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_____

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_____
Church Name City, State

Presiding Priest _____

Recorded by: _____ Date: _____ Certificate Issued: Y N