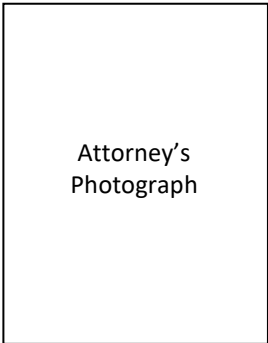




The Islamic Marriage Department,
 Wolverhampton Mosque Trust,
 197 Waterloo Road, Wolverhampton, WV1 4RA.
 Tel: 01902 312232
 Email completed forms to info@jamiamasjid.com



APPLICATION FORM FOR NIKAH (MARRIAGE) - ATTORNEY

(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 attorney for the Nikaah of Groom's name:and
 Bride's name.....

Attorney'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: