



# CLALLAM CATHOLIC

QUEEN OF ANGELS • ST. JOSEPH • ST. ANNE & ST. THOMAS

JOINT REGIONAL PARISHES OF CLALLAM COUNTY | ROMAN CATHOLIC ARCHDIOCESE OF SEATTLE

## Registration Form | 1st Communion & Reconciliation

### CHILD'S INFORMATION

Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Parish of Registration: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City of Baptism: \_\_\_\_\_

Address of Baptismal Church: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religion:  Roman Catholic  Other: \_\_\_\_\_

### PHOTOGRAPHY WAIVER

Our events are often photographed, and the pictures may be posted in the fellowship hall, the bulletin, or on the website. Please indicate below whether we have permission to take/share pictures of your child/children.

***I grant permission for my child/children to be photographed and for photos to be posted***

***I DO NOT grant permission for my child/children to be photographed***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Scan form and email to [dff@clallamcatholic.org](mailto:dff@clallamcatholic.org) or drop off at any of the parish offices.  
There is a \$60 fee for supplies.**