



Zion Lutheran Confirmation Service & Activity Verification

Student Name: _____

Date of Service/Activity: _____

Number of Points: _____

Name of Service/Activity:

Describe the service or activity performed:

Name of Activity Leader *(please print)*:

(must be a person other than a family member)

Phone Number _____ Email: _____

Leader Signature: _____ Date: _____

Student signature: _____ Date: _____

*Please return this form to the basket in the Zion Church
Narthex/Lobby or to the church office at office@zionstratford.org.*