

Quinceañera Registration Clustered Parishes

St. Cornelius and St. John the Evangelist

If you are completing this form online, please save this document on your computer and email your attachment to: office@fmsaints.com

Name of Quinceanera: _____

Address: _____

City: _____ Phone: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Godfather's Name: _____

Godmother's Name: _____

Priest: _____ Signed _____

Date of Quinceanera _____

*Baptism Yes No Date: _____

*First Communion Yes No Date: _____

*Confirmation Yes No Date: _____

Must supply Certificates of Baptism, First Communion & Confirmation prior to Quinceañera



Blessings to you and your family from your Pastor,
Fr. Michael Gawlowski
Padre Miguel

