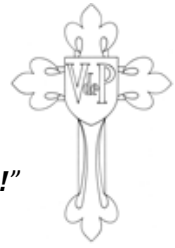


# ST. VINCENT DE PAUL PARISH CHRISTIAN SERVICE FORM



*"If we **pray**, we will **believe**; if we **believe** we will **love**; if we **love** we will **serve!**"*  
*-Saint Mother Teresa*

**Student Name:** \_\_\_\_\_ **Year of Confirmation:** \_\_\_\_\_

**Name of Organization/Institution/Parish/Agency Sponsoring Service:**  
 \_\_\_\_\_

**Description of Service:** describe the service activity below  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Identify to which of the Works of Mercy this service applies:**

**Seven Corporal Works of Mercy**

- Feed the Hungry.
- Give Drink to the Thirsty.
- Clothe the Naked.
- Shelter the Homeless.
- Welcome the Stranger.
- Visit the Sick and Imprisoned.
- Bury the Dead.

**Seven Spiritual Works of Mercy**

- Counsel the Doubtful.
- Instruct the Ignorant.
- Admonish the Sinner.
- Comfort the Sorrowful.
- Forgive Injuries.
- Bear Wrongs Patiently.
- Pray for the Living and the Dead.

Date(s) of Activity:	Hours completed:
<b>Total:</b>	

*\*All dates listed in this box must be of the same activity.*

**Adult Supervisor's Printed Name:** \_\_\_\_\_

**Adult Supervisor's Signature:** \_\_\_\_\_