Christ Church Cathedral

Wedding Intake Form

Christ Church Cathedral Cincinnati, Ohio - Diocese of Southern Ohio

Please complete and return by email to knoe@cccath.org or mail to:
Christ Church Cathedral
318 E Fourth Street, Cincinnati, OH 45202
Attention: Kathy Noe, Wedding Planning

Wedding Requested date/time: _____
Wedding Rehearsal date/time: _____
Cathedral Location: _____

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 Full 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 Full Maiden Name: _____

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Wedding Intake Form – Events Coordinator Logistics

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Readings (*please reference Wedding Customary) *Optional*

First Reading: _____ Second Reading*: _____

Third Reading*: _____ Fourth Reading*: _____

How should couple be Introduced: _____ Include in Church Directory ☐ YES ☐ NO

Director of Music *(please reference wedding customary*)

Is Organist requested? ☐ YES ☐ NO

Additional Musicians/musical instruments requested: _____

Special music requested: _____

Sound Technician and Lighting (*please reference Wedding Customary)*

Altar Guild

Holy Communion During Service ☐ YES ☐ NO Number of persons in wedding party _____

Wedding kneeler needed ☐ YES ☐ NO

Flower Guild

Is Flower Guild requested? ☐ YES ☐ NO

Special flowers requested: _____

Aisle Candles (Cathedral Nave Only) ☐ YES ☐ NO

Special seating arrangements: _____

Parking

Meters capped - *Sycamore*: ☐ YES ☐ NO - *Fourth Street* ☐ YES ☐ NO

Garage Parking: ☐ YES ☐ NO *If you wish to provide parking for your guests, please let us know how many tickets to reserve. You will be invoiced separately for the number of tickets that are used.*

Reception

Does the family request a reception at Christ Church Cathedral? ☐ YES ☐ NO

If **NO**, but you wish to provide a venue in the bulletin, please provide: _____

_____

If **YES**, what Cathedral reception location(s) is requested?

____ East Hallway and Swan Window ____ Library ____ Vestry Room

____ South Gallery ____ West Narthex (Sycamore St) ____ Sycamore Commons

____ Chapel Hallway ____ Undercroft

Will a **caterer** be used? If so, please provide the following:

Name: _____ Phone: _____ Contact: _____

Email: _____ Address: _____

Date and Time of delivery: _____ Estimate time needed for set-up: _____

For Internal Use

Hospitality and Events Coordinator	Clergy	Facilities
Dean's Assistant/ Clergy Assistant	Music Department	Altar Guild/ FG Chair-Weddings-Scheduler