

CURSILLO APPLICATION

PLEASE PRINT ALL INFORMATION

Date _____

Family Life

Name _____ Parish Name & City _____

Address _____ City/State _____ Zip _____

E-mail address: _____ Name on Name Tag _____

Age ____ Spouse's Name _____ Phone# ____ - _____ #Children ____ Age Range _____

Single__ Married__ Separated__ Divorced__ Widowed__ When? _____

If you are married, has your spouse made Cursillo? _____ When? _____

Spiritual Life

Your Religion _____ Spouse's Religion _____ Are you married in the Catholic faith? _____

Are you a convert to Catholicism? _____ If yes, at what age? _____

Are you able to receive the sacraments? _____ In what religious and civic organizations are you active? _____

Personal Interests

Profession or type of work _____ Place of Employment _____

Educational Background _____

Hobbies _____

Among your friends, who have made a Cursillo weekend? _____

Why do you want to make a Cursillo weekend? _____

Special Needs

If you need a special diet, bed, etc., please indicate _____

Has Group Reunion and Ultreya (All tray ah) been explained to you? _____

Do you think you will be able to participate in the follow-up program? _____

Candidate's Signature

Sponsor's Signature

Priest's Signature