

PRELIMINARY MARRIAGE FORM

415 Edna Street, San Francisco, CA 94112

Tel (415) 333-3627/ www.sfbfsf.org

Date: _____

Name of the BRIDE: _____

Date of Birth _____ Place of Birth _____

Religion (if any): _____

Parish (if any): _____

Address _____

City _____ State _____ Zip _____

Home Telephone: (____) _____ / Cell: (____) _____

Email: _____

Name of the GROOM: _____

Date of Birth _____ Place of Birth _____

Religion (if any): _____

Parish (if any): _____

Address _____

City _____ State _____ Zip _____

Home Telephone: (____) _____ / Cell: (____) _____

Email: _____

PROPOSED WEDDING DATE: _____

PRIEST/DEACON helping make arrangements: _____

If not from St. Finn Barr's, please provide the following information:

Telephone: (____) _____ Email: _____

**PLEASE SEND \$200 AS DOWNPAYMENT
ALONG WITH THIS FORM TO:**

Mercedes Acosta, Pastoral Assistant
St. Finn Barr's Church
415 Edna Street
San Francisco, CA 94112