



mission Basilica san Buenaventura

211 E. Main Street, San Buenaventura, California 93001

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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 _____

Celebrant _____

Notes: _____
