



MUSJID AL HILAL NIKAH APPLICATION FORM

DATE: _____ DAY: _____ TIME: AFTER _____ SALAAH

PERSON PERFORMING NIKAH:
CONTACT NUMBER/S:

NIKAHs ON FRIDAY AFTER ASR WILL HAVE TO BE PERFORMED AFTER THE SHUBGUZARIE BAYAAN i.e. BEFORE MAGHRIB SALAAH

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"/>

FOR MORE INFORMATION CONTACT:

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