

IN THE NAME OF ALLAH(SWT) THE MOST GRACIOUS THE MOST MERCIFUL

MCMC Matrimonial Services

1000 Hoes Lane, Piscataway, NJ 08854

Tel: 732-463-2004

Fax: 732-463-2004

**PLEASE READ INSTRUCTIONS ON THE MAIN PAGE CAREFULLY
BEFORE COMPLETING THIS FORM**

DATE: _____

APPLICANT 'S PERSONAL INFORMATION - CONFIDENTIAL DATA

NAME: _____ PLACE /COUNTRY OF BIRTH: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ COMPLEXION: FAIR / MEDIUM / DARK (circle one)

MARITAL STATUS: NEVER MARRIED: _____ WIDOWED: _____ DIVORCED: _____ CHILDREN Y / N BRIEFLY STATE DIVORCE REASON: _____

US STATUS: (check one) US CITIZEN: _____ GREEN CARD: _____ WORK VISA: _____ VISITOR 'S VISA: _____ OTHER: _____ ETHNICITY: _____

COMPLETE ADDRESS: _____

PREFERRED METHOD OF CONTACT (circle one)

TELEPHONE:: RESIDENCE: _____ MOBILE: _____ EMAIL: _____

PROFESSION: _____ EDUCATION COMPLETED / YEAR COMPLETED: _____ HS BECELORS MASTERS DR. / PHD / JD
(Circle that applies)

ISLAMIC EDUCATION: WEEKEND SCHOOL : _____ FULLTIME SCHOOL : _____ OTHER: _____

WEAR HIJAB: YES / NO / NOT APPLICABLE

HAVE BEARD: YES / NO / NOT APPLICABLE

RELIGIOUS DENOMINATION: SUNNI / SHIA / OTHER : _____

PRACTICE IN ISLAM: BRIEFLY DESCRIBETHE EXTENT OF ISLAMIC INVOLVEMENT :

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BRIEF DESCRIPTION ABOUT YOURSELF—PLEASE WRITE (Not Covered in This Application) :

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FAMILY INFORMATION

FATHER / GUARDIAN NAME:: _____ PROFESSION / OCCUPATION: (optional) _____

MOTHER 'S NAME: _____ PROFESSION / OCCUPATION: (optional) _____

HOME ADDRESS (if different from above): _____

BROTHER (S) : _____ OF WHICH _____ MARRIED,

SISTER (S) : _____ OF WHICH _____ MARRIED

SPOUSAL PREFERENCE

PROFESSION: _____ EDUCATION / YEAR COMPLETED: _____ HS BECHELORS MASTERS MEDICAL DR. / PHD / JD OTHER
(Circle that applies)

AGE: _____ HEIGHT: _____ WEIGHT: _____ COMPLEXION: FAIR / MEDIUM / DARK (circle one)

MARITAL STATUS: NEVER MARRIED: _____ WIDOWED: _____ DIVORCED: _____ CHILDREN Y / N BRIEFLY STATE DIVORCE REASON: _____

DESIRED STATUS: (check one) US CITIZEN: _____ GREEN CARD: _____ WORK VISA: _____ VISITOR 'S VISA: _____ OTHER: _____ ETHNICITY: _____

LOOKING FOR ADDITIONAL SPOUSAL ATTRIBUTES—PLEASE WRITE (Not Covered in This Application):

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IMPORTANT INSTRUCTIONS:

THE FOLLOWING INSTRUCTIONS FORMS A PART OF THE MATRIMONIAL APPLICATION.

1. PHOTOGRAPHS: MAY BE REQUIRED TO SUBMIT RECENT PHOTOGRAPHS LATER.
2. REFERENCES WILL HAVE TO BE PROVIDED UPON REQUEST.
3. ALL QUESTIONS AND REQUEST FOR ADDITIONAL INFORMATION CONCERNING THIS APPLICATION SHOULD BE SENT VIA EMAIL TO MATRIMONIAL@MCMCNJ.ORG OR MCMC MATRIMONIAL LINE AT 732-463-2004 EXT 410.
4. SEALED ENVELOPES ADDRESSED TO "MCMC MATRIMONIAL SERVICE" CONTAINING THE DULY COMPLETED AND SIGNED APPLICATION SHOULD BE DELIVERED TO MCMC ADMIN OFFICE AT 1000 HOES LANE, PISCATAWAY, NJ 08854 TO BE PLACED IN "MATRIMONIAL" MAIL SLOT.
5. ALL INFORMATION PROVIDED TO MCMC IN THE APPLICATION WILL BE KEPT CONFIDENTIAL BY MCMC MATRIMONIAL COMMITTEE.
6. BASED ON THE INFORMATION PROVIDED IN THE APPLICATION, MCMC WILL FIND SUITABLE / MATCHING PROPOSALS AND WILL REQUIRE CONCERNED PARTIES TO HAVE THE INITIAL MEETING IN THE MCMC PREMISES IN PRESENCE OF DESIGNATED MATRIMONIAL COMMITTEE MEMBER (S). SUBSEQUENT MEETINGS DO NOT HAVE TO BE HELD AT MCMC.
7. MCMC MATRIMONIAL COMMITTEE WILL CONSULT WITH MCMC IMAM ON AN AS-NEEDED BASIS OR WHEN REQUESTED BY THE APPLICANT PARTIES FOR ADVICE.
8. MCMC MATRIMONIAL COMMITTEE IS HEREBY AUTHORIZED TO SHARE INFORMATION PROVIDED IN THIS APPLICATION WITH INTERESTED PARTIES WITHOUT ANY SPECIFIC PERMISSION FOR THE SOLE PURPOSES OF MATRIMONIAL MATCHMAKING.

THE APPLICANT AGREES TO INDEMNIFY AND HOLD HARMLESS MCMC AND EACH OF ITS OFFICERS, OFFICE BEARERS, EMPLOYEES AND VOLUNTEERS AGAINST ANY AND ALL CLAIMS ARISING OUT OF ANY ACTION TAKEN ON THE BASIS OF THE INFORMATION PROVIDED IN THIS APPLICATION FORM.

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT, AND I AGREE TO ABOVE STATED TERMS / INSTRUCTIONS.

DATED: _____

PARENT / GUARDIAN / APPLICANT SIGNATURE: _____