



MATRIMONIAL REGISTRATION FORM

INSTRUCTIONS: After this form is completed, you will receive a confirmation email. If you are a male, send it to the brothers email address (see next page); if you are a female, send it to the sisters email address (see next page). The form can also be dropped off to the Masjid office. Based on your preferences, you will receive the contact information of possible matches within two weeks. Information will **only** be sent to the contact person, not the applicant.

Part 1 - Contact Person (Guardian/Parent)
Name: _____ Relationship with applicant: _____
Residence (City, State): _____ E-mail: _____
Home Tel: () _____ Cell: () _____
*All fields must be completed in this section
I don't have a contact person because: I am a convert or family dispute

Part 2 - Applicant Personal Information

Last Name: _____ First Name: _____
Date of Birth: _____ Current age: _____ Place of Birth: _____
Country of Origin: _____ Residence (City, State): _____

Gender (circle one): Male Female Immigration Status: _____

Education: Circle the highest level of education you have **completed** or **expect** to complete.

High School Bachelors Masters Juris Doctor Medical Doctor Ph.D

I have or will have completed my degree by (MM/YYYY): _____

Additional Educational Information (university names, passed licensing exams, etc.):

Employment and Occupation Details:

Matrimonial Status:

- Single
- Window (er) - Date: _____
- Divorced - Date: _____ Number of children (if any): _____

Circle one: I am - Very religious Religious Moderate Liberal

Part 3 - Family Background

Father's Name: _____ Profession: _____ Circle one: Alive or Deceased

Mother's Name: _____ Profession: _____ Circle one: Alive or Deceased

Number of Brothers: _____ Ages: _____ Sisters: _____ Ages _____

ISLAMIC CENTER OF SOUTH SHORE
MASJID HAMZA

200 Stuart Avenue Valley Stream, New York 11580
 Phone: (516) 285 8585 - Email: info@masjidhamza.com - web: www.masjidhamza.com



Part 4- References

*References must be in America

1. Name _____ Tel: _____ Relationship: _____
 Address: _____ City: _____ State _____ Zip _____

2. Name _____ Tel: _____ Relationship: _____
 Address: _____ City: _____ State _____ Zip _____

Declaration and Pledge

To be completed by candidate or guardian

1. I, _____, (applicant name or contact person name) (_____ (relationship to applicant)) certify that the information given in this form is true, correct, and complete in every respect to my knowledge. I further authorize (or have received authorization from the applicant) to give the Islamic Center of South Shore, Inc. (Masjid Hamza) to give out any and all information contained in this form to prospective matrimonial matches at Masjid Hamza’s discretion.
2. If there is any change in the above information, or, I want to be taken off the list, I will inform Masjid Hamza promptly by email or phone.
3. I pledge to keep all the information regarding potential matches given to me by Masjid Hamza confidential.
4. I promise to inform Masjid Hamza if marriage takes place through this service.
5. I (and the applicant) have thoroughly read the matrimonial service guidelines and will abide by them. (see guidelines at www.masjidhamza.com)
6. I understand that this service is to only connect families together and that each family is responsible for conducting a background check on potential candidates.
7. I understand Masjid Hamza does not guarantee any results and a match will only be found if my preferences matches other applicants.

Signature: _____

Date: _____

Matrimonial Service Contact	Preferences (must fill out):
<p>By Phone 516-285-8585</p> <p>By E-mail Brothers: brothersmatrimonial@masjidhamza.com</p> <p>Sisters: sistersmatrimonial@masjidhamaza.com</p>	<p>Age: _____ to _____</p> <p>Country of Origin: _____</p> <p>Lowest form of education: _____</p> <p>Notes: _____ _____ _____</p>