



**Archdiocese of San Francisco  
Office of Religious Education & Youth Ministry  
One Peter Yorke Way  
San Francisco, CA 94109  
415-614-5650**

**Workshop Completion Certificate**

Name of Workshop \_\_\_\_\_

# Hours \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

Archdiocesan Official Signature \_\_\_\_\_

Participant's Name \_\_\_\_\_

**Please keep this copy for your certification or renewal. Make a copy to put in your Parish records.**

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