

Anniversary Mass Sign-up

Parish: _____ City: _____

Person Completing the Form: _____ Phone: _____

Please submit **by April 15**, the names of all couples (duplicate this form as needed) celebrating their **25th, 50th, 60th & 65th or more** years of Marriage to:

Office of Marriage Family & Respect Life
523 N Duluth Ave, Sioux Falls, SD 57104
or email list to tgeiver@sfcatholic.org

Names: _____

Husband's First Name

Wife's First Name

Family Name

Street Address: _____ Phone: _____

City: _____ Zip Code: _____

Years Married: _____ Wedding Date _____



Names: _____

Husband's First Name

Wife's First Name

Family Name

Street Address: _____ Phone: _____

City: _____ Zip Code: _____

Years Married: _____ Wedding Date _____



Names: _____

Husband's First Name

Wife's First Name

Family Name

Street Address: _____ Phone: _____

City: _____ Zip Code: _____

Years Married: _____ Wedding Date _____



Names: _____

Husband's First Name

Wife's First Name

Family Name

Street Address: _____ Phone: _____

City: _____ Zip Code: _____

Years Married: _____ Wedding Date _____