

St. Clare of Montefalco Catholic Church

Confirmation Christian Service Hours Completion Form 2011-2012



Confirmation Candidate's Name: _____

St. Clare School Student _____ St. Clare Religious Education Student _____

Teacher/Catechist Name _____

Type of service performed _____

Number of Hours Completed: _____ **Date of Service:** _____

Description of Service: _____

Confirmation Candidate's Signature: _____

Date: _____

Supervisor's Name: _____ Supervisor's Phone _____

Supervisor's Signature _____

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