

Saint Ann School of Religion
Signature Sheet for Confirmation
Works of Mercy Projects/Activities

Student Name _____ **Grade/Teacher** _____

Work of Mercy Activity 1 _____

Category (circle) Corporal Spiritual

Work of Mercy Fulfilled _____

Completed Hours _____ Leader Sign-off _____

Leader Comments _____

(strictly voluntary)

Work of Mercy Activity 2 _____

Category (circle) Corporal Spiritual

Work of Mercy Fulfilled _____

Completed Hours _____ Leader Sign-off _____

Leader Comments _____

(strictly voluntary)

Due date for completion of Activities: April 14, 2019 (Palm Sunday)

Work of Mercy Activity 3 _____

Category (circle) Corporal Spiritual

Work of Mercy Fulfilled _____

Completed Hours _____ Leader Sign-off _____

Leader Comments _____
(strictly voluntary)

Work of Mercy Activity 4 _____

Category (circle) Corporal Spiritual

Work of Mercy Fulfilled _____

Completed Hours _____ Leader Sign-off _____

Leader Comments _____
(strictly voluntary)

Work of Mercy Activity 5 _____

Category (circle) Corporal Spiritual

Work of Mercy Fulfilled _____

Completed Hours _____ Leader Sign-off _____

Leader Comments _____
(strictly voluntary)