

Confirmation Parish Service Reflection Form

Candidate Name: _____

Year in Confirmation (circle one) Year 1 Year 2

Type of Parish Service and Location of Event:

Number of Hours Completed: _____

Name of Supervisor: _____

Telephone # of Supervisor: _____

Briefly describe your experience participating in this event/with this ministry and the impact that it has had on you.

Supervisor Signature: _____ Date: _____

*Please note: all fields are required. Confirmation service is parish service—it must be done at a Parish event or with a Parish ministry. All teens must submit this form to account for their Confirmation service.

