

St. Vincent de Paul Faith Formation  
Confirmation preparation program  
9<sup>th</sup> grade Service Verification Form

Student Name \_\_\_\_\_  
PRINT

Student's Adult Name \_\_\_\_\_  
PRINT

Service Completed:  
Name of Service \_\_\_\_\_

Date of Service \_\_\_\_\_

Number of Hours Served \_\_\_\_\_

Description of Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form is to verify the above mentioned student and adult participated in service opportunities coordinated through the St. Vincent de Paul Faith Formation Confirmation preparation program.

Contact information:

St. Vincent de Paul Faith Formation  
Sr. Joanne Suranni, Director  
2748 Military Road  
Niagara Falls, NY 14304

(716) 297-5010 ext 202

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of service supervisor \_\_\_\_\_ Date \_\_\_\_\_

**2 Service activities are be completed, 1 by December 15, 2016, and 1 by April 15, 2017**  
**Student is to mail form to above address at completion of service**

*"Let your light shine before others in such a way that they may see your good works, and glorify your Father in heaven".  
Matthew 5:16*