## **Consulate General of India**

4300 Scotland Street, Houston, TX 77007 Tel:713.626.2148 Fax:713.626.2450

Form MS-13 Fee: \$50 ICWF: \$2

APPLICATION FOR SOLOMNIZATION AND REGISTRATION OF MARRIAGE (Both parties must submit separate forms, while

Paste a recent Photograph (2x2)

fee will be collected	from one) First	M	iddle		
1.Applicant's Name	7 11 30	1-1	radic		Last
2.Date of Birth	( <i>C</i> Y)	D/MM/YYY			
3.Place and Country of birth					
4.Current Nationality					
5.Former Nationality (if any	)				
6.Father's name and Nation	ality				
5.Mother's name and Nation	nality				
6. Permanent Address in Ind	dia				
7.US Address					
8.Profession & Business Address					
9.Mobile Number					
10.Email ID					
11.Passport Number					
12.Place and Date of Issue				(DD/MM/YYYY	)
13.Date of Expiry		(DD/MM/	YYYY)		
14.PIO/OCI card Number (if applicable) 15. Do you belong to Armed Forces of the US	Yes	Place of issue No			]

I declare that the information given above is correct and nothing has been concealed and I am aware that it is an offence to knowingly furnish false information or suppress material information.

Place : Date: Signature