



Matrimonial Registration Request Form

MUNA Social Services and Family Development Department

CANDIDATE INFORMATION

1.	Full Name	Nickname(s)	Male	Female
2.	Address			
3.	City	State	ZIP Code	
4.	Cell Phone	Work Phone	Home Phone	
5.	Email	Personal website		
6.	Age	Date of Birth	Height	Weight
7.	Place of Birth (State, Province, District, Country)			
8.	Please disclose any health conditions, allergies, or disabilities, if any:			
9.	Current Marital Status	Single	Divorced	Widowed
10.	Do you have children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many? What are their ages?
11.	Academic background	High School		Year
		Bachelors	Year	Masters in Year
		Doctorate in	Year	Other degree(s) Year
12.	Professional background	Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, where do you work?	Position	Income
13.	Immigration status	US Citizen	Permanent Resident	
		Other (please specify)		

PARENT/GUARDIAN'S INFORMATION

14.	Names and relationships			
15.	Address	City	State	
16.	Country	Phone	Email	
17.	Profession			
18.	Please enter any additional information about your family that you would like to share:			

PERSONAL INFORMATION

19.	Personal religious practice	Hanafi	<input type="checkbox"/> Shafiee	Maliki	Hanbali	<input type="checkbox"/> Ahle Hadith	Sunni	Shi'ite
		<input type="checkbox"/> Other (please specify)						
20.	Please write about your religious practices, in brief (ex: daily prayers, fasting, attending halaqas, visiting the masjid, etc.)							
21.	If you are a revert, please tell us, when did you accept Islam?							
22.	This question is only for Brothers				This question is only for Sisters—I wear a:			
	<input type="checkbox"/> I have a beard	<input type="checkbox"/> I don't have a beard			<input type="checkbox"/> Headscarf	<input type="checkbox"/> Jelbab/Abaya	<input type="checkbox"/> Niqab	<input type="checkbox"/> None
23.	Are you a smoker?	<input type="checkbox"/> I smoke	<input type="checkbox"/> I do not smoke					

SPOUSAL PREFERENCES

Religious practices *Sunni* *Shi'ite* *Other (please specify)*

Please write any religious practice preferences, in brief

This question is only for Brothers—preferences for a wife **This question is only for Sisters—preferences for a husband**
 Headscarf *Jelbab/Abaya* *Niqab* *No preference* *Beard* *No beard* *No preference*

Are you fine with smoking? *Yes* *No* *No preference*

Ethnic background

I prefer my future spouse from my own ethnic background or country of origin (specify) *I am seeking my future spouse to be from a specific ethnicity or country (specify)* *I have no preference*

Immigration Status—*I would prefer my future spouse is a* *US Citizen* *Permanent Resident* *Other*

Marital Status—*I prefer a spouse who's* *Single* *Divorced* *Widowed*

Children—*I am willing to consider a spouse with existing children* *Yes* *No*

ADDITIONAL INFORMATION

Please submit at least 3 personal and/or professional references

Name	Relationship	Phone

Please submit (non-returnable) *One copy of a portrait, color photograph of you taken in the last three months*
A copy of your current, government-issued ID
Your current professional or academic resume/CV (if applicable)

AGREEMENT

- I, _____ hereby certify that the information given in this form is true, correct, and complete in all respects. If there is any incorrect information in this form, I may be removed from the process.
- I will promptly inform MUNA Matrimonial Team of any changes in the information provided above.
- I authorize MUNA Matrimonial Team to utilize the information provided by me according to the needs of the service.
- I pledge to keep all the information provided by the MUNA Matrimonial Team confidential.
- If I get married at any time, I will inform the MUNA Matrimonial Team.
- As the MUNA Matrimonial Team is only introducing 2 parties to each other, in the event of a failure to arrange a marriage, I shall not hold MUNA Matrimonial Team or MUNA responsible. I agree to abide by decisions and rulings given by MUNA National President or his designated representatives in matters of disputes and will abide by decisions of MUNA, its National President, and/or their representatives.

By submitting this form, I agree to a complete and thorough criminal and background check by MUNA Matrimonial Team. By signing this contract, I approve to a background check.

Full Name _____ *Date* _____

Signature _____