

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, the Beneficent, the Merciful



ISLAMIC CENTER OF LONG ISLAND

835 Brush Hollow Road, Westbury, New York 11590

Phone: (516) 333-3495

Email: info@icliny.org

Fax: (516) 342-3703

Web Site: <http://www.icliny.com>

Matrimonial Service Application Form

Reference No. (M): _____

PART I - Applicant's personal information:

Name: _____

Address: _____

Home Tel.: (____) _____ Fax: (____) _____ Email address: _____

Work Tel.: (____) _____ Fax: (____) _____ Email address: _____

Date of Birth: _____ Place of Birth: _____

Number of Years in the USA: _____ Citizenship: U.S. Citizen _____ If yes, since when: _____ If not, Citizen of _____

Immigration Status: _____ Other _____

Education:

<u>Date (from-to)</u>	<u>College/Univ.</u>	<u>Major</u>	<u>Minor</u>	<u>State/Country</u>	<u>Degree Acquired</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employment:

<u>Date (from-to)</u>	<u>Employer/Own Business</u>	<u>Occupation</u>	<u>Current Salary/Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Matrimonial Status: Single _____ Widow (er)/Date: _____ Divorced/Date: _____

Number of Children (if any) _____ Male/Age-s _____ Female/Age-s: _____

Other Dependents in U.S. _____ Relation ship: _____ In Other Country _____ (Specify Country &City) _____

Any Disabilities or Illness: _____

Associated with any organization in the past: Yes _____ No _____ Name of Organization _____

Hobbies and any additional, helpful, personal informaton: _____

PART II - Family Background

Father's Name: _____ Profession: _____ Place of Birth: _____

Mother's Name: _____ Profession: _____ Place of Birth: _____

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

Family Background: (give in detail) _____

See over.....

PART III - References

Please use one of the three codes to specify relationship: 1. Relative 2. Friend 3. Other (specify)

1. Name: _____ Telephone: (____) _____ Relationship: 1 / 2 / 3 _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Telephone: (____) _____ Relationship: 1 / 2 / 3 _____

Address: _____ City: _____ State: _____ Zip: _____

PART IV - Preferences

Preferences and condition for matrimonial match: Give details; first choice and alternates:

Declaration and Pledge

To be completed by the candidate or the guardian:

1. I, _____ (give relationship) _____ of applicant hereby certify that the information given on this form is true, correct and complete in every respect.
2. Should there be any change in the above information, I will inform ICLI's Matrimonial Service promptly.
3. I authorize ICLI's Matrimonial Service to utilize the information provided by me according to the needs of the Matrimonial Service.
4. I pledge to keep all the information given to me by ICLI's Matrimonial Service confidential.
5. I promise to inform ICLI's Matrimonial Service as soon as marriage takes place.
6. In the event of failure to arrange such marriage, I shall not hold ICLI's Matrimonial Service responsible.

I pray for Allah, SWT's help to redeem my pledge. Ameen..

Signature: _____ Print Name: _____ Tel: _____ Date: _____

NOTES:

1. Incomplete and illegible forms will not be considered.
2. Forms must be typed or printed in blue or black ink with BLOCK CAPITAL letters.
3. ICLI's Matrimonial Service may be contacted at 516-_____.
4. Mail the completed application to ICLI at the address provided on the first page.