



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) <p align="center">SATURDAY SUNDAY</p> HOLIDAY: _____	CEREMONY DATE: _____ CEREMONY TIME: _____ NUMBER OF GUESTS: _____
CEREMONY LOCATION ADDRESS** (must be in San Francisco) _____ _____ <p align="center">INDOOR OUTDOOR</p>	<p align="center">PREFERRED ATTIRE FOR COMMISSIONER/CLERK (circle one)</p> <p align="center">ROBE(BLACK) PROFESSIONAL ATTIRE</p>
<p>*Fee: \$299.00 (*subject to change) \$149 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</p>	
FOR OFFICE USE: *NON-REFUNDABLE \$149 FEE PAID: _____ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> DATE RECEIPT # </div> TYPE: PUBLIC ML CONFIDENTIAL ML DOMESTIC PARTNERSHIP MARRIAGE COMMISSIONER/DDC: _____	

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