



WEDDING INQUIRY FORM

Application Date:

BRIDE INFORMATION

NAME: FIRST MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP

HOME PHONE MOBILE

EMAIL

IS THIS YOUR FIRST MARRIAGE? YES___ NO___

CATHOLIC: YES___ NO___ If no, specify religion_____

REGISTERED AT THE CATHEDRAL PARISH FOR AT LEAST 6 MONTHS?:

YES___ NO___

Name of the registered parishioner registered at the Cathedral?

If not at the Cathedral; parish in which you are registered:

PROPOSED WEDDING AT THE CATHEDRAL? IF NOT WHERE:

Parish: **GROOM INFORMATION**

NAME: FIRST MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP

HOME PHONE MOBILE

EMAIL

IS THIS YOUR FIRST MARRIAGE? YES___ NO___

CATHOLIC: YES___ NO___ If no, specify religion_____

REGISTERED AT THE CATHEDRAL PARISH FOR AT LEAST 6 MONTHS?:

YES___ NO___

Name of the parishioner registered at the Cathedral?

If not at the Cathedral; parish in which you are registered:

PROPOSED WEDDING AT THE CATHEDRAL? IF NOT WHERE:

Parish:

WEDDING DATE REQUESTED: (MONTH-DAY-YEAR) Weddings are celebrated on Saturdays at 11:00 a.m. and 2:00 p.m. No Date will be scheduled until the priest or deacon has met the wedding couple for a preliminary interview.

First Choice**Second Choice****Third Choice**

Please Note: We strongly suggest that you NOT book a venue for your reception until your date has been confirmed.

Do you have a guest celebrant for your wedding or a special request for a particular celebrant? _____

What language will the marriage be celebrated in? _____

Name of Celebrant:

Archdiocese/Diocese of:

Celebrant Contact Information:

Email:

work phone:

Cell: