

Wedding Boo

St. Patrick

756 Mission Street, San I

Phone: 415 421 3730 Email: information@s

Booking Date: _____

Parish Staff: _____

Wedding Date: _____

Ceremony: (Please indicate)	Nuptial Mass	<input type="checkbox"/>
	No Mass (Ceremony Only)	<input type="checkbox"/>

Rehearsal date: (Please indicate)	Thursday @ 6 PM	<input type="checkbox"/>
	Friday @ 6 PM	<input type="checkbox"/>

1. Information About the Bride

Name: _____
Last *Firs*

Primary Phone No.: _____

Address *(Required)*

Street _____

City _____ St.

Is bride a registered Parishioner of St. Patrick? _____

If 'no', name of the parish and diocese: _____

Is bride baptized? _____ Yes _____ No

If 'yes', Church & Place of Baptism: _____

2. Information About the Groom

Name: _____
Last *Firs*

Primary Phone No.: _____

Address *(Required)*

Street _____

City _____ St.

Is bride a registered Parishioner of St. Patrick? _____

If 'no', name of the parish and diocese: _____

Is bride baptized? _____ Yes _____ No

If 'yes', Church & Place of Baptism: _____

3. Marriage Preparation

Priest's Name _____

Parish _____

Diocese _____
Address *(Required)* _____
Email _____ Phone _____

4. Officiating Priest

Priest's Name _____
Parish _____
Diocese _____
Address *(Required)* _____
Email _____ Phone _____

king Form

Church

Francisco, CA 94103

stpatricksf.org Web: www.stpatricksf.org

_____ *t* _____ *Middle*

Email _____

ate _____ Zip code _____

_____ Yes _____ No

_____ *t* _____ *Middle*

Email _____

ate _____ Zip code _____

_____ Yes _____ No

ε No. _____

ε No. _____