

**THE CATHOLIC COMMUNITY OF ST.
WALTER
SCHOOL OF RELIGION**

CHRISTIAN SERVICE COMPLETION FORM

Name of Confirmation Candidate
(Print): _____

Date of Christian Service: _____

Name of Service
Project: _____

Name of
Organization: _____

Description of your assignment(s):

Attach any brochures, flyers, or other promotions.

Name of Project Coordinator (Print) _____

As project coordinator, I verify that this person completed his or her assignments for this project.

Signature of Project Coordinator _____ Date: _____

Comments: