

# Spiritual Celebration or Devotion Summary

Name \_\_\_\_\_ Catechist/Teacher \_\_\_\_\_

Date of spiritual celebration/  
devotion \_\_\_\_\_ Church OLOR/ St Linus/ Other \_\_\_\_\_

Type of celebration (Mass/ Rosary/Stations of the Cross/Other e.g. baptism,  
wedding) \_\_\_\_\_

Priest who presided \_\_\_\_\_

Describe your experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A few thoughts from the experience that I remember

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(this Spiritual celebration or devotion review is required in order to advance in preparation for confirmation)