



Church of Saint Clement

114 Lindberg Avenue

Johnstown, Pennsylvania 15905

814-255-4422

Please have this form signed by the instructor when attending a class or retreat outside of the parish. **All information should be completed by Candidate prior to requesting signature.**

Candidate Name \_\_\_\_\_

Expected Confirmation Year \_\_\_\_\_

Specify the class or retreat attended:

- |  |  |
|--|--|
| <input type="radio"/> 9a Creed   | <input type="radio"/> 10 <sup>th</sup> Grade Combined Retreat                          |
| <input type="radio"/> 9b Prayer-Communion with God                                     | Parables and Gifts of the Spirit   |
| <input type="radio"/> 9 <sup>th</sup> Grade Retreat-Baptism                            | <input type="radio"/> 11a Review Rite of Confirmation and Sponsor Sessions             |
| <input type="radio"/> 10a Scripture Reflecting on and Living the Word, Gifts of Spirit | <input type="radio"/> 11b Sacraments and Paschal Mystery                               |
| <input type="radio"/> 10b Witness: Word, Worship, Community, Service                   | <input type="radio"/> 11c Morality- Call to Christian living and living Social Justice |
| <input type="radio"/> 10 <sup>th</sup> Grade Retreat-Parables                          | <input type="radio"/> 11 <sup>th</sup> Grade Retreat-Discipleship and Christian Story  |
| <input type="radio"/> 10 <sup>th</sup> Grade Retreat Gifts of Spirit                   |  |

Completed at \_\_\_\_\_

Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Instructor Name and contact info \_\_\_\_\_

*Dear Catechist,*

*Thank you for welcoming my student and allowing him or her to complete this course with you! Please sign below verifying he or she has respectfully completed the requirements as detailed above.*

*Yours in Christ,*

*Mandy Vigna, D.R.E.*

Instructor Signature \_\_\_\_\_