CATHOLIC DIOCESE OF GARY
CONTINUING EDUCATION REPORT
DEACON _____
20___ - 20___

Title of Class or Sponsor Organization	Presenter	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total Hours	_____

Annual Retreat Date: _____

Where was retreat held? _____

Please return this form by August 31st to:

Diaconate Director-Post Ordination
Diocese of Gary Chancery
9292 Broadway
Merrillville, IN 46410

*** This report is confidential ***

Only you, the Bishop, Diaconate Director-Post Ordination, your Pastor, the Deacon Personnel Board and their designated secretarial staff will have access to the file in the performance of their official duties.

Revised: July, 2002