

Confirmation Parish Service Reflection Form

Candidate Name: _____

Year in Confirmation (circle one): SEALED. 1 SEALED. 2

Type of Parish Service or Parish Service Encounter, including Location of Event:

Number of Hours Completed: _____

Name of Supervisor: _____

Email of Supervisor: _____

Reflection Prompt: Briefly describe your experience participating in this event/with this ministry and the impact that it has had on you. How did you encounter Christ in those you served and how were you the face of Christ in the world through this service? Did you see Christ in anyone else?

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.

