

Marriage Application Form

On the occasion of Shri Ganesha Puja in Cabella, 2010

Please fill out form in full. If details are not complete, your application may not be accepted. For all queries please contact your National Council Coordinator.

| Title: | First names: | | Surname: | | | |
|--|-----------------|----------------------------|-------------|---------------------------------------|--------------|--|
| | | | | | | |
| Home a | Home address: | | | | | |
| Number: Street: Please affix | | | | | | |
| | colour passport | | | | | |
| Suburb/Town/City: State: Postcode/Zipcode: Country: on each copy | | | | | | |
| Suburb/Town/City: State: Postcode/Zipcode: Country: | | | | | on cach copy | |
| | | | | | | |
| National | lity: | Email: | | Passport Number: | | |
| | <i>,</i> | | | | | |
| | D1.1 | | 1. | | | |
| Date of] | | Age: Hei | | Date of establishing Realisation: | | |
| DD/MM/YYYY Feet & Inches DD/MM/YYYY | | | | | | |
| Occupation: Annual Income: Please convert to Euro | | | | | | |
| | | | | € | | |
| | | | | | | |
| Previous seeking history or religious background: | | | | | | |
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| Secondary/Higher Education: Dates: From – To Qualifications/Grades: | | | | | | |
| Dates. From = 10 Quanteations/Grades. | | | | | | |
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| Languages spoken: (Please indicate level of fluency: A = native fluency; B = fluent; C = conversational; D = elementary) | | | | | | |
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| Interests and skills: | | | | | | |
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| Have you had any major illnesses and do you have any current health problems/disabilities/mental illness? | | | | | | |
| | | | | | | |
| Have you ever been married or in a long term relationship? Please give details: | | | | | | |
| | | | | | | |
| | | | | | | |
| What ties or commitments do you feel you have? | | | | | | |
| | | | | | | |
| Are you | legally | Are you willing to | Na | tional Council Coordinator's details: | | |
| free to n | | No change countries? | Yes/No | | | |
| A re vou | coming to Cabe | lla for Shri Ganesha Puia? | Yes/No FU | JLL NAME | | |
| | | | | | | |
| Applicant's Signature I feel I can recommend this person's application | | | | | | |
| | | Date | SI | GNATURE | Date | |
| | | DD/M | IM/YYYY 510 | oii old | DD/MM/YYYY | |
| Phone Number: INCLUDE COUNTRY AND AREA CODES Phone Number: INCLUDE COUNTRY AND AREA CODES | | | | | | |
| Fill out in duplicate (x2). National Council Coordinator to retain a copy for future reference. | | | | | | |