



**PARISHES OF ST. CHRISTOPHER & ST. PATRICK'S
FAITH FORMATION PROGRAM**

**The Sacrament of Confirmation
*Service Hours Reflection Sheet***

Candidate Name _____

Number of Hours _____ **Check one** Community Church

Organization where services was completed _____

Description of service completed _____

Date(s) of service _____

Supervisor: _____ Phone: _____

Comments from Supervisor: _____

Signature of Supervisor: _____

What service did you complete: _____

How has this service helped you live out your faith? _____
