



Verification of Christian Service in Preparation for the Reception of the Sacrament of Confirmation

Candidate's Name: _____

Description of Service Area 1: Community (at least 3 hours)

Date(s) of Service: _____

Number of Hours Served: _____

Signature of Adult who Supervised the Service: _____

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Description of Service Area 2: Parish (at least 2 hours)

Date(s) of Service: _____

Number of Hours Served: _____

Signature of Adult who Supervised the Service: _____

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Description of Service Area 3: Neighborhood/Home (at least 1 hour)

Date(s) of Service: _____

Number of Hours Served: _____

Signature of Adult who Supervised the Service: _____

**Feel free to make copies of this form if needed! Please attach to back of service paper/project!*