

# MUSJID - US - SALIHEEN - NIKAH FORM

FULL NAME	IDENTITY NUMBER	RESIDENTIAL ADDRESS
BRIDEGROOM:		
BRIDE:		
REPRESENTATIVE OF BRIDE (WAKEEL):		
WITNESS 1:		
WITNESS 2:		
DATE:	TIME:	MEHR:
CONTACT PERSON:	CONTACT No.:	ADDRESS:

For the marriage to be registered with the Department of Home Affairs - Contact Ebrahim 083 786 7794

PLEASE COMPLETE THIS FORM & RETURN AT LEAST **7 DAYS** BEFORE THE NIKAH DATE  
 A **DONATION** TOWARDS THE MUSJID MAINTENANCE WOULD BE GREATLY APPRECIATED

JAZAKALLAH

**PLEASE NOTE:**

**VIDEO FILMING & PHOTOGRAPHY ARE NOT ALLOWED ON THE MUSJID PREMISES**