

**Holy Family Catholic Church**  
**Confirmation Service Hours Form**

Name: \_\_\_\_\_

Date of service work: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Description of service work (1-2 sentences):

Location of service work: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Supervisor's printed name: \_\_\_\_\_

Supervisor's title: \_\_\_\_\_

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