



**Saint Elizabeth of Hungary Church**  
**OFFICE OF FAITH FORMATION**

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**COMMUNITY SERVICE FORM**  
**CONFIRMATION STUDENTS**

**THIS CERTIFICATE RECOGNIZES:**

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*Student Name*

**CONTRIBUTED \_\_\_\_\_ HOURS OF SERVICE**

**ASSISTING WITH:**

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*Project Description*

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*Project Coordinator Signature*

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*Date of Service*

**Faith Formation Office - Date Received: \_\_\_\_\_**