



Saint Catherine of Siena Catholic Church Confirmation Service Hours Form

Name of Candidate: _____ Name of Service Opportunity: _____

Number of Hours Completed: _____ Date Completed: _____

Describe how you served others during this activity. (Complete Sentences)

How is this activity connected to a Work of Mercy? (Complete Sentences)

Name of Activity Leader (PRINT): _____

Signature of Activity Leader: _____

Activity Leader Phone Number: _____

Parent Signature: _____

Candidate Signature: _____



Corporal Works of Mercy:

1. To Feed the Hungry
2. To Give Drink to the Thirsty
3. To Clothe the Naked
4. To Shelter the Homeless
5. To Visit the Sick
6. To Ransom the Captive
7. To Bury the Dead

Spiritual Works of Mercy

1. To Instruct the Ignorant
2. To Counsel the Doubtful
3. To Admonish Sinners
4. To Bear Wrongs Patiently
5. To Forgive Offences Willingly
6. To Comfort the Afflicted
7. To Pray for the Living and the Dead

**USE ONE COPY OF THIS FORM FOR EACH SERVICE OPPORTUNITY.
ONLY COMPLETED FORMS WILL BE ACCEPTED.**