



CURSILLOS IN CHRISTIANITY
SAN FRANCISCO FILIPINO CURSILLO SECRETARIAT
 1000 EGRET STREET, FOSTER CITY, CA 94404

**APPLICATION FOR CURSILLO
 PERSONAL DATA**

FIRST NAME _____ MIDDLE _____ LAST _____ NICKNAME _____

FULL ADDRESS _____ PHONE _____

CIVIC STATUS _____ DATE OF BIRTH _____ PRESENT PARISH: _____ Home: _____

SINGLE MARRIED OTHER _____ Work: _____

SPOUSE'S NAME _____ SPOUSE'S BIRTHDAY _____ EDUCATIONAL ATTAINMENT _____

IF MARRIED, BY WHOM? _____ BAPTIZED IN THE CATHOLIC CHURCH? _____ OCCUPATION _____

CATHOLIC PRIEST JUDGE YES NO _____

MINISTER OTHER _____

RELIGIOUS AND CIVIC ORGANIZATIONS WHEREIN YOU ARE ACTIVE:

HAS YOUR SPOUSE TAKEN THE CURSILLO? _____

YES NO *If yes, when and where?* _____

DO YOU HAVE ANY DIETARY NEEDS? IF YES, PLEASE EXPLAIN.

DO YOU HAVE ANY PHYSICAL HANDICAP(S)? IF YES, PLEASE EXPLAIN.

IN YOUR OWN WORDS, WHY DO YOU WISH TO TAKE THE CURSILLO?

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____ PHONE: _____

SIGNATURE OF APPLICANT _____ SIGNATURE OF SPONSOR _____

DATE _____ SPONSOR'S TELEPHONE NUMBER _____

DO NOT WRITE BELOW THIS LINE. INTERVIEWER'S USE ONLY.

CURSILLO DATES: MEN: _____ INTERVIEWER'S SIGNATURE _____ SPIRITUAL DIRECTOR'S SIGNATURE _____

WOMEN: _____