



ARCHDIOCESE OF DENVER

OFFICE OF EVANGELIZATION & FAMILY LIFE MINISTRIES

CATECHIST CERTIFICATION COMPLETION FORM

For Office of Evangelization and Family Life Ministries Use Only

Name of Catechist _____ Parish _____

Please return this form upon completion to:

Archdiocese of Denver
Office of Evangelization and Family Life Ministries
1300 South Steele Street
Denver CO 80210
EFLM.Office@archden.org

CATECHETICAL CERTIFICATE CHECKLIST

Offered by the Office of Evangelization and Family Life Ministries

Catechetical Retreat

Date of Retreat

Signature of Leader

Art of Catechesis Course

Date

Signature of Leader

Practicum

Dates

Name of Mentor

Signature of Leader

Recommendation:

On behalf of _____ Parish, I certify that _____
has met all of the requirements for the Catechetical Certificate and I recommend him/her for certification
by the Archdiocese of Denver.

Date

Signature of Pastor or delegate

Completion of
Catechetical Certificate

Date

OEFLM representative signature

CERTIFICATE IN CATECHETICAL STUDIES

Offered by the Denver Catholic Catechetical School

Completion of Certificate in
Catechetical Studies

Date

Catechetical School representative signature

MASTER CATECHIST CERTIFICATION

Bestowal of Master Catechist Certification

Date

Signature