

WEDDING ENQUIRY FORM

HOLY TRINITY CATHEDRAL

Preferred Wedding Date:

Preferred Wedding Time:

Preferred Venue (tick):

Cathedral Nave

Cathedral Chancel

St Mary's-in-Holy Trinity

St Stephen's Chapel

Bishop Selwyn Chapel

Visitors' Centre (tick):

*(venue for refreshments
after the service)*

Yes

No

	GROOM'S DETAILS	BRIDE'S DETAILS
Surname	<input type="text"/>	<input type="text"/>
Christian Names	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
E-mail <i>(please print clearly)</i>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Have you been baptised or confirmed?	<input type="text"/>	<input type="text"/>
Denomination	<input type="text"/>	<input type="text"/>
Marital Status <i>(i.e. never married, divorced, widowed)</i>	<input type="text"/>	<input type="text"/>



PLEASE READ ALL RELEVANT WEDDING INFORMATION ON THE CATHEDRAL WEBSITE: www.holy-trinity.org.nz/spiritual-life

FILL IN AND RETURN THIS ENQUIRY FORM AS SOON AS POSSIBLE SO THAT WE CAN ARRANGE AN INTERVIEW WITH ONE OF OUR PRIESTS BEFORE PROCESSING YOUR BOOKING

EMAIL THE COMPLETED FORM TO: office@holy-trinity.org.nz