

## The Islamic Marriage Department, Wolverhampton Mosque Trust, 197 Waterloo Road, Wolverhampton, WV1 4RA. Tel: 01902 312232

Email completed forms to <a href="mailto:info@jamiamasjid.com">info@jamiamasjid.com</a>

Witness's Photograph

## APPLICATION FORM FOR NIKAAH (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		
Place 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 Mo	sque 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 nameand		
Bride's name		
Witness's signature: Date:		
GDPR Consent		
personal details. I consent to Wolve	grant my consent to Wolverhampton Mosque Trust to store my erhampton Mosque Trust storing my personal details for the purpose of Nikah and all it. I do not authorize it to be used for any other purpose.	
Signature: D	Pate:	



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## **APPLICATION FORM FOR NIKAAH (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		
Place 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 Mo	sque 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 nameand		
Bride's name		
Witness's signature: Date:		
GDPR Consent		
Igrant 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:		