St. Paul VI Parish Quinceañera Registration Form

Date Received _____

Priest/Deacon _____

Name: _____
(First) (Middle) (Last)

Proposed Date of Quinceañera: _____ Time: _____

Church ☐ St. Mary ☐ Mater Christi Language _____

Type of Mass or Ceremony Requested:
Quinceañera Mass ☐ Ceremony w/ Communion ☐ Ceremony w/o Communion ☐

Date of Birth: _____

Parents Phone: _____ Parents Email: _____

Address: _____

Father's Name: _____
(First) (Last)

Mother's Name: _____
(First) (Last) (Maiden)

Has your daughter received the following Sacraments?

☐ Baptism ☐ Holy Communion ☐ Confirmation (or enrolled in 2yr Conf Prep)

Date: _____ Date: _____ Date: _____

How long have you been a member of St. Paul VI Parish? _____

Does the family attend Sunday mass at St. Paul VI weekly?_____

Preparation Date: _____

Musician: _____ Practice Date: _____ Time: _____

Deposit Paid- Amount _____, Check # _____ Cash_____

Please return form to:
stpaulviinfo@stpaulviparish.org

NO DATE IS CONFIRMED UNTIL YOU SPEAK TO A PRIEST TO CONFIRM IT!