Trinity Cathedral
Information Form
Holy Matrimony

Holy Matrimony of _____

Requested Date _____ Assigned Clergy _____

Groom's Information

Full Name: _____

Address: _____

_____

City: _____State: ____Zip Code:_____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Date of Birth _____ Place of Birth _____
Age _____
Baptized _____ Date of Baptism _____
Confirmed _____ Date of Confirmation _____
Communicant _____ Denom. _____
Never Married _____ Widower _____
Divorced _____
If divorced, number of times remarried _____
If divorced, Bishop's approval _____

Parents:

Father's Name _____

Mother's Name _____

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Bride's Information

Full Name: _____

Address: _____

_____

City: _____State: ____Zip Code:_____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Date of Birth _____ Place of Birth _____
Age _____
Baptized _____ Date of Baptism _____
Confirmed _____ Date of Confirmation _____
Communicant _____ Denom. _____
Never Married _____ Widower _____
Divorced _____
If divorced, number of times remarried _____
If divorced, Bishop's approval _____

Parents:

Father's Name _____

Mother's Name _____

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Witnesses Information

Name of Best Man _____

Name of Maid/Matron of Honor _____

Bridesmaids _____

_____

Groom's Men _____

_____

Flowergirl/s _____

Ringbearer/s _____

Office Information

Officiant _____

Date of Ceremony _____ Time _____

Rehearsal Date _____ Time _____

Eucharist _____

Coordinator _____ Organist _____

Member _____ Non-Member _____

Soloist _____ Additional Musician _____

Deposit _____ Payment _____

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COORDINATOR'S NOTES: