

St. Monica's Church

Confirmation Service Project & Social Event Completion Certificate

Candidate's Name: _____
(Please print)

Phase: _____

Type Event: ____ Service ____ Social

Project or Event: _____ Credits: ____

Date of Project / Event: _____ Time Spent: _____

Describe the effect this project or event had on you: _____

Candidate Signature: _____ Date: _____

Adult Signature: _____ Date: _____



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