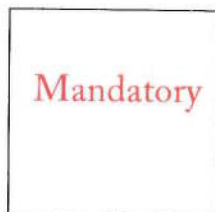


Marriage Registration Form

Attach Photo:

Date of Registration: _____



Registration Number: _____

Name:
D.O.B:

1. Height:				
2. Phone:				
3. Email:				
4. Home Address:				
5. Employment Status:				
6. Occupation:				
6(a). Address of Workplace:				
7. Islamic Practice:		Sunni:	Shia:	
8. Marital Status:	Single:	Divorced:	Widowed:	
9. Do you have children?				
10(a). Nationality:				
10(b). Country of Birth:				
10(c). Immigration Status:				
10(d). Contact in Country of Origin:				
11. Will You Consider...		Divorcee:	Widow(er):	
12. Will You Consider a New Muslim?				
13. Will You Consider Someone with Children? :				
14(a). Level Of Education:		Primary:	Secondary:	Higher:
14(b). Qualification:				

15(a). Do you have any Medical conditions:	Yes:	No:	
Details:			
15(b). Are there any Medical conditions in your family?	Yes:	No:	
Details:			
16. Do you want children? :			
17(a). Have you been married before?	Yes:	No:	(if no continue to 18)
17(b). How many times have you been married?			
17(c). Are you divorced?	Legally:	Islamically:	
18(a). Do you have any specific requirements in a spouse?	Yes:	No:	
18(b). If yes please state here: (Please remember to be reasonable)			
19(a). Where do you plan to live after marriage?	Ireland:	Home Country:	Not sure:
19(b). If home country please specify a time frame:			
20(a). Do you have any specific dress requirements?	Yes:	No:	
20(b). Please specify:			
21. Are you willing to complete a Garda vetting form?	Yes:	No:	
Signature:			

Reference: _____ (Imam, or well-known community member-**not family**)

Please send completed by post to: Community Welfare Office, ICCI, 19 Roebuck Rd, Clonskeagh, D14.

Please note: incomplete forms will be rejected without notification

- Copy of passport or ID must be submitted
- All applications will be assessed and an interview will follow

Jazakum Allahu Khairan