

# NIKAAH APPLICATION FORM



DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: AFTER \_\_\_\_\_ SALAAH

PERSON PERFORMING NIKAAH:
CONTACT NUMBER/S:

ISLAMIC			
DATE	DAY	MONTH	YEAR
ENGLISH			

GROOMS FATHER:	BRIDES FATHER:
CONTACT NUMBER/S:	CONTACT NUMBER/S:

**PLEASE FILL DETAILS BELOW ACCORDING TO IDENTITY DOCUMENT**

	SURNAME	FORENAME/S	AGE	IDENTITY NUMBER																
BRIDEGROOM																				
BRIDE																				
REPRESENTATIVE OF BRIDE																				
WITNESS 1																				
WITNESS 2																				

	PLACE OF BIRTH	CITIZENSHIP	PRESENT RESIDENTIAL ADDRESS
BRIDEGROOM			
BRIDE			
REPRESENTATIVE OF BRIDE			
WITNESS 1			
WITNESS 2			

OTHER WITNESSES

DOWRY: R _____	
PROMPT: <input type="checkbox"/>	DEFERRED: <input type="checkbox"/>

MUSJID NAME: <b>AVONDALE MUSALLAH</b>
ADDRESS: <b>(175 Argyle Rd, Essenwood, Berea, 4001)</b>

Submit your completed Nikah form to: [avondalemusallah@gmail.com](mailto:avondalemusallah@gmail.com) or  0745507466