



OFF-SITE CEREMONY REQUEST FORM

Arrangements cannot be made unless a marriage license is obtained from or a domestic partnership registration filed with San Francisco County.

DATE REQUEST BEING MADE: _____

1st PERSON'S NAME: _____ ADDRESS: _____ _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____	2nd PERSON'S NAME: _____ ADDRESS: _____ _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
CEREMONY DAY (must be weekend or City holiday) <div style="display: flex; justify-content: space-around;"> SATURDAY SUNDAY </div> HOLIDAY: _____	CEREMONY DATE: _____ CEREMONY TIME: _____ NUMBER OF GUESTS: _____
CEREMONY LOCATION ADDRESS** (must be in San Francisco) _____ _____ <div style="display: flex; justify-content: space-around;"> INDOOR OUTDOOR </div>	PREFERRED ATTIRE FOR COMMISSIONER/CLERK (circle one) <div style="display: flex; justify-content: space-around;"> ROBE(BLACK) PROFESSIONAL ATTIRE </div>
*Fee: \$289.00 (*subject to change) \$139 non-refundable fee payable to: SF County Clerk at time of submitting this request form \$150 CASH balance paid to the Marriage Commissioner/Deputy County Clerk on the day of the ceremony	
FOR OFFICE USE: *NON-REFUNDABLE \$139 FEE PAID: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <small>DATE</small> <small>RECEIPT #</small> </div> TYPE: PUBLIC ML CONFIDENTIAL ML DOMESTIC PARTNERSHIP MARRIAGE COMMISSIONER/DDC: _____	

**** City Hall closed Saturdays, Sundays & Holidays.**