



**ST FRANCIS DE SALES CONFIRMATION PROGRAMS
A GUIDE FOR CONFIRMATION CANDIDATES AND PARENTS
SERVICE VERIFICATION FORM – Email Diane.Lewis@archbalt.org**

Candidate Name: _____ Date: _____

Service Description Liturgical Outreach Parish Community

Please describe the service performed:

Date(s) of Service

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Contact Person: _____ Date: _____

Signature of contact person is required.

Reflection: *(Briefly share your experience of this service project)*

