

Church of Our Lady of the Assumption
Office of Faith Formation

Confirmation Service Report Form

Name _____ Grade _____

Date(s) of Service: Month _____ Day(s) _____ Year _____

Hours of Service Given: _____

Verified by Supervising Adult: _____

Name of Business, Institution, Person, etc., service given to: _____

My project was: _____

Candidate's Signature _____ Date _____

Accepted _____ Not Accepted _____ by _____ Date _____