

**ST. STEPHEN THE MARTYR, OFFICE OF RELIGIOUS EDUCATION
RECORD OF CONFIRMATION COMMUNITY SERVICE HOURS**

Email: reledoffice@gmail.com / Website: saintstephenreled.org / Tel: 845-986-2231

PRINT STUDENT'S NAME:

STUDENT'S SIGNATURE:

PARENT'S SIGNATURE:

****A total of 20 hours must be completed as a requirement for Confirmation. 10 hours of service to be completed and submitted in Grade 7 by 3/1. The balance of the 10 hours must be completed and submitted in Grade 8 by 12/1.**

Number of hours: _____ Date of service: _____

Print the name of the service recipient: _____

Signature of the service recipient: _____

Brief description of the service you provided: _____

Number of hours: _____ Date of service: _____

Print the name of the service recipient: _____

Signature of the service recipient: _____

Brief description of the service you provided: _____

Number of hours: _____ Date of service: _____

Print the name of the service recipient: _____

Signature of the service recipient: _____

Brief description of the service you provided: _____

Number of hours: _____ Date of service: _____

Print the name of the service recipient: _____

Signature of the service recipient: _____

Brief description of the service you provided: _____

Number of hours: _____ Date of service: _____

Print the name of the service recipient: _____

Signature of the service recipient: _____

Brief description of the service you provided: _____

FOR OFFICE USE ONLY: TOTAL HOURS:

CHECK IF RECORDED