

Cathedral of His Glory
WEDDING REGISTRATION

PLEASE PRINT – TO BE COMPLETED AND SUBMITTED IMMEDIATELY UPON COMPLETION OF ITEMS BELOW

BRIDE’S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ DAY TIME TELEPHONE: _____

E-MAIL: _____

Is the bride a member of Cathedral of His Glory? Yes _____ No _____

Have you attended for at least six months? _____

GROOM’S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ DAY TIME TELEPHONE: _____

E-MAIL _____

Is the groom a member of Cathedral of His Glory? Yes _____ No _____

Have you attended Cathedral for at least six months? _____

DATE OF WEDDING _____ TIME OF WEDDING _____

OFFICIATING MINISTER: _____

WEDDING COORDINATOR _____

CONTACT NUMBER _____

WEDDING DAY ACCESS TO BUILDING TIME: _____

REHEARSAL DATE AND TIME: _____

DAY/TIME FOR BUILDING ACCESS TO DECORATE: _____

WILL YOU NEED THE FELLOWSHIP HALL FOR RECEPTION? _____

FOR OFFICE USE ONLY

INITIALS

FORM RECEIVED ON: MONTH _____ DATE _____

COPIES SENT TO: OFFICIATING MINISTER _____

DEACON/BUILDING ACCESS _____

CLEANING STAFF _____

SOUND TECHNICIAN _____

DEPOSITS RECEIVED FOR SANCTUARY (date) _____

FOR FELLOWSHIP HALL (date) _____