

# CONFIRMATION SERVICE PROJECTS

20 required hours

**Name:** (Print) \_\_\_\_\_

Group/Session (Check One): 8A1\_\_\_; 8A2\_\_\_; 8B2\_\_\_; Aquinas\_\_\_; Other\_\_\_

## Service in My Home

Date	Brief Description of Service	Total Hours	Signature of Supervising Adult

## Service in My Church

Date	Brief Description of Service	Total Hours	Signature of Supervising Adult

## Service in My Community

Date	Brief Description of Service	Total Hours	Signature of Supervising Adult
<b>GRAND TOTAL - 20 HOURS</b>			

**Submit to Parish Office, ATTN: Sacrament Preparation**