GREEK ORTHODOX ARCHDIOCESE OF AMERICA
METROPOLIS OF SAN FRANCISCO

SUPPLEMENTARY MARRIAGE RECORD FORM 165

To be filled out by all who have been previously married, whether in a Greek Orthodox Church, another Church, or civilly.

1. Name of applicant for wedding license: _____

2. A. How many times have you been married? _____

B. Spouse(s)' Name(s)
First, Middle, Last or Maiden

1. _____
2. _____
3. _____

C. Spouse(s)' Religion

1. _____
2. _____
3. _____

D. Date of Marriage
MM/DD/YYYY

1. _____
2. _____
3. _____

E. Place of Marriage
City, State, Country

1. _____
2. _____
3. _____

F. Performed By
Priest, Minister, Civil Authority

1. _____
2. _____
3. _____

If the above marriage(s) has been dissolved complete the following and include the certificate of death or the original ecclesiastical divorce with the application for the Metropolis Marriage License.

G. Dissolved By		**DATE**	**PLACE**
DEATH	1.		
	2.		
	3.		
CIVIL DIVORCE	1.		
	2.		
	3.		
ECCLESIASTICAL DECREE	1.		
	2.		
	3.		