

NAME: _____

ACTS OF MERCY LOG SHEET

PARISH – (1)		INITIAL
_____	_____	<div></div>
ACT OF MERCY DESCRIPTION	DATE	

COMMUNITY – (1)		
_____	_____	<div></div>
ACT OF MERCY DESCRIPTION	DATE	

FAMILY – (1)		
_____	_____	<div></div>
ACT OF MERCY DESCRIPTION	DATE	

ACTS OF MERCY REFLECTION QUESTIONS

Confirmation Candidate Name _____ Date Submitted _____

Act of Mercy # _____

Acts of Mercy Name _____

Acts of Mercy Performed on _____ Date _____

I chose to do this Acts of Mercy because

Describe the Act of Mercy

What were the benefits of doing this Act of Mercy? (for both you and others)

How did the Act of Mercy help the person you were assisting?

What Gift(s) or Fruits of the Holy Spirit did this strengthen in you? How? Please refer to Confirmation Study Guide Page 20 & 21.

Which Spiritual or Corporal Work of Mercy are you modeling through this project? How?
Please refer to Confirmation Study Guide Pages 22 & 23.

As a Confirmed Catholic, do you see yourself serving others and living your life as a follower and servant of Christ in the years ahead? How do you see yourself serving others in the future?

Sponsor Signature: _____

Parent Signature: _____