

**St. Theresa of Lisieux Parish
Catholic Community of Billerica
Religious Education Program – Confirmation**

**Confirmation
Service
Verification**

Name of Student: _____ **Total Hours:** _____

Please check one: ☐ **First year Candidate** ☐ **Second year Candidate**

Name of Organization, Business, or Agency: _____

Person who supervised your Service: _____

Date and Time of Service: _____

Description of your role and responsibility in this service: _____

Supervisor's signature: _____ **Date** _____

Student's signature: _____ **Date** _____

What connection can you make between this service and following Jesus?

When this form is completed, please return it to:

E-mail Preferred:

TonyCarbrello@parishmail.com

Questions? 978-663-3733 x45

**Mailing address:
St. Theresa Religious
Education Office
470R Boston Road
Billerica, MA 01821**