

# St. Mel Catholic Church Religious Education Office

## Confirmation Program Service Hours Submittal Forms

Candidate Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Service Provided To: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Hours of Service: \_\_\_\_\_ Contact Signature: \_\_\_\_\_

Type of Service Work Completed:

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_