

# LOHANA SAMAJ OF U.S.A.

P. O. Box 573, Iselin, NJ 08830 • E-mail: info@lohanasamajusa.org



## MATRIMONIAL INFORMATION

**All information that you provide will be held in the STRICTEST CONFIDENCE**

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Education: \_\_\_\_\_ University: \_\_\_\_\_

### FAMILY INFORMATION:

Lohana \_\_\_\_\_  Vegetarian  Non-Vegetarian

Origin of nationality: \_\_\_\_\_

Native place: \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's maiden name (Full): \_\_\_\_\_

Occupation: \_\_\_\_\_

Brother (s) \_\_\_\_\_ ( \_\_\_\_\_ Married \_\_\_\_\_ Unmarried)

Sister (s) \_\_\_\_\_ ( \_\_\_\_\_ Married \_\_\_\_\_ Unmarried)

### CONTACT PERSON IN USA

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone: \_\_\_\_\_

### ADDITIONAL INFORMATION YOU MIGHT WANT TO PROVIDE

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE ATTACH YOUR RECENT POSTCARD SIZE PHOTOGRAPH (Optional)

The applicant hereby indemnifies and holds harmless LOHANA SAMAJ of USA (Organization) and its Board of Directors, Executive Committee Members and Matrimonial Committee Members of any and all liability for the damages of any and every kind and nature sustained by the applicant due to any matrimonial or related services rendered by the Organization.

The Applicant further agrees that the Organization may make use of any and all information set forth in the application or otherwise divulged to the Organization by the Applicant or his/her representative and authorizes the Organization to use, release and disseminate the information provided as the Organization shall decide in its sole determination.

Please Mail To: **MATRIMONIAL COMMITTEE**  
C/o Lohana Samaj of USA, P. O. Box 573, Iselin, NJ 08830

\_\_\_\_\_  
Signature of the Applicant or Representative Date

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Weight \_\_\_\_\_ lb. / kg.

I have ....(please ✓ as applicable)

- Never been married
- Divorced - \_\_\_\_\_ years
- Separated - \_\_\_\_\_ years
- Widowed - \_\_\_\_\_ years

ABOUT ME: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ABOUT MY MATE - MY EXPECTATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MATRIMONIAL COMMITTEE OF LOHANA SAMAJ OF USA USE ONLY:

Reference #: \_\_\_\_\_

Date of receipt of application: \_\_\_\_\_

Follow us notes: \_\_\_\_\_

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*We Shall Work Together For A Better Tomorrow!*