



**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: \_\_\_\_\_