



**Annandale
Mosque**

Pakistani Association
of Edinburgh

Marriage Form

File No: _____ Date: _____

Personal Details

First Name:	Height:	<i>Please attach a Recent photo</i>
Surname:	Body Type: Slim/Average/Heavy	
Parents Name:	Complexion:	
Sex: Age:	Caste:	
Place of Birth:	Language:	
Date of Birth:	Disability (if any):	
Nationality:		

Full Address:	Parents Contact Details (if applicable):

Contact Details

Landline:	Mobile:
Email:	
Education / Qualifications / Profession:	
Present Employment:	
Previous Employment:	
Career Ambitions:	
Hobbies and Interests:	

Have you ever been involved in any nature of criminal offence or illegal activity? **YES / NO**

If yes, please state briefly: _____

Do you smoke?	YES/NO	Do you pray Salaah?	Daily/Weekly/Never
Do you own a house?	YES/NO	Does it have a mortgage?	YES/NO
Do you live with your parent(s)?	YES/NO	Do you wear glasses/contacts?	YES/NO
Do you have a driving license?	YES/NO		
Do you take any medication?	YES/NO		

If yes, please specify: _____

Are you willing to locate? **YES/NO**
 If so, please elaborate: **Locally / Nationally / Internationally**
 If male, do you have a beard? **YES/NO** If yes, what length? **Long/Fist/Short**
 If female, do you wear hijab? **YES/NO** Do you have children? **YES/NO**

Current Marital Status: Single / Married / Divorced / Widowed

Please provide dates of previous marriage(s) and/or divorce(s) where applicable:

If you have children, please describe them (including age, sex and custody):

Particles of Desired Partner

Age: From: To:	Would you consider a divorcee?	YES/NO
Minimum height:	Would you consider a widow(er)?	YES/NO
Education Level:	Would you consider a person with children?	YES/NO
Preferred Language:	Nationality:	
Family Background:		
Ethnic Background:		

Additional Information: (Please include all extra information which you think will be useful e.g. family, appearance, religious affiliation, social status, interests etc.)

Declaration of Applicant

I solemnly declare that the above information and particulars are true to the best of my knowledge and I give consent for these particulars to be shown to prospective partners/parents. I also agree to pay a contribution which will initiate my application. I also agree to the stipulation that this contribution is non-refundable.

Signature: Date: