

## CONFIRMATION SERVICE RECORD

CONFIRMATION CANDIDATE'S NAME: \_\_\_\_\_

TYPE OF SERVICE:     Parish Community             Civic Community

NAME OF ORGANIZATION OR INDIVIDUAL FOR WHICH THE SERVICE WAS PERFORMED:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DESCRIBE WHAT YOU DID: \_\_\_\_\_

\_\_\_\_\_

I affirm that \_\_\_\_\_ has done the above named activity,  
which took \_\_\_\_\_ hours to complete.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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