



The Islamic Marriage Department,
Wolverhampton Mosque Trust,
197 Waterloo Road, Wolverhampton, WV1 4RA.
Tel: 01902 312232
Email completed forms to info@jamiamasjid.com

Witness's
Photograph

APPLICATION FORM FOR NIKAH (MARRIAGE) – WITNESS 1

(This form must be completed in capital letters and returned to the above address)

Forename	
Surname	
Father's Name	
Date of Birth	
Country of Origin	
Present Nationality	
Profession/Occupation	
Address City County Post Code	
Contact Mobile Number	
Email	
Relationship to Bride	

The Nikah will be performed at Mosque address (above) or at the following address:

Building / Hotel's name	
Address City County Post Code	

The information given on this form is true and correct to the best of my knowledge. I solemnly declare that I do not know of any lawful impediments which will impede our Nikaah.

<p>DECLARATION</p> <p>I Mr would like to be the witness for the Nikaah of Groom's name:and</p> <p>Bride's name.....</p> <p>Witness's signature: Date:</p>
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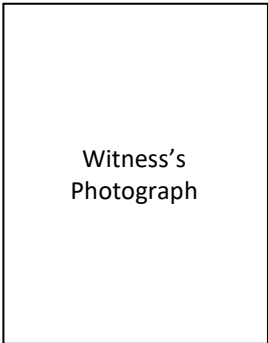
GDPR Consent

I grant my consent to Wolverhampton Mosque Trust to store my personal details. I consent to Wolverhampton Mosque Trust storing my personal details for the purpose of Nikah and all administrative activities related to it. I do not authorize it to be used for any other purpose.

Signature: Date:



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APPLICATION FORM FOR NIKAH (MARRIAGE) – WITNESS 2

(This form must be completed in capital letters and returned to the above address)

Forename	
Surname	
Father's Name	
Date of Birth	
Country of Origin	
Present Nationality	
Profession/Occupation	
Address City County Post Code	
Contact Mobile Number	
Email	
Relationship to Bride	

The Nikah will be performed at Mosque address (above) or at the following address:

Building / Hotel's name	
Address City County Post Code	

The information given on this form is true and correct to the best of my knowledge. I solemnly declare that I do not know of any lawful impediments which will impede our Nikaah.

DECLARATION

I Mr would like to be the witness for the Nikaah of Groom's name:and

Bride's name.....

Witness's signature: Date:

GDPR Consent

I grant my consent to Wolverhampton Mosque Trust to store my personal details. I consent to Wolverhampton Mosque Trust storing my personal details for the purpose of Nikah and all administrative activities related to it. I do not authorize it to be used for any other purpose.

Signature: Date: