



## WORKS OF MERCY - STUDENT FORM

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

Service Rendered:  
\_\_\_\_\_  
\_\_\_\_\_

No. of hours/minutes: \_\_\_\_\_

Verified by: \_\_\_\_\_

Phone or email: \_\_\_\_\_

*Please turn in this form to your Religion teacher as soon as it is completed.*

2018 Works of Mercy Form



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