



The Catholic Communities of St. Clare of Assisi and St. Mary's Parish

PO 792

Eagle, CO 81631

(phone) 328-1133 (fax) 970-328-6494

gvelasco@stclareparish.com

RCIA/RCIC 1st COMMUNION REGISTRATION

Date _____

NAME _____
First Middle Last

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

Phone: _____

Email: _____

Date of Birth _____ Age _____

Place of Birth _____
City State

Father's Full Name _____
First Middle Last

Mother's Maiden Name _____
First Middle Last

Date of Baptism _____

Place of Baptism _____
Church Name City, State

Copy of Baptismal Certificate Attached: Y N Comments: _____

Date of Communion _____ Location _____
Church Name City, State

Presiding Priest _____

Please print legibly so that Sacramental Records can be recorded accurately.

Recorded by: _____ Date: _____ Certificate Issued Y N

