



THE CATHOLIC COMMUNITIES OF ST. CLARE OF ASSISI AND ST. MARY'S PARISH
 PO BOX 792
 EAGLE, CO 81631
 (PHONE) 970-328-1133 (FAX) 970-328-6494
gvelasco@stclareparish.com

FIRST COMMUNION REGISTRATION

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

Name: _____ Grade _____
First Middle Last

Mailing Address: _____

Physical Address: _____

Phone: (day & evening) _____

E-mail address: _____

Date of Birth _____ Age _____ Place of Birth _____
City State

Baptism: Date _____ Place _____

Father's Full Name _____
Last First Middle

Mother's Maiden Name _____
Last First Middle

Guardian: _____

Date _____

COST \$ 50.00

In case of an Emergency and we cannot contact you, please provide an emergency contact

Name: _____ Phone: _____

*****Please attach copy of Baptismal Certificate*****

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