

Service Form

Catholic Church of St. Monica

Please remember to bring this to your interview in September

Corporal Works of Mercy

- | | | |
|---------|-------|------------|
| 1)Task: | Time: | Blessing : |
| 2)Task: | Time: | Blessing : |
| 3)Task: | Time: | Blessing : |
| 4)Task: | Time: | Blessing : |

See reverse side if you need more room

Spiritual Works of Mercy

- | | | |
|---------|-------|------------|
| 1)Task: | Time: | Blessing: |
| 2)Task: | Time: | Blessing : |
| 3)Task: | Time: | Blessing : |
| 4)Task: | Time: | Blessing : |

See reverse side if you need more room

Parish Life

- | | | |
|---------|-------|------------|
| 1)Task: | Time: | Blessing : |
| 2)Task: | Time: | Blessing : |
| 3)Task: | Time: | Blessing : |
| 4)Task: | Time: | Blessing : |

I _____, do hereby certify that I have participated in the above activities in the time specified.

Teen Signature

Parent Signature

Date

