



# Church of the Visitation

655 Sunnydale Avenue, San Francisco, CA 94134-2884

Tel: (415) 494-5517 \* Fax: (415) 494-5513

[www.visitacionchurch.org](http://www.visitacionchurch.org)

## WEDDING RESERVATION FORM

### BRIDE:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ If Catholic, are you fully initiated? Yes /or No

Are you registered at Church of the Visitation? Yes /or No

If not, what church are you currently registered at? \_\_\_\_\_

### GROOM:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ If Catholic, are you fully initiated? Yes /or No

Are you registered at Church of the Visitation? Yes /or No

If not, what church are you currently registered at? \_\_\_\_\_

### WEDDING:

*Weddings are scheduled on Saturdays at 1:00 p.m. Sunday weddings are not permitted.*

Wedding Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Officiant's Name (If not our parish pastor): \_\_\_\_\_

Is this a Convalidation (blessing of a civil marriage)? Yes /or No

If yes, what is the date of the civil marriage? \_\_\_\_\_

Are there any previous marriages for either of you? Yes /or No

If yes, have you received a decree of nullity and freedom to marry in the Church? Yes /or No

The bride and groom are required to sign this form, agreeing that they will comply with the regulations in the Church of the Visitation Wedding Guidelines.

Bride's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Groom's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this Wedding Reservation Form to the Parish Office:**

**655 Sunnydale Avenue, San Francisco, CA 94134**

**[info@visitacionchurch.org](mailto:info@visitacionchurch.org)**