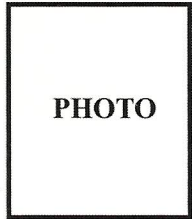


Sl. No _____

MATRIMONY REGISTRATION FORM

Date: _____

1. NAME _____
2. AGE _____
3. DATE OF BIRTH _____
4. MALE/FEMALE _____
5. NATIONALITY _____
6. RELIGION _____ DENOMINATION _____ TRIBE _____
7. PARISH _____ DIOCESE _____
8. EDUCATIONAL QUALIFICATION _____



HOBBY _____

9. JOB/SERVICE _____
PERMANENT/TEMPORARY _____

10. CONTACT NO.(R) _____ OFFICE _____

11. FATHER'S NAME _____

12. MOTHER'S NAME _____

13. PERMANENT ADDRESS _____

DISTRICT _____ STATE _____

14. PRESENT ADDRESS _____

DISTRICT _____ STATE _____

15. DETAILS OF THE FAMILY MEMBERS

16. YOUR EXPECTATIONS ABOUT YOUR WOULD-BE LIFE PARTNER