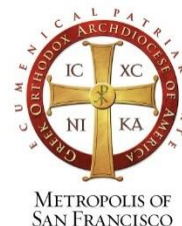




MARRIAGE FORM

METROPOLIS OF SAN FRANCISCO
ST. GEORGE GREEK ORTHODOX CHURCH
10830 DOWNEY AVE
DOWNEY, CA 90241



GROOM

First Name _____ Middle Name(s) _____ Last Name _____
(As it appears in the Birth Certificate)

Age _____ Born In _____ On _____
(City and State, Country if other than U.S.) (Month, Day, Year)

Date of Baptism _____ Denomination of Baptism _____

Occupation _____ Prior Marriages _____

Father's Full Name _____ Father's Religion _____

Father's Country of Birth _____
(City and State, Country if other than U.S.)

Mother's Full Name _____ Mother's Religion _____

Mother's Country of Birth _____
(City and State, Country if other than U.S.)

BRIDE

First Name _____ Middle Name(s) _____ Last Name _____
(As it appears in the Birth Certificate)

Age _____ Born In _____ On _____
(City and State, Country if other than U.S.) (Month, Day, Year)

Date of Baptism _____ Denomination of Baptism _____

Occupation _____ Prior Marriages _____

Father's Full Name _____ Father's Religion _____

Father's Country of Birth _____
(City and State, Country if other than U.S.)

Mother's Full Name _____ Mother's Religion _____

Mother's Country of Birth _____
(City and State, Country if other than U.S.)

SPONSOR(S)

First Name _____ Middle Name(s) _____ Last Name _____

First Name _____ Middle Name(s) _____ Last Name _____
(As it appears in the Birth Certificate)

Letter of Good Standing