



DIOCESE
of
LAFAYETTE-IN-INDIANA

Fertility Awareness Class Certificate of Completion

Granted to

AND

MAN

WOMAN

*For successfully completing 6 hours of
Fertility Awareness or Natural Family Planning Education*

_____ WITH THE CREIGHTON MODEL FERTILITY CARE SYSTEM

_____ WITH THE SYMPTO-THERMAL METHOD (CCL)

_____ WITH OTHER _____
PLEASE INDICATE

FROM _____ TO _____
DATE DATE

INSTRUCTOR SIGNATURE

INSTRUCTOR NAME

DATE

INSTRUCTOR EMAIL

INSTRUCTOR PHONE NUMBER