

**FILIPINO CURSILLO COMMUNITY
Diocese of Oakland**

Pre-Cursillo Committee - Revised: 11/24/2023



CANDIDATE APPLICATION FORM

PERSONAL INFORMATION

Name:		Home Phone:	
Address:		Work Home:	
		Cell Phone:	
		Email:	
Date of Birth:			
Occupation:		Parish:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Divorced/Separated)			
If married, please provide the following:			
Date Married:			
Place of Marriage (Parish Name & City)			
Name of Spouse:			
Is he/she a Cursillista? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your marriage blessed in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received the following Sacraments?			
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to receive Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of any religious or social organizations? If so, please list below:			
Why are you interested in joining the Cursillo? (DO NOT LEAVE BLANK)			

EMERGENCY INFORMATION

Contact Name:		Phone:		Address:	
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MEDICAL INFORMATION

Physician Name:		Phone:		Address:	
Medical Insurance #:					
Do you have any medical or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:					
Are you currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify all:					
Do you have any Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:					
Do you have any special dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:					
Has your sponsor given you any information about the Cursillo? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there any question that you would like to ask before attending the Three-Day Cursillo Weekend?					
When would be the best time to contact you? M T W TH F SAT/SUN Morning Afternoon Evening					

Applicant Signature: _____ Date: _____

