



MISSION BASÍLICA SAN BUENAVENTURA
211 E. Main Street, San Buenaventura, California 93001
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Mission@sanbuenaventuramission.org

QUINCEAÑERA CELEBRATION

QUINCEAÑERA'S NAME: _____

Birth Date: _____ **Today's date:** _____

Mother's Name: _____

Father's Name: _____

Address _____

Parent Cell #: _____ **Quinceañera's Cell #** _____

Parent Email: _____ **Quinceañera's Email:** _____

Mission Parish Registration? **YES Registry #:** _____ **NOT REGISTERED**

Your Parish if not the Mission Basilica: _____

(Please provide permission letter from your parish)

Sacraments:	BAPTISM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide recent dated copies	FIRST COMMUNION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CONFIRMATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you registered in a Confirmation program? **YES** **NO**

Confirmation Program Parish: _____

Choir / Mariachi: _____
(Provide name and phone number)

Sacramentals to present: Bible Rosary Medal Bouquet

Godparents: _____

Lector: 1 _____ **Lector 2:** _____

Parent signature

Quinceañera's signature

Please bring this completed form to the **Quinceañera Coordinator**, Mission Basilica San Buenaventura

***** **Office Use Only** *****

Date and time of celebration _____

Retreat Date _____

Date and time of rehearsal _____

Deposit _____ Balance _____

Balance _____

Celebrant _____

Notes:
