

Holy Matrimony Information

Date of Application: _____
Please fill out as completely as possible

Trinity Cathedral Church
2620 Capitol Avenue
Sacramento, CA 95816

Full Name: _____ Occupation: _____
First Middle Last

Full Address: _____ Home Phone: _____
Street City State and Zip

Work Phone: _____

Baptized: YES NO Church Denomination (Where Baptized): _____
 Confirmed: YES NO Church Denomination (Where Confirmed): _____
 Communicant: YES NO Church Denomination (Where currently attending): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Maiden Name: _____
First Middle Last First Middle Last

After the marriage ceremony, your name will be: _____
First Middle Last

Full Name: _____ Occupation: _____
First Middle Last

Full Address: _____ Home Phone: _____
Street City State and Zip

Work Phone: _____

Baptized: YES NO Church Denomination (Where Baptized): _____
 Confirmed: YES NO Church Denomination (Where Confirmed): _____
 Communicant: YES NO Church Denomination (Where currently attending): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Maiden Name: _____
First Middle Last First Middle Last

After the marriage ceremony, your name will be: _____
First Middle Last

Couple's Address after the marriage ceremony: _____

Witnesses:

Name: _____ Full Address: _____
 Name: _____ Full Address: _____

To be completed with the Officiating Clergy

Officiant: _____ Date of Meeting with Clergy: _____

Date & Time of Ceremony: _____ Date & Time of Rehearsal: _____

Marriage service only YES NO

Communion YES NO

Single Ring Ceremony YES NO

Double Ring Ceremony YES NO

Unity Candle YES NO

Aisle Candles: YES NO

Old Testament: _____ Number of Attendants: _____

New Testament: _____ Number of Guests: _____

Gospel: _____ Flower Girl, Age: _____

Other: _____ Ring Bearer, Age: _____