

The Catholic Community of St. Thomas More
Sacramental Preparation for Confirmation

Community & Parish Ministry Summary

Name _____ Phone Number _____

Year in Confirmation Preparation: _____ Remote _____ Immediate _____

This activity should count as: _____ Community _____ Parish Ministry

Activity: _____

Date of Participation: _____ Hours Completed: _____

Name of Leader/Responsible Party: _____

Signature of Leader/Responsible Party: _____

Description of Activity:

How did your participation further your journey of faith? (summary will not be accepted if this section has not been completed):

Your signature _____ Parents signature _____

Please return this summary to the Office of Faith Development or the Operations Center for Youth Ministry during Sunday night youth ministry sessions. It is best to return the form immediately after the activity.

Office Use Only

Date Submitted _____ Date Recorded & Filed _____ Initials _____