

# PRELIMINARY MARRIAGE FORM

850 Judah Street, San Francisco, CA 94122  
Tel (415) 665-1600 Ext 22 / Fax (415) 665-1603 / www.stanne-sf.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. Anne's, please provide the following information:*

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

**Tessie Velicaria, Parish Secretary**  
St. Anne's Church  
850 Judah Street  
San Francisco, CA 94122

*Please note that we can only guarantee your date for only a week pending  
your down payment.*