



QUINCEANERA FORM

Please complete this questionnaire in order that the Editorial Department may have correct information concerning your quinceanera. Make sure all names are correct and easily legible, including first names or initials.

(PLEASE PRINT CLEARLY) FAMILY PHONE NUMBER _____

_____, DAUGHTER OF MR. AND MRS. _____ OF
(HONOREE'S NAME)

_____ WAS HONORED ON THE OCCASION OF HER 15TH BIRTHDAY _____.
(DATE)

A MASS OF RELIGIOUS SERVICE WAS HELD AT _____ AT _____ OF
(TIME) (CHURCH OR PLACE)

_____. A RECEPTION WAS HELD AT _____ OF
(CITY)

_____. MUSIC WAS PROVIDED BY _____
(NAME OF GROUP)

Miss _____ WAS ESCORTED BY _____ OF _____.
(LAST NAME)

SHE ATTENDS _____ IN _____.
(NAME OF SCHOOL) (CITY)

PHOTO BY _____

PHONE NUMBER _____
(Must)