Planning Your Marriage Service at Trinity Cathedral

Please print and complete this form and return it to the office at your earliest convenience.

Trinity Cathedral will do all that we can to help make this a special day for you. If you have any questions, please contact Maggie Trice (Parish Secretary) at 410/822-1931 or maggie@trinitycathedraleaston.com. Date of Wedding ______Time of Wedding _____ Bride's full (maiden) name Date of birth _____ If you prefer to be addressed by other than your proper name, please state Address Telephone (home) ______ (cell) _____ Have you been married before? yes_____ no____ What is your religious background?

Have you been baptized? yes_____ no____

Name of parents (even if deceased)
Will they be present at the ceremony? yes no
Groom's full name
Date of birth
If you prefer to be addressed by other than your proper name, please state
Address
Telephone (home) (cell)
Email
Have you been married before? yes no
What is your religious background?
Have you been baptized? yes no
Name of parents (even if deceased)
Will they be present at the ceremony? yes no