

**ST. MARIA GORETTI**

**CONFIRMATION SERVICE HOURS RECORD**

PLEASE PRINT! Questions? Call Caitie Rose Beardmore at (317) 867-3213 ext. 1131.



Candidate's Name \_\_\_\_\_  
Mentor's Names \_\_\_\_\_  
Date(s) Performe \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Location of Work \_\_\_\_\_

Describe Service Performed \_\_\_\_\_

Supervisor's Name _____	Phone _____
Supervisor's Signature _____	Date _____
Comments _____	
Parent Signature _____	Date _____

What made this service MEANINGFUL? \_\_\_\_\_

*By filling out this form you are saying that ALL of the above information is correct and that you completed deliberate, meaningful work that brought Jesus' love to the world through your gifts and talents.*

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please do not cut and turn in half sheets of paper. Combine with other hours if possible.)*

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