



The Catholic Communities of St. Clare of Assisi and St. Mary's Parish
 PO 792 Eagle, CO 81631
 (Phone) 970-328-1133 (fax) 970-328-6494
gvelasco@stclareparish.com

CONFIRMATION REGISTRATION

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

Date _____ Cost \$50.00

Name: _____
First Middle Last

Mailing Address: _____

Physical Address: _____

Phone: _____

Date of Birth _____ Age _____

Place of Birth _____
City State

Father's Full Name _____
Last First Middle

Mother's Maiden Name _____
Last First Middle

Confirmation Name _____

Sponsor Name _____
Last First Middle

Baptism: Date _____ Place _____

First Communion: Date _____ Place _____

*****Please attach copies of Sacramental Certificates*****

FOR OFFICE USE ONLY	
Date of Communion _____	Location _____
Presiding Priest _____	Church Name _____ City, State _____
Recorded by: _____	Date: _____ Certificate Issued: Y N