

QUINCENERA REQUEST FORM

Date of initial request _____

Date of returned phone call _____

Is Family registered and active St. Frances Cabrini Yes___ No___

***(If no, family must register with parish and wait 6 months
before a date can be set)***

Child's Name _____

Has child received:

Baptism _____ First Communion _____ Confirmation _____

(Documentation is required, if the sacrament was not at Cabrini)

Parent's Name _____

Phone # _____ E-mail _____

Address _____

Requested Quincenera Date _____

Time _____

Friday: 4:00 or 6:00

Saturday: 12:00 or 2:00

PLEASE NOTE: This is only a request form. A final date and time will be confirmed once you have spoken to the priest who will be celebrating your Quincenera.

Priest _____