

# WEDDING ENQUIRY FORM

HOLY TRINITY CATHEDRAL

Preferred Wedding Date:

Preferred Wedding Time:

Co-officiating Minister:  
*(at the Cathedral clergy's discretion)*

Name

Denomination

  

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

Christian Names

Address

E-mail  
*(please print clearly)*

Telephone

Date of Birth

Have you been  
baptised or  
confirmed?

Denomination

Marital Status  
*(i.e. never married,  
divorced, widowed)*

PLEASE RETURN THIS ENQUIRY FORM ASAP SO THAT WE CAN ARRANGE AN INTERVIEW WITH ONE OF OUR PRIESTS BEFORE PROCESSING WITH YOUR BOOKING

EMAIL THIS FORM TO: [office@holy-trinity.org.nz](mailto:office@holy-trinity.org.nz)