

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887



## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887



## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887



## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887

## **MATRIMONIAL PROFILE**

Use capital letters

First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country & City of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Status in Canada: Citizen ☐ Landed Immigrant ☐ Other ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Health issues: \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel No. \_\_\_\_\_

Parents Name: \_\_\_\_\_ / \_\_\_\_\_

Preferred Means of Contact: Email ☐ Telephone ☐

Other \_\_\_\_\_

Educational background:

Specify designation: Degree ☐ Diploma ☐ Other ☐

\_\_\_\_\_

Name of Institution and the City: \_\_\_\_\_

Year of Completion \_\_\_\_\_

Current Occupation/Position: \_\_\_\_\_ Employer \_\_\_\_\_

Religious Affiliation (Sect/School of Thought) \_\_\_\_\_

Were you ever married before: \_\_\_\_\_

If so, state when \_\_\_\_\_ Current status \_\_\_\_\_

What Traditions or Ideals do you follow: Islamic or Cultural(country) \_\_\_\_\_

If you follow Cultural Values, state what Culture would that be:

\_\_\_\_\_

State top five (5) qualities that you wish to see in your future spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above information provided by me in this form are true, correct and complete.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Disclaimer:**

*The information provided as above is submitted to us by the client and it is not our role to verify it. We are not responsible for the veracity of this information. We strongly recommend you to thoroughly research this info before making any important decision.*

Administration Fee \$ 10.00

Registration in PIC Office Tuesday to Saturday during office hours.

Contact: [info@masjid.ca](mailto:info@masjid.ca)

For more info please contact:

Br. Muhammad Ilyas 647-678-0792

---

**Pickering Islamic Centre**  
2065 Brock Road, Pickering, ON L1V 2P8  
905-426-7887