



Muslim Family Services Matrimonial Registration Form

(A division of ICNA Relief USA Programs)



*A'ishah RAA narrated that the prophet SAAW said,
"Make a good choice of who will bear your children. Marry those who are compatible with you."*

REGISTRATION #		/2012	
REG. DATE			2012
Part I - APPLICANT'S INFORMATION			
Name:		Gender: M F	
Address:			
City:	State:	Zip:	
Phone (H)	(W)	(C)	
Email:		URL:	
Age:	DOB:	Height:	Weight:
Place of Birth:		Country and City of Origin:	
Please specify any disability and/or health conditions, if any:			
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
List number of children, if any:		Specify age of each child:	
Education Background			
<input type="checkbox"/> High School			
<input type="checkbox"/> Bachelors in _____		Year/s completed - _____	
<input type="checkbox"/> Masters in _____		Year/s completed - _____	
<input type="checkbox"/> Doctorate in _____		Year/s completed - _____	
<input type="checkbox"/> Professional Degree in _____		Year/s completed - _____	
Professional Background			
Are you currently employed? Y N			
If Yes, where do you work?		Position	Income
Please attach current resume			
Immigration Status			
<input type="checkbox"/> US Citizen <input type="checkbox"/> Alien (Green Card) <input type="checkbox"/> Other (please specify) _____			

Parents/Next of Kin Contact Information			
Name:			
Address:		City:	State:
Country:	Phone:	Email:	
Profession:			
Please enter any additional information about you or your family that you would like to share.			

References

Please submit 3 personal and professional references

(1) Name: _____ Phone _____

(2) Name: _____ Phone _____

(3) Name: _____ Phone _____

Personal Description

Religion: Sunni Shi'ite Other (please specify) _____

In a few words, please describe your religious practices (e.g. daily prayer, fasting, attending halaqat, attending mosques, etc.)

If you are a revert, please specify the date you accepted Islam- _____

Brother only:

I have a beard I do not have a beard

Sisters only – I observe (check all that apply):

head scarf jelbab/abaya niqab none

Please check all that apply :

I smoke I drink I gamble none

Submitting a picture is mandatory. Your photograph will not be sent to interested parties without your prior approval. Picture requirements:

- Color pictures only
- Should have been taken within the last 6 months
- True likeness of yourself
- Full pictures

PART II – PREFERENCES**Religion:**

My future spouse should be:

Sunni Shi'ite Other (please specify) _____

In a few words, please describe what religious qualities you would like in your future spouse

For sisters only – I am looking for a husband with (check all that apply):

Beard No Beard Either

For brothers only – I am looking for a wife that observes (check all that apply):

Head Scarf Jelbab/abaya Niqab none

I am OK with my future spouse:

Smoking Drinking Gambling
 I am NOT Ok with any of the above

Ethnicity:

I prefer someone from my own ethnic background or country of origin – Specify _____
 I am open to all ethnicities
 I want someone from a specific ethnicity or country – Specify _____

Immigration Status

I would prefer that my future spouse is a:

US Citizen Alien (Green Card) Either Other _____

Marital Status

I am willing to consider a:

Single Divorcee Widower

I am willing to consider a person with children

Yes No

AGREEMENT

I, _____ hereby certify that the information given in this form is true, correct, and complete in every respect.

- I will promptly inform **MFS Matrimonial Wing** of any changes in the information provided above.
- I authorize **MFS Matrimonial Wing** to utilize the information provided by me according to the needs of the service.
- I pledge to keep all the information given to me by **MFS Matrimonial Wing** confidential.
- I promise to inform **MFS Matrimonial Wing** as soon as a marriage takes place.
- In the event of a failure to arrange such marriage, I shall not hold **MFS Matrimonial Wing** or the Islamic Center of North America responsible.
- By submitting this form, I agree to a complete and thorough criminal and background check by **MFS Matrimonial Wing**.
- I am enclosing a payment of \$50 towards my registration (nonrefundable).
 - o Registration fees are \$50 and should be paid at the time of registration to keep your profile active for a period of one year from the date of registration. Please make your check payable to Muslim Family Services. Mail your check and form to: 12346 McDougall St. Detroit, MI 48212, Ph (313) 366-6800, Email: mfs_adm1@yahoo.com or office@mfs.icnarelief.org.

DISCLAIMER

*The attachment of a photograph is Mandatory, but please be advised that the photo will be copied and sent to other applicants with your personal data only with your approval.

* In order to expedite the process this application, it is very important to complete all required information. Any missing information may delay the processing of this application.

* Any additional counseling fees are not included with this application fee. Please inquire about counseling fees.

*Please be advised, by signing this contract you approve to a Background check.

Signature: _____ **Date:** / /

Receiver's Signature: _____ **Date:** / /