Echoes of Faith

Catechist Certification

Course: _____

Course Date: _____

Month / Year

Presenter _____

Site: _____

Name	Address, City & Zip	Parish Name & City Only (if different from site)

A verification of the receipt of this course completion will be forwarded to you within 24 hours. If you do not receive one, please send a second or call Faye Froess 814-824-1210.