



St. Alphonse Christian Acts of Mercy for Confirmation

Candidate Name _____

Check which applies: Prep Student ____ OLM Student ____

Attending other private school _____

As part of my preparation for the Sacrament of Confirmation, I have willingly accepted and have completed acts of mercy as a sign that I am aware of my responsibility as a Christian. I also understand that my service is to be rooted in the Gospel and related to our faith's Works of Mercy. The following is a record of at least six acts of service (two being parish community service, if possible):

SERVICE TITLE	SERVICE DESCRIPTION INCLUDING THE CORPORAL OR SPIRITUAL ACT OF MERCY IT FULFILLS	ADULT SIGNATURE

