



Saint Rose of Lima Church

35 Center Street

Meriden, Ct 06450

CONFIRMATION SERVICE PROJECT RECORD

This form must be completed for each project that you do. Please fill in your name, the type of service project, and number of hours of service. Ask the supervisor of the activity to sign below. Completed forms should be returned to Mrs. Elaine Natlo as soon as possible.

This form certifies that _____ participated

In a service project as described below.

The service project that I participated in was _____

I completed _____ hour(s) of service.

I certify that the above name confirmation candidate participated in the described activity for the specified number of hours

Signature of Supervisor

Printed name of Supervisor _____

Title of Supervisor _____

Phone Number of Supervisor _____