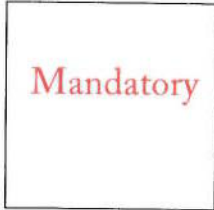


Marriage Registration Form

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