



Quinceañera Celebration Registration Form (*)

Quinceañera Name: _____

First Name

Middle Name

Last Name

Date of Birth: ____/____/____

Phone Number: (____) _____

Email: _____

Address:

Street

City

State

Zip

Father's Name:

First Name

Middle Name

Last Name

Mother's Name:

First Name

Middle Name

Last Name

Are you a registered parishioner at our parish? _____

Is your daughter registered in our Religious Education program? _____

(*) Please provide copies of Baptism, First Communion and Confirmation Certificates.

Baptism

First Communion

Confirmation

(To be completed by the parish office)

Quinceañera Ceremony

Quinceañera date: _____ Time: _____

Quinceañera Rehearsal date: _____ Time: _____

Mass Blessing Outside of Mass

Language:

English Spanish Bilingual

Gifts to be blessed:

Bible Rosary Medal

Other Item(s) Describe other items:

Music Ministers: _____

Will you leave flowers in the Church? _____

If other than our pastor, name of the priest celebrating the service _____

Deposit: _____ Date: _____