

Confirmation Service Record

To be filled out, signed, and turned in ASAP at the completion of service.

Name: _____ Date: _____

Name of Service Event: _____

Describe how you served: _____

*Signature of Adult Supervisor: _____

Printed Name of Adult Supervisor: _____

**Please note, this should only be signed if supervisor can confirm adequate participation in and completion of service activity.*

Options for how to turn in record:

Email to Anna Albrittain at aalbrittain@sacredheartlaplata.org.

Mail to Anna Albrittain at PO Box 1390, La Plata, MD 20646.

Place in Confirmation Assignment Box next to Sacred Heart's Adoration Chapel.