

NAME: \_\_\_\_\_

## ACTS OF MERCY LOG SHEET

PARISH – (1)

INITIAL

\_\_\_\_\_  
ACT OF MERCY DESCRIPTION

\_\_\_\_\_  
DATE

COMMUNITY – (1)

\_\_\_\_\_  
ACT OF MERCY DESCRIPTION

\_\_\_\_\_  
DATE

FAMILY – (1)

\_\_\_\_\_  
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

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Describe the Act of Mercy

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

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

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

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

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**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?**

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**Sponsor Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_