



CHRIST CHURCH CATHEDRAL
 1117 TEXAS AVENUE
 HOUSTON TX 77002
 713 222-2593

WEDDING INFORMATION FORM

WEDDING DATE _____ TIME _____ CATHEDRAL ____ CHAPEL ____

REHEARSAL DATE _____ TIME _____

OFFICIATING CLERGY _____ GUEST CLERGY _____

SPOUSE 1

SPOUSE 2

MARITAL STATUS: SINGLE DIVORCED WIDOWED

MARITAL STATUS: SINGLE DIVORCED WIDOWED

ADDRESS: _____

ADDRESS: _____

E-MAIL: _____

E-MAIL: _____

PHONE: HOME: _____

PHONE: HOME: _____

WORK: _____

WORK: _____

CELL: _____

CELL: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

CHILDREN: _____

CHILDREN: _____

CURRENT RELIGIOUS AFFILIATION

CURRENT RELIGIOUS AFFILIATION

BAPTIZED __ DENOMINATION _____

BAPTIZED __ DENOMINATION _____

CONFIRMED __ DENOMINATION _____

CONFIRMED __ DENOMINATION _____

COMMUNICANT __ DENOMINATION _____

COMMUNICANT __ DENOMINATION _____

FATHER'S FULL NAME

FATHER'S FULL NAME

BIRTHPLACE: _____

BIRTHPLACE: _____

CITY STATE

CITY STATE

MOTHER'S FULL MAIDEN NAME

MOTHER'S FULL MAIDEN NAME

BIRTHPLACE: _____

BIRTHPLACE: _____

CITY STATE

CITY STATE