

MARRIAGE APPLICATION FORM

ENDORSED BY ULEMA OF THE NORTHERN SUBURBS (UNS)



Quloobul Moe'mineen Masjid

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DOC REF: _____

SECTION A			
Applicant's Details (Female)			
Female's Details		Parent's Details	
Date of Application		Father's Surame	
Surname		Father's First name	
First Name		Address	
ID Number			
Date of Birth		Telephone	(h) _____ (w) _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Cell Number	
Address			
Employer		Mother's Surame	
Email		Mother's First name	
Telephone Number(s)	(h) _____ Address _____	Telephone Number(s)	(h) _____ (w) _____
Cell Number		Cell Number	
Next of Kin			
Wali / Wakeel's Details		Proposed Spouse Details	
Surname		Surname	
First Name(s)		First Name(s)	
Address		ID Number	
		Date of Birth	
Telephone	(h) _____ (w) _____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Cell Number		Address	
Relationship to applicant			
Proposed Marital Officer		Telephone Number(s)	(h) _____ (w) _____
Proposed Marriage Date		Cell Number	
Proposed Marriage Time			
Has Imam of proposed Masjid been informed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposed witnesses	Full Name & Surname	Signature	ID Number
	1. _____		
	2. _____		
	3. _____		
	4. _____		
Previous Spouse Details (If previously or currently married)		General Details	
Surname		Do you suffer from any disease(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)
First Name			
ID Number		Has a dowry been agreed upon?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)
No. of dependants			
	Boys: _____ Ages: _____ Girls: _____ Ages: _____	Have you attend marriage classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)
Address			
Employer		Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify details below)
Telephone Number(s)	(h) _____ (w) _____		
Cell Number			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
Details of Previous Marriage			
Date of Prev. Marriage		Marital Officer:	Contact Details:
Date of Termination		Terminated by:	Contact Details:
Civil Marriage	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please indicate type:	
Relevant Documentation			
Attach copy of identity	<input type="checkbox"/> Certified copy of ID	<input type="checkbox"/> Certified copy of passport	
Attach proof of residence	<input type="checkbox"/> Rates a/c	<input type="checkbox"/> Telephone a/c	<input type="checkbox"/> Clothing/Other Store a/c
Attach other relevant documentation	<input type="checkbox"/> Fasag/Divorce papers	<input type="checkbox"/> Copy of Previous Marriage Certificate	
	<input type="checkbox"/> Copy of dowry contract	<input type="checkbox"/> Not applicable	
Declaration			
I hereby declare that the information provided above is true and accurate to the best of my knowledge. Any misinterpretation or withholding of information shall render this application null and void at the discretion of the Imaamat or the Authorative body of the Masjid.			
Signature of Applicant			
Full Name		Signature	
Date			
Place			
Signature of Imam			
Full Name		Signature	
Date			
Place			

