

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

Email completed forms to info@jamiamasjid.com

Attorney's Photograph

APPLICATION FORM FOR NIKAAH (MARRIAGE) - ATTORNEY

(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 attorney for the Nikaah of Groom's name and	
Bride's name	
Attorney's signature: Date: 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 t. I do not authorize it to be used for any other purpose.
Signature: D	vate: