



ST. MARIA GORETTI CONFIRMATION SERVICE HOURS RECORD

Candidate's Name _____ Date Performed _____

Facilitator's Name _____ 1st Year _____ 2nd Year _____
Check One

Number of Hours Served _____ Supervisor's Name _____

Service Performed _____

Where did you do this service? _____

For whom did you do this? _____

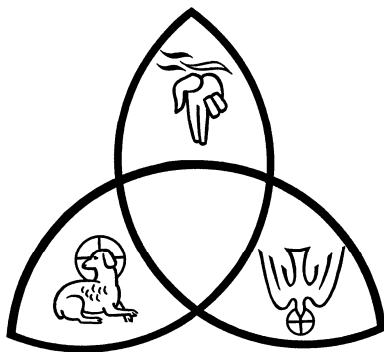
What did you learn from this? _____

Candidate's Signature

Parent's Signature

Youth Minister's Signature

Date Turned In



*God has revealed to us
through the Spirit.*