



Church of the Visitation

655 Sunnydale Avenue, San Francisco, CA 94134-2884

Tel: (415) 494-5517 * Fax: (415) 494-5513

www.visitacionchurch.org

QUINCEANERA REGISTRATION

INFORMATION:

Name of Quinceañera: _____

Date of Birth: _____ Place of Birth: _____

Date / Place of Baptism: _____

Date / Place of First Communion: _____

Date / Place of Confirmation: _____

FAMILY INFORMATION:

Father's Name: _____

Mother's Name: _____

Address: _____

Telephone: _____ Registered in the Parish: Yes ___ No ___

PREPARATION:

Date of Quinceañera: _____ Time: _____

Language: _____ Celebrant: _____

Date of Rehearsal in Church: _____ Time: _____

FEES:

We request \$300.00 for the usage of the Church Building. In addition, there is a \$100.00 stipend to be given to the Celebrant. In total, \$400.00 should be paid for the Quinceañera Celebration.

All fees are to be paid to the Rectory at least two weeks before the celebration.

Signature: _____

Date: _____