

**THE EPISCOPAL DIOCESE OF FORT WORTH**

2900 Alameda Street  
Fort Worth, TX 76108

**APPLICATION FOR CATECHIST'S LICENSE**

NAME OF APPLICANT: \_\_\_\_\_

PARISH/MISSION: \_\_\_\_\_  
City

Date of Birth: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Training received from: \_\_\_\_\_

Date of completion of training: \_\_\_\_\_

Reason for seeking a Catechist's license: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

Signature \_\_\_\_\_

Date \_\_\_\_\_