

Trinity Episcopal Cathedral  
Little Rock, Arkansas

Wedding Information

Today's Date: \_\_\_\_\_

I. Full Name of Bride \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Work Address \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Church Affiliation: Trinity Cathedral  Yes  No Other \_\_\_\_\_  B  C  C  
Previous Marriage:  Yes  No Date of Wedding: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Children:  Yes  No  
Names/Ages (if applicable): \_\_\_\_\_  
Full Name of Father \_\_\_\_\_  Wi  Di  De  
Full Maiden Name of Mother \_\_\_\_\_  Wi  Di  De

II. Full Name of Groom \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Work Address \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Church Affiliation: Trinity Cathedral  Yes  No Other \_\_\_\_\_  B  C  C  
Previous Marriage:  Yes  No Date of Wedding: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Children:  Yes  No  
Names/Ages (if applicable): \_\_\_\_\_  
Full Name of Father \_\_\_\_\_  Wi  Di  De  
Full Maiden Name of Mother \_\_\_\_\_  Wi  Di  De

III. Day and Date of Wedding: \_\_\_\_\_ Time \_\_\_\_\_  
Day and Date of Rehearsal: \_\_\_\_\_ Time \_\_\_\_\_  
Clergy Officiating: \_\_\_\_\_  
Guest Clergy: \_\_\_\_\_  
Holy Eucharist:  Yes  No  
Ceremony to be held in:  Nave  Choir Stalls  Chapel  
Number of guests (approx.): \_\_\_\_\_

Notes:

Payment Received: \$ \_\_\_\_\_ Date \_\_\_\_\_

Wedding Committee Member(s) Assigned: \_\_\_\_\_

**I. BRIDAL PARTY INFORMATION:**

Maid/Matron of Honor (name): \_\_\_\_\_ Bridesmaids: \_\_\_ Flower Girl: \_\_\_

Best Man (name): \_\_\_\_\_ Groomsmen: \_\_\_ Ushers: \_\_\_ RingBearer: \_\_\_

Bride/Attendants to use Parlor to dress: \_\_\_ Yes \_\_\_ No

Groom/Attendants to use Acolyte Room to dress: \_\_\_ Yes \_\_\_ No

**II. ALTAR/CEREMONY INFORMATION:**

Altar Frontal: \_\_\_ White \_\_\_ Seasonal

Candelabra: \_\_\_ 7 \_\_\_ 9

Holy Eucharist: \_\_\_ Yes \_\_\_ No If yes, set for how many? \_\_\_\_\_

# of Acolytes needed: \_\_\_ Name(s) \_\_\_\_\_

Verger scheduled: \_\_\_\_\_

Will wheelchairs and/or wheelchair access be needed? \_\_\_ Yes \_\_\_ No

**III. PROGRAM BULLETIN INFORMATION:**

Scripture Readings: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Readers of Scripture: \_\_\_\_\_

Will Trinity print programs? \_\_\_ Yes \_\_\_ No

If yes, number of programs needed: \_\_\_\_\_

(NOTE: Couple must provide full names of all wedding participants if Trinity is to print program.)

**IV. MUSIC INFORMATION:**

Organist: \_\_\_\_\_

Tower Bells: \_\_\_ Yes \_\_\_ No

Soloist: \_\_\_\_\_

Other Musicians: \_\_\_ Yes \_\_\_ No If yes, information: \_\_\_\_\_

**V. FLOWER INFORMATION:**

Florist: \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_

Flower Memorial information: \_\_\_\_\_

Will Flower Guild design High Altar Flowers? \_\_\_ Yes \_\_\_ No

(If no, florist must use #5 mâche liner for High Altar arrangements.)

**VI. PHOTOGRAPHER INFORMATION:**

Photographer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Photos taken \_\_\_ before the service \_\_\_ after the service

Time of picture call before service: from \_\_\_\_\_ to \_\_\_\_\_

**VII. RECEPTION INFORMATION:**

Site of reception: \_\_\_\_\_

If onsite, number invited: \_\_\_\_\_

Name of caterer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date/Time of opening: \_\_\_\_\_ from \_\_\_\_\_ a.m/p.m. to \_\_\_\_\_

**VIII. SEXTON INFORMATION:**

Number of sextons needed: \_\_\_

Name(s): \_\_\_\_\_

Extended hours needed? \_\_\_ Yes \_\_\_ No Information: \_\_\_\_\_