

QUESTIONNAIRE - FORM A

(To be filled in by the Applicant in block letters for the information of the Bureau only.)

SURNAME: Mr./Mrs./Miss

CHRISTIAN NAMES:

ADDRESS:

PHONE NO: LANDLINE _____ MOBILE: _____

EMAIL ADDRESS:

NAME OF PARISH:

DATE OF BIRTH:

COUNTY OF BIRTH:

HEIGHT:

EDUCATION:

NATURE OF EMPLOYMENT OR OCCUPATION:

SALARY/INCOME OF SIZE OF FARM:

INTERESTS, HOBBIES, & PASTIMES:

WOULD YOU DESCRIBE YOURSELF AS A RELIGIOUS PERSON?

PHYSICAL DISABILITIES OR DEFORMITIES, IF ANY:

WERE YOU PREVIOUSLY MARRIED?:

IF YES ARE YOU FREE TO MARRY IN THE CATHOLIC CHURCH?

HAVE YOU CHILDREN?

IF YES; AGES OF CHILDREN:

ANY OTHER INFORMATION ABOUT YOURSELF:

(To help us in our advertising we would like if you would specify how you became aware of the Bureau.)

DECLARATION

I declare that I have read and understood the particulars and conditions of Knock Marriage Introductions and that the information I have given above is, to the best of my knowledge, correct.

I understand that I alone be held responsible for my conduct towards the person or persons to whom Knock Marriage Introductions introduces me.

Signature: _____

Date: _____