



## **PARENT TESTIMONY SHEET**



### **PARENTS:**

Please testify that your teen has met **Diocesan Policy #311.4 - EXPERIENCE OF CHRISTIAN LIVING** requirements.

Teen's Name: \_\_\_\_\_

1. Has your teen had faithful participation in the sacraments of Reconciliation and Eucharist?

YES \_\_\_\_\_ No \_\_\_\_\_

If yes, please briefly explain how that was accomplished: \_\_\_\_\_

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2. Has your teen had a commitment to ongoing human and spiritual growth and development through prayer and good works?

YES \_\_\_\_\_ No \_\_\_\_\_

If yes, please briefly explain how that was accomplished: \_\_\_\_\_

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3. Has your teen had involvement in the Church of the Nativity parish community?

YES \_\_\_\_\_ No \_\_\_\_\_

If yes, please briefly explain how that was accomplished: \_\_\_\_\_

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4. After Confirmation will you continue to assist your teen in fulfilling the Sunday obligation to attend weekly mass?

YES \_\_\_\_\_ No \_\_\_\_\_

If no, please briefly explain why: \_\_\_\_\_

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