



Wedding Intake Form

Christ Church Cathedral Cincinnati, Ohio - Diocese of Southern Ohio

Please complete and return to:
Christ Church Cathedral
318 E Fourth Street, Cincinnati, OH 45202
Attention: Events Coordinator

Wedding requested date/time: _____

Spouse 1 name: _____

Address: _____

Telephone: _____ E-Mail: _____

Occupation: _____

Single:___ Widowed: ___ Divorced: ___ (# of marriages _____)

Baptized: Yes___ No ___ If yes, Denomination: _____

Are you a member of a church at this time? Yes ___ No ___

If yes, please provide the church name, denomination, and address: _____

Date of birth: _____ Place of birth: _____

Father's full name: _____

Mother's maiden name: _____

Spouse 2 name: _____

Address: _____

Telephone: _____ E-Mail: _____

Occupation: _____

Single:___ Widowed: ___ Divorced: ___ (# of marriages _____)

Baptized: Yes___ No ___ If yes, Denomination: _____

Are you a member of a church at this time? Yes ___ No ___

If yes, please provide the church name, denomination, and address: _____

Date of birth: _____ Place of birth: _____

Father's full name: _____

Mother's maiden name: _____