



**Central Catholic High School  
Living the Faith Verification Form**

**\*\*\*ALL INFORMATION MUST BE FILLED OUT IN ORDER TO RECEIVE CREDIT\*\*\***

**MUST BE FILLED OUT BY THE STUDENT**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Service Opportunity: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Briefly describe the service that you performed (1 to 2 sentences):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THIS PROJECT A WORK OF MERCY? \_\_\_ YES \_\_\_ NO

IF YES, IN WHAT CATEGORY WAS THE PROJECT?

- Clothing the Naked or Sheltering the Homeless
- Feeding the Hungry or Giving Drink to the Thirsty
- Visiting the sick or those in Prison
- Burying the Dead
- Instructing or Teaching the Faith
- Comforting the Afflicted or the Sorrowful (physically, mentally, emotionally)

***I certify that all the information provided here is accurate and truthful***

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

**MUST BE FILLED OUT BY SERVICE SUPERVISOR**

Number of hours completed by the student: \_\_\_\_\_

\_\_\_\_\_  
NAME OF SUPERVISOR (Please Print)

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR  
Parent/guardian signature is not allowed unless given prior approval

(\_\_\_\_\_) \_\_\_\_\_  
PHONE # OF SUPERVISOR

\_\_\_\_\_  
EMAIL OF SUPERVISOR

For Office Use Only

Date Received: \_\_\_\_\_ # of Verified Hours: \_\_\_\_\_