

Sacred Heart- Guadalupe Catholic Community

907 Cesar Chavez Ave., Kansas City, MO 64108

816-842-6146



Quinceañera Registration Form

Office Use:
Date: _____ Staff Initials: _____

Office Use:
Date of Ceremony: _____

Formal Name of Candidate: _____

Name to be used in Ceremony: _____

Name of Father: _____ Mother: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # House: _____ Work: _____ Cell: _____

School: _____ e-mail: _____

Birth date of Candidate: ____/____/____ Parish: _____

Baptized: YES NO 1st Communion: YES NO Confirmation: YES NO

Date of Ceremony: ____/____/____ Time: _____
(NOT during the time of Advent or Lent and ONLY on Saturdays at 11 a.m. or 1 p.m.)

Date of Rehearsal: ____/____/____ Time: _____

Language of Ceremony- English: _____ Spanish: _____ Bilingual: _____

Music: Choir: _____ Pianist: _____ CD of Music: _____ CD from Church: _____

Will you have a court?: YES NO How many: _____ Chambelanes: _____ Damas: _____

Donation: **\$700** if NOT Registered at Sacred Heart Parish **\$500** if Registered at Sacred Heart Parish.

1.-Amount of Payment:	\$ _____	Date of Payment:	____/____/____	Staff Initials	_____
2.- Amount of Payment:	\$ _____	Date of Payment:	____/____/____	Staff Initials	_____
3.- Amount of Payment:	\$ _____	Date of Payment:	____/____/____	Staff initials	_____
4.- Amount of Payment:	\$ _____	Date of Payment:	____/____/____	Staff Initials	_____