



Filipino Cursillos in Christianity– Archdiocese of Los Angeles  
14900 Magnolia Blvd. # 55071 Sherman Oaks, California 91413 [www.fcic-la.com](http://www.fcic-la.com)



*"Christ is Counting On YOU"*

## CANDIDATE (MEN/ WOMEN) APPLICATION FORM

Weekend of Thursday, 5:00 p.m. through Sunday 5:00 p.m.

CLASS NO. \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL/WORK ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

MARITAL STATUS: ( ) Married ( ) Widow/ Widower ( ) Divorce ( ) Single ( ) Separated

If Married, were you married in the Catholic Church? ( ) Yes ( ) No

If YES, which Parish? \_\_\_\_\_ if NO, where ? \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ Date of Marriage \_\_\_\_\_ No. of Children \_\_\_\_\_

Are you Catholic? ( ) YES ( ) NO; Is your spouse Catholic? ( ) YES ( ) NO

Are you able to receive Holy Communion ( ) YES ( ) NO Occupation \_\_\_\_\_

PARISH \_\_\_\_\_ CITY \_\_\_\_\_ PARISH MINISTRY/IES \_\_\_\_\_

Do you have a Pre-existing Medical condition/s which you are required to present a medical clearance/certificate allowing you to join the Cursillo weekend class? ( ) YES ( ) NO. If YES, please specify:

Do you have any allergies? ( ) food \_\_\_\_\_ ( ) medicine ( ) others \_\_\_\_\_

Are you fully vaccinated? YES \_\_\_\_\_ NO \_\_\_\_\_ with booster YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have relatives/ friends in the Cursillo Movement? Yes\_\_ No \_\_ (Name/s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE FILLED OUT BY THE SPONSOR

SPONSOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CURSILLO CLASS NO. \_\_\_\_\_ DATE \_\_\_\_\_ DECURIA \_\_\_\_\_

Please mail application to:

Heidi E. Catabas

Pre- Cursillo Chairperson

3445 Brookridge Road, Duarte, CA 91010

or email application to: [heidicatabas@hotmail.com](mailto:heidicatabas@hotmail.com) Phone: (626) 353-3191