

**FILIPINO CURSILLO COMMUNITY
Diocese of Oakland**

Revised: 3/4/2025



CANDIDATE REGISTRATION 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"/> Widowed <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 recognized as valid by 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)			
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?			
Cursillo Weekend Fee \$_____			
When would be the best time to contact you? M T W TH F SAT/SUN Morning Afternoon Evening			
EMERGENCY CONTACT INFORMATION			
Contact Name:		Phone:	
Address:			

Registrant Signature: _____

Date: _____

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SPONSOR INFORMATION

Name of Sponsor:		Home Phone:	
Address of Sponsor:		Work Home:	
		Cell Phone:	
		Email:	

Group Reunion Team:	
Name of Prospective Candidate:	

Tell us something about your candidate (special abilities, talents, skills or gifts, in the areas that the candidate can make a contribution: music, speaking or writing ability, organization skills, leadership skills, home-related skills, business skills, etc.) Please provide any information that you feel may help the Pre-Cursillo Committee in processing this registration.

Have you discussed medical, dietary, and physical needs with your candidate? Yes No

Please tell us about your current involvement in the Cursillo Community:

Have you attended a Sponsor's Workshop? Yes No

If Yes, when did you attend?	Date:	
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I have given my candidate sufficient information about the Cursillo and the 3-Day Cursillo Weekend and he/she is willing to participate in the activities. I will provide his/her transportation to the Cursillo Weekend, if needed. I have informed my candidate of the Cursillo Weekend Fee.

Signature:		Date:	
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PLEASE SUBMIT COMPLETED FORM TO THE PRE-CURSILLO COMMITTEE

FOR PRE-CURSILLO COMMITTEE USE

Date Registration Received:		Received By:	
Interview Date:		Interviewed By:	
Left Message on:		Approved Date:	
		Approved By:	

Chairperson Signature:	
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