a course outline)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Outcomes

\_\_\_\_\_  
\_\_\_\_\_

Sponsor \_\_\_\_\_ Name of facilitator \_\_\_\_\_

Location of program \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ Total hours \_\_\_\_\_

**OFFICE USE ONLY:**

Area of Credit: \_\_\_\_\_ Number of clock hours approved \_\_\_\_\_

\_\_\_\_\_  
Consultant for Catechetical Ministry

\_\_\_\_\_  
Date

**Return to: Office of Lifelong Formation and Education  
Flaget Center  
1935 Lewiston Drive  
Louisville, KY 40216  
Attn: Denise Puckett**